

**If a client is operating from a Samoan world view how  
can s/he be holistically and appropriately treated under  
the western medical model?**

**By**

**Folole Iaeli Esera**

**A research report submitted to Victoria University of Wellington in  
partial fulfilment of the requirements for the degree of**

**Master of Arts (Applied)**

**in**

**Nursing**

**Victoria university of Wellington  
2001**



## Acknowledgments

I wish to thank all my colleagues at Capital and Coast Health, especially the staff at Health Pasifika for their encouragement and support. To Salevao Manase, Henry Field, Dr Kurt Wendleborn, Afele Seuala, Mary Sami, Lofi Tamasese, Mercy Drummond, Arietta Kobiti, and Lois Fonoti.

Special thanks to my loyal friend Eileen Weekly who proof-read and formatted this paper. Thanks also to Jenny White for your contribution in proof-reading. To my dear friends; Isabella Tanielu-Dick, Faleula Fatialofa, Vaiala Leota and Noreen Brockie, thank you for encouraging me not to give up.

Special mention and a big thank you to my thesis supervisors, Rose McEldowney and Chris Walsh who contributed very valuable feedback and kept me on the right track.

To my uncle Mamea Sefulu Ioane, my brother-in-law Talamaivao Masoe Niko, my mothers Fa'aloto Topo Ioane and Tusiata Esera and my brothers Vui Tupe Ioane and Dr Esera Esera. I thank you for words of encouragement and your prayers.

To my children Solidarity and Vaitupu, thanks for your love, patience and understanding and for taking care of most of my domestic duties at home during my studies. Thank you also to Mose Mata'utia and Aovai Esera for being there to help in my times of need.

I would like to acknowledge and thank my sister Tiaua Mafa Talamaivao who edited this paper, thank you for your guidance and patience.

Finally, I wish to thank my husband Mauteni Tamason Esera for believing in me. Without his encouragement, love and support, this work would not have been possible.

## Dedication

This paper is dedicated to my two fathers whose significant influence in my life has given me the motivational will to achieve in the academic field. They were and still are my best role models.

In loving memory of my beloved father

**Ta’ala Luatua Vaitupu Ioane**, whose ambition was for his children to do well academically as he had to sacrifice his education at the age of sixteen to find work to support his family. He taught us humility, honesty and the value of rendering faithful service. Through his deeds he showed us the honour in being an honest servant – “to be a good leader, you have to know how to serve.” Everything we have achieved is from the blessings he got from his parents, family and country whom he loved and had faithfully served all his life.

To my loving father-in-law

**Dr Namulau’ulu Iakopo Esera**, one of the first qualified medical doctors of Samoa. He devoted his whole working life to the Medical profession as well as being an academic achiever himself. He is approaching ninety years of age but still quite physically healthy and mentally astute.

*Fa’amalo ma fa’afetai lava tama mo fa’ata’ita’iga lelei ia oulua fanau ma aiga.*

## Abstract

This paper is an analysis of the cultural and traditional factors that I believe are essential considerations in the treatment of Samoan people who have been diagnosed with a mental illness.

Just as important to any diagnosis is the spiritual nature of our culture and traditions, which forms the most part of my people's belief system. A full understanding of these will explain how the traditional beliefs and cultural values of Samoan people have an impact on their perception of mental illness, its causes and cures. Greater emphasis will be placed on 'ma'i – aitu', the Samoan term for most ailments pertaining to the mind or psyche.

The focus will be on defining 'ma'i – aitu' as part of a Samoan world view and likewise a description of a similar type of manifestation in the Papalagi (western) context of a psychiatric disorder and how treatment and management is usually undertaken.

The issues addressed in this paper will serve to highlight the Samoan client's world view from a Samoan perspective of mental illness which then poses the question of how they can be managed holistically and appropriately under the Papalagi medical system. Furthermore, does the traditional belief system of Samoans run deeper than we originally thought and can the replacement thereof by a foreign culture be responsible for the increased mental problems in Samoans living in New Zealand?

This paper emphasises the importance of integrating the western medical model and Samoan health models, for appropriate mental health service delivery to Samoan people.

