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Honouring Samoan ways  
and understandings:  
Towards culturally appropriate  
mental health services

*by*

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For many years, we have been working here in New Zealand with Samoan families who have migrated to this country. Many of the people who have consulted us have been suffering from what we would call ‘immigration trauma’ and yet have been diagnosed with any number of psychiatric conditions particularly various forms of psychosis. In receiving referrals from many places, including psychiatric hospitals, Samoan families have come to us bringing with them their medical files and diagnoses. Sometimes these families have also been accompanied by their psychiatrist and we have all talked together about these families’ experiences. Over time, it became clear that many of the psychiatrists’ conceptions of what was occurring for these families were radically different from the conceptions of the families themselves. It was apparent that these families’ perspectives of life, in particular their Samoan cultural beliefs, were in no way fitting with the beliefs of the psychiatric system. It was also clear that these families were being routinely traumatised by the process.

In response to this, we started wondering about how we could bring to light these families’ *own* beliefs around mental health, how these knowledges and skills could inform the psychiatric services, and how they could contribute to a policy of different service provision. We decided to conduct a research project about this so that when we spoke about these issues we would not be able to be dismissed as simply telling anecdotes. We applied to the Health Research Council, which is a large health research funding body in New Zealand, and after developing a methodology that everyone was happy with, we were granted research funds.

Three of the key questions we were asking included:

- What are the experiences of Samoan people of the New Zealand mental health system?
- How do Samoan people define mental health?
- What would mental health provision look like if it was based upon Samoan understandings?

The research also explored causes of mental unwellness among Samoan people both generally and in New Zealand, and asked participants to respond to current Pacific Island mental health data.

## Responsibilities as researchers

The process of doing the research brought considerable challenges. When we first met with a group of elders to discuss the project they spoke very honestly with us. They said:

*Do you realise the significance of what you are asking us to speak about? To speak about what you call conceptions of mental health, involves exposing all that we believe about life and about persons, about selves, about spirit. This kind of knowledge, in our culture, is not public knowledge. It is not to be shared openly with young people (non-elders) like yourselves, because we do not know how you'll handle this type of knowledge. You are asking us to articulate ourselves in relation to our world of spirituality. In matters like this we take great care. There are only particular people who speak about these things and particular places and times when these sorts of conversations take place.*

Within the Samoan worldview, great care is taken to ensure that relationships between people, villages, the land and the spirit world remain in good order. When these relationships are disrespected, or crossed in culturally inappropriate ways, there are serious repercussions. What we began to learn from the very beginning of the research process was the responsibility that was expected of us as young people (non-elders) to transmit the knowledge that was shared with us in a form that would keep it safe. This safety involved ensuring that the ways we presented the knowledge stayed as true to it as possible, but also that what was shared would end up being helpful not only for our people but for other people as well. The entire research was therefore shaped by considerations of how to be respectful to the participants and their own knowledges, and also how to create a process that would ensure the guardianship of that knowledge so that it was not misused in any way.

This responsibility weighed heavily upon us particularly because some of the cultural knowledge discussed during the research process had never before been written down, nor had it been passed from one generation to another in the ways that occurred in this project. Samoan culture is organised around genealogical lines and pieces of knowledge are passed through these lines in particular ways. To document the knowledge and make it more widely available

was an enormous responsibility. We have an ongoing responsibility to ensure that the participants and their own genealogical lines have access to the report. It contains knowledge that belongs to the participants and also their children, their grandchildren and their grandchildren's grandchildren. Now that we have written the report, we cannot assume that the process has finished. We must instead keep trying to push for the changes to mental health services, the need for which was the whole reason for the research in the first place.

### **The research methodology**

These responsibilities meant that we needed to take great care with the research methodology. So much so, that the methodology actually became a part of the study. When research methods which hold values intrinsic to western cultures are applied to non-western communities, this contributes directly to exclusion. The research we were interested in doing was culturally-based and all those working on it did so under the direction of the Pacific Island Unit of The Family Centre.

We decided to hold a series of focus group interviews with four different groups. There was a group of elder men, a group of elder women, a group of women service providers and a group of men service providers – people who work in mental health services. These group discussions were facilitated by Samoan researchers. We believed that this approach to the research would be an appropriate way of talking among Samoan people as it would allow room for considered opinion, for collective decision making, and significant discussion. We believed that it was appropriate for the participants to be grouped both in terms of gender and by relative status within the cultural community.