## TABLE OF CONTENTS

<b>Acknowledgments</b>	i
<b>Dedication</b>	ii
<b>Abstract</b>	iii
<b>Table of Contents</b>	iv
<b>Foreword</b>	1
<b>Introduction: The Silenced Voice</b>	4
<b>Section One: Impact of Christianity on Traditional Belief System</b>	7
1.1 Creation	8
1.2 Language and Political Divisions	9
<b>Section Two: ‘Ma’I Aitu’ Traditional Approach To Mental Ailments</b>	13
2.1 Samoan Diagnosis	16
2.2 Case Study One	17
<b>Section Three: Migration and the Changing Nature of Mental Health Issues For Samoans in New Zealand</b>	19
3.1 Unemployment Cause of Self-worthlessness	22
<b>Section Four: The Church and Mental Health of Samoans in New Zealand</b>	27
<b>Section Five: Comparing and Contrasting the Bio-Medical Model and the Samoan Traditional Health Model</b>	35
5.1 Training	37
5.2 Western Medical Diagnosis	39
5.3 DSM-IV Diagnostic Categories	40

5.4	Multiaxial Assessment	41
5.5	Mental Health Act	43
<b>Section Six: Discussion</b>		46
6.1	Introduction	46
6.2	Stigmatisation and Discrimination	46
6.3	Cultural Barriers for Pacific People who use New Zealand Mental Health Services	47
6.4	Language	48
6.5	Case Study Two	49
6.6	How Mrs Toma's Treatment could have been different if she had been Assessed under the Fono Fale Model	51
6.7	Current Situation	52
6.8	Service Establishment	53
<b>Section Seven: Conclusion</b>		56
<b>Appendix</b>		61
<b>Appendix One:</b>	Fono Fale Model	62
<b>References</b>		63
<b>List of Tables</b>		
	Table 5.1: DSM –IV: Diagnostic Criteria	41





## FOREWORD

I was born and raised in Samoa for 16 years before my parents decided to send me to New Zealand for a better education. According to my family genealogy going back some six hundred years, both maternally and paternally, I am a “full-blooded” Samoan.

Before leaving for New Zealand, I had two years of schooling at Samoa College, which was the top Government school then, and still is at present. It was a privilege to be taught English there by one of Samoa’s famous sons, namely, Mr. Albert Wendt. One of his usual sayings that I can never forget was, “Samoans now, regard everything foreign as superior”. This aptly describes the mentality of my parents generation, which greatly affected my generation that grew up in Samoa at that time. Samoa became independent in 1962, bringing colonial rule to an end but the mentality of a colonised people remained.

What were the foreign factors that contributed to the eventual displacement of our traditional belief system? These were Religion (Christianity), Language (English), Western Culture, Politics (Democracy) and Modern Medicine. As one can imagine, the impact of these major changes on a “primitive” people is so immense that Samoans can not be faulted for believing that “all things foreign were superior”. Unfortunately, such an attitude is, in some cases, accompanied by the subtle development of an inferior complex. Mr Albert Wendt was well aware of this complex, which fortunately I now fully understand after many years in the nursing profession and especially exposure to a western culture with its inherent fast pace and subsequent pressures.

My mounting concern now is the mental welfare of Pacific people in New Zealand, especially Samoans. Even though colonial rule ended a long time ago, Samoans’ experiences in New Zealand in the past twenty years closely mirrored that which Samoans went through under both German and New Zealand administrations in the Islands during the colonial era. Consequently, the danger of the slow integration of

the “inferior complex” that Mr Wendt was concerned about, into the Samoan mentality, is a very real possibility.

Seventeen years ago when I first worked as a psychiatric nurse at Porirua Hospital, I can recall only a few Pacific people amongst the mentally ill patients. However, at present there is a steady increase in the number of Pacific people in mental institutions throughout New Zealand. A report by the Mental Health Commission (2001), (Government body appointed to monitor mental health services in New Zealand) stated that “...the Pacific people are increasingly at risk of mental illness” With improved living standards, better education, modern medicine and a sophisticated health system in New Zealand, why is there more mental illness amongst our people now? Is there a correlation between culture/traditions and mental health issues?

In order to answer these questions, I had to dig deep in my memory for those childhood experiences of “ma’i-aitu” in Samoa. Ma’i-aitu is a Samoan term that describes most, if not all, mental illness. Growing up in Samoa, the presence of bad spirits and good spirits was part of our everyday life, spiritual possession and exorcism was common, in fact it made life interesting for us children. We honoured our dead by sleeping with the corpse all night before the burial ceremony. Children were the first to kiss it goodbye. It was always during those night vigils that our imagination ran wild with images of ghosts and haunting spirits. Likewise, the adults discussed the causes of death – even a simple heart attack could be construed as a result of being cursed especially if the dead relative was young.

I use the words dig deep for all those memories because they were the very things we considered “inferior” in those early days of modern education. Even our language was banned from the school grounds. I did not know it then and perhaps our educators were also naively unaware, that they were subtly stripping us of our cultural identity, firstly by our local pastors and later by our education system, with the full approval of our parents.