### ***Fa'afaletui*: the weaving of meaning**

What evolved from the research was a methodology called *Fa'afaletui* – which is a concept brought to our attention by the Elder Men and Elder Women focus group participants. *Fa'afaletui* describes a process which facilitates the gathering and critical validation of Samoan culture. Each focus group was seen by participants to represent a 'house' or fale. Within these 'houses' of the Elder Men, Elder Women, Women Service Providers and Men Service Providers,

information and knowledge were shared and discussed in ways that generated consensus. Within Samoan culture, it is then customary for delegations from each of the 'houses' to meet each other, and to undergo a similar process of consensus-generating discussion. The stories and information from each of the relational 'houses' are threaded and re-threaded between the delegates until all are agreed that the specified knowledge pieces are valid, and represent the collective experience.

*Fa'afaletui*, then, is the critical process of weaving (tui) together all the different threads of knowledge from the different 'houses'. The culmination of this process is a collective representation that substantially enhances the Samoan world view.

## Language

Before describing what emerged from the discussion with the different focus groups, it seems important to talk a little about the importance of language itself. Samoan traditions of knowledge and history are communicated by what is known as oral tradition, a tradition that is often minimised by Western writers and seen as somehow 'less than' written traditions. However, what is rarely addressed within these Western critiques is that Samoan traditions, and other indigenous traditions, are 'written' into geographical sites and locations, familial names, honorifics and titles, genealogy, ritual and chant. Oral tradition, as such, is not a haphazard or indiscriminate espousing of information, but the transmission of cultural information and knowledge (knowledge that is critical to belonging and identity) which has undergone its own process of validation, synthesis and analysis.

A primary function of language is to be a vehicle which communicates the ways in which individuals and collectives of people perceive, interact, and respond to the world in which they live. Within language, the underlying values, norms, mores, indeed the belief systems of that culture are transmitted. For all people, the language which best interprets and explains the realities of their world view can be said to be their first language, their language of identity and belonging. This language can be said to be their first paradigm, the social construct which houses and maintains their identity and which gives meaning to their lives.

The Samoan language, depending upon the situation, is spoken either in informal ways, or in a mode that is highly formal. The latter is the language of ritual, the language through which knowledge is appropriately and most often imparted. When speaking in this formal language, the presence of protocol and etiquette is most keenly felt. This etiquette involves not only words spoken but also body language. More often than not, it is body language which gives context and meaning to the message. For example, a person offering an apology while maintaining direct eye contact with the offended party, will not be taken seriously.

In order to undertake research with Samoan speaking participants, the intricacies of Samoan language need to be understood. As researchers we needed to be fluent in Samoan. We also needed to be able to understand what was being conveyed in the context of the Samoan worldview. We also had to be able to respond to that worldview. And finally, we needed to find ways to bridge the two worldviews (Samoan and English) without compromising the first paradigm.

### **A Samoan report and an English report**

Bridging the two worldviews offered us many challenges. As the focus group interviews were conducted in the Samoan language we were immediately faced with the issue of translation. At first, what we did was transcribed and translated the focus group conversations into English. This was a job that involved some 350 pages of translation. We had hoped to analyse these conversations, to articulate the themes that emerged in them, by using the English translations. But it gradually became clear that there was something wrong with this process. The more we translated, the more it altered the meaning of what had actually been said. I remember one weekend I was reading through the translations of the transcripts, and came across an example where the meaning had been significantly altered in relation to knowledge that would be considered in Samoan culture to be sacred. I realised that what we were doing was really dangerous – although it is standard researching practice. And so we called a halt to the whole process, and re-thought everything.

We turned back to original Samoan transcripts, and decided to work from these. We stepped into the language that had been used in the focus groups. We then began to cluster words and phrases until we developed themes that

represented the key knowledges that had been expressed. Finally, we wrote the report in Samoan. Copies of the draft report were given to authoritative participant members from each of the groups to check for coherency, appropriate language use and an appropriate observance of written protocols and etiquette. After this process we then translated the key concepts of the Samoan report into English. In this way, two reports were created from this research, one in Samoan and one in English. This process has changed our views about some key aspects of research. As researchers, we now consider that translating knowledge from one language to another and doing the analysis in this second language is a suspect methodological process.

### **Some of the findings from the research**

It is not possible to convey here all the findings that were derived from this research project. The rest of this paper focuses on some of the key differences between Samoan understandings of self and Western conceptions as these differences have profound implications in terms of responding to mental health issues. [For a summary of some of the other key findings of this research it is possible to obtain the full research report from The Family Centre.]

#### **Samoan understandings of self**

In the process of the research, it became clear that Samoan descriptions of the meaning of self vary greatly from western conceptions.

#### **The self as relational**

The description of persons or selves in a Samoan context is that the person exists in relationship to other people both living and those who have passed on:

*I cannot say that I am a person, just me... I am nothing without my other connections.* (Service Provider Men)

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

*The idea that a person can be an individual unto him/herself is a new concept which was introduced by Christianity ...* (Service Provider Men)

The participants in the research articulated how, as Samoans, their identities exist in relation to others from specific locations of belonging such as their villages, districts and country. What's more, they are born into genealogical continuums and during their lifetimes undertake positions and roles of responsibility in relation to these genealogies. The participants established that the relational Samoan self is legitimised by identity and belonging, genealogy and roles, responsibility and heritage.

This sense of personhood is not generationally bound – for instance, one's personhood is still defined in relation to one's great great great grandmother. Samoan persons understand that they are the embodiment of all those relationships that have gone on, both good and bad, before them. Because the self is described in these ways, it acts as an impediment for people to behave inappropriately in case generations that come after them will carry the shame of their own actions. But likewise, the good deeds of the past generations are carried by the present generation.

These relationships, which are central to Samoan identity, are considered to be sacred and there are rituals of protocol and etiquette designed to protect them. This sense of the sacred, of spirituality, informs every aspect of Samoan life.

### **Relations to land and sea**

Samoan descriptions of self are in relationship not only to past and future generations and to each other now in the present, but also to the land, the forests and the sea. Samoans born in Samoa, are born to families who are a part of extended relations, who each have a part of the land of their village which is seen to be connected to them. Their identity is linked to this land. When you ask someone where they are from, they will speak of their identity as being tied to a piece of land, a piece of the sea, a part of the forest from the village of their past relations. They may not be linked as strongly to the place where they are currently living.

This connection to land, sea and forest is again linked to spirituality. In the Samoan worldview there are important connections between the Gods, the physical environment of land and sea, and the Samoan people. Genealogy can be said to exist within a theological context. The term *fa'asinomaga* relates to those places which locate the Samoan person within the spiritual, physical, and historical continuums of Samoan identity and belonging.

In these ways the Samoan person is seen to both physical and spiritual in nature – in fact there is no separation of these concepts. When we talk about mental health, it is not seen as a separate category of health. It is a part of the total health and well-being of people, land and sea.

### Harmony as metaphor for mental health

This means that the key metaphors associated with mental health in a Samoan context are in great contrast to those of Western cultures. The principle quest of Samoan people is to seek harmony. People seek harmony in relationship with God/s. They seek harmony in relationship with each other, and they seek harmony in relationship with their environment. A range of daily protocols and ways of living seek to protect and re-generate harmony in these relationships. Mental ill-health is understood to result from disharmony.

Two key metaphors associated with mental well-being include ‘*tupuaga*’ and ‘*tofiga*’:

*Tupuaga* literally means – that which we have arisen from, that which we have grown out of. The metaphor is one of growing out of the soil, growing out of a piece of ground. Where other cultures have primary metaphors around birthing, this Samoan metaphor evokes growing out of rich genealogical traditions.

*Tofiga* refers to that which has been given to you to be responsible for. These responsibilities include family relationships, relationships with the land, responsibilities in terms of maintaining health, and also responsibilities in terms of addressing any ill that people do to each other. *Tofiga* is also a metaphor about responsibility to language and to rituals. These are responsibilities, not only towards the past, but primarily to the future. The present generation has a responsibility for the children of the future.

Mental ill-health among Samoan people is often understood as being the result of breaches of *Tofiga* and/or some disruption of *Tupuaga*.

These are some of the key metaphors that inform Samoan perspectives of life and health and they have significant implications in terms of responding to crises of mental health.

### **Implications of the Samoan worldview meeting the western worldview**

When the Samoan worldview meets with Western metaphors of mental health, they couldn't be more different and this has serious implications. Western science upholds a mind/body split and an individualistic conception of the self that is profoundly different from Samoan perspectives. Western medicine and the health professions are based on assumptions about the self that are rarely questioned and that are simply assumed to be the only ways of understanding life and health. What this often means is that when Samoan families in New Zealand are referred to mental health services in a crisis they can become more crazy rather than less. They find themselves in a situation in which there are two descriptions of reality, two descriptions of the self, which are in conflict with one another.