I strongly believe that we have come full circle, especially concerning modern medication for psychiatric problems, and have discovered that not “all things foreign” hold the answers to our modern problems. There is a great need for me and perhaps

the mental health community in New Zealand, to revert back to those “silenced voices” in order to determine the contributing factors causing increased mental ailments in Samoans living in New Zealand. When the causes have been determined it will be easier for the providers of mental health services in New Zealand to set up the appropriate infrastructure to effectively cater for the mental health needs of Pacific people, especially Samoans. Consequently, this paper is a descriptive account of the cultural and traditional factors that I believe are essential for the treatment of some cases of mental illness in Samoans. Knowledge leads to understanding, which is half way to finding the cure.

## **Introduction: The Silenced Voice**

This report looks at the contemporary issues of mental illness in Samoans living in New Zealand, with special reference to Samoan traditions and cultures. The term “Silenced Voice” refers to the Samoan traditional belief system, ingrained in my mind, that throughout the years of exposure to the prevalent cultures of western civilisation, has been effectively silenced.

My using the word ‘silenced’ to describe what happened to my traditional Samoan beliefs illustrates that exposure to another culture does not make one’s own cultural heritage become obsolete. It just goes underground (silent) for a while but it resurfaces from time to time, as it is an integral part of a person which cannot be ignored especially when dealing with mental health issues of ethnic groups.

In order to present this viewpoint which I feel is relevant in the search for solutions in the field of psychiatry, the ‘silenced voice’ has to be heard. The first part therefore of this paper will briefly cover those important issues that have been silenced in every sphere of life in New Zealand, that is, Samoan traditions and cultures. Most importantly, how we can utilise some of these factors to bring about positive changes as part of the solutions in dealing with the changing nature of mental health issues involving Samoans living in New Zealand in the new century. Secondly, I will look into past and present research carried out in New Zealand regarding Pacific Island people with special reference to the present medical model applied in the field of psychiatry in New Zealand.

The dual nature of this review focuses therefore on:

1. The clarification of the ‘silenced voice’ (Samoan cultures and traditions) and the urgent need to revert to this ‘voice’ in order to understand the growing social but mostly mental problems currently faced by Samoans in New Zealand.

2. Discussion of the current New Zealand medical services providers and their effectiveness in dealing with the mental health problems of its multi-cultural population.

For the purposes of this work, I will confine myself to the spiritual nature of Samoa culture and traditions, which forms the most part of my people's belief system. Christianity is one of the most effective means of change introduced by colonialism that impacted on our traditional system of belief. It also became the over-riding factor, which the Samoans adopted in order to legitimise its traditions and cultures in the twentieth century. To fully understand Samoan traditions and cultures, one has to appreciate the connection between the old Samoa and the traditions of the Bible. Moreover, the fact that Christianity, a 'white man's religion', was perceived by Samoans as similar to its traditional beliefs, reinforced and strengthened the spiritual life of most, if not all, Samoans.

The continuing strong influence of religion on Samoans' mentality is very important. Section One will therefore be devoted to a brief analysis of the similarities in the old Samoan traditions and that of the Jewish traditions as described in the Old Testament. I will clarify in this section the reasons why Christianity was readily accepted and integrated into Samoan traditions and culture, not because Christianity was 'foreign and therefore superior' but rather, it was a religion that has managed to centralise all Samoa's many gods into a one supreme spirit. This uniting force, in my opinion, was instrumental in bringing together the various war factions of Samoan tribes into a harmonious and independent nation. It also has the effect of bringing focus and thus equilibrium into the Samoan psyche.

Section Two, briefly explains how Samoan cultures and traditions deal with mental health issues, its causes and cures with greater emphasis on 'ma'i-aitu', the Samoan name for most ailments pertaining to the mind or psyche.

The impact of western culture on Samoans living in New Zealand will be discussed in Section Three. Does the traditional belief system run deeper than we originally thought and can the replacement thereof by a foreign culture be responsible for the increased mental problems of Samoans living in New Zealand? To answer this

question, I will look into the initial period of contact, that is, early migration of Samoans to New Zealand and the economic factors which brought to the fore the differences in the two cultures.

Throughout the years of Samoans' residence in New Zealand, economic, political and social problems have increased. This has been noted by the New Zealand policy-makers and subsequent researches have been carried out, mostly in the field of social welfare, to find the most effective policies in alleviating social problems of Pacific people. Samoans themselves were also very aware of those mounting problems and they had reacted by establishing similar networks and organisations as replacement authority analogous to those back home. In Section Four, I will explain the nature of these networks with special emphasis on the Church; its strengths and weaknesses in providing a smooth transition for Samoans to life in New Zealand.

Section Five will discuss the current New Zealand medical model in contrast with the Samoan traditional approach to mental illness. It will also clarify the mental health services, which are currently available in New Zealand and how successful these services are in accommodating consumers from Pacific Islands. As mental health services are now rapidly becoming a problem area when dealing with consumers of diverse ethnic groups in New Zealand, I will also discuss in this section the various research and studies