Within psychiatric services, the Western description of self has the upper hand and the Samoan families are treated accordingly. If the Samoan family tells the doctor about their alternative description of the problem – that they believe the symptoms being displayed could be due to a break in relationships with other people (living or no longer living), to breaches in protocol and etiquette, or to dislocation from land and a sense of belonging – they are likely to be dismissed and this dismissal can contribute to the person concerned becoming more crazy. What's more, the Samoan families' faith in their own belief system may be eroded and their cultural descriptions of life may become subjugated.

In such a process, the mental health service never acts alone. Its cultural descriptions are confirmed by the wider New Zealand society, including the church. There is considerable support for the view that the spiritual world and the physical world are separate, that the person is simply individually sick, and indeed that there is probably something wrong with their personality, or their brain, or some other psychological aspect. If the Samoan family is interested in talking about what a particular ancestor might have done to contribute to the current situation, if they are speculating that there must have been some break in

protocol or ritual, then the doctors are likely to see this as further pathology, and certain forms of Christianity are likely to disparage these views as pagan beliefs.

The participants in the research were clear about the debilitating effects that these processes have on Samoan families. They were also clear about the alternatives.

### **Where to from here?**

When describing their conceptions of a successful mental health service for Samoan people, all the participants in the research referred to hospital and community based services designed and largely staffed by Samoan people. They clearly named a service where the Samoan conceptions of self or persona would be the basis of any mental health service provision. Addressing key cultural factors such as the relational arrangements, including expected roles and responsibilities, would have a central place in the service delivery.

Our main hope for this research is to invite mental health services to include not only the psychiatric / Western understanding of the self as the basis of their interventions, but when working with Samoan families to engage with, and indeed base their understandings around, Samoan conceptions of the self.

Mental health services for Samoan families need to be underpinned by Samoan conceptions of self, health and personhood. We certainly believe that certain aspects of western psychiatric understandings have a function within these services, but it is a limited function. Services need to be informed by the cultural understandings of the populations which they are designed to serve.

If mental health services acknowledged multiple descriptions of self and identity, then service provision would look significantly different. It is possible to imagine services including Samoan people who are psychiatrists trained in clinical Western ways, while also incorporating appropriate Samoan people (traditional healers) who have specialised roles and knowledges about mental ill health in Samoan culture. In this way, services would not be solely medically bound. Medicine would continue to help contain some of the symptomology of mental health crises (participants in the research acknowledged that this can be very important), while culturally appropriate responses to Samoan people in relation to mental ill health could also be developed.

## Structural changes

It will require significant structural changes to enable some of the most vulnerable people in our society to have the possibility of receiving mental health services on their own terms in ways that address their concepts of self and their relational understandings of life. For too long health professionals have been doing the best they can to 'treat' members of different cultures with inadequate knowledge of those cultures and with western understandings that are incompatible with the understandings of those they are working with.

The fundamental issues are structural issues. How can space be made for other conceptions of the self and mental health to be put forward? How can the capacity within communities such as the Samoan community be built so that they can develop what we call in New Zealand their own 'provider services' run according to their own world views? It is not necessarily going to be the case that these communities will want to run everything themselves, but it will be critical that they have significant control of the direction of these services through well formed partnerships. How can resources be re-orientated so that members of the Samoan community, and other cultural communities, receive their proportion of tax-payer dollars spent on mental health services on their own terms? We have a long way to go to answer these questions, but at least they are now being asked.

## Further challenges

These research findings bring further challenges. If notions of self, identity and health are intricately intertwined with issues of land and spirituality then this challenges health professionals to engage with the broader struggles associated with land, language and identity. It becomes important work to engage with the issue of land reform. It also becomes important work to engage with the issue of the reclamation of language. These findings invite therapists, community workers and researchers to move beyond what has been seen as their current domain of action. They invite considerations of *tafiiga* – a sense of broader cultural responsibility. They invite considerations of responsibilities to each other, to those who are no longer alive, and to those who are yet to be born.

## **Other key findings of the research**

Other key findings of the research involved the pressures placed on Samoan families in New Zealand and the effectiveness of current mental health services for Samoan families. What follows are summaries of the findings in these two areas.

### **Pressures on Samoan families in New Zealand**

The research found that for Samoan families in New Zealand there are a range of additional pressures which contribute to mental ill-health. A number of themes were documented including:

- The absence of the interaction between extended families and communities of people weakens relational arrangements.
- The values of the dominant culture contribute to excluding Samoan ways of being and living.
- Financial pressures result in feelings of failure, isolation and fear.
- Lack of access to traditional means of healing and restoring relationships means that families delay seeking help and have few options as to where to turn.

### **Effectiveness of current services**

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

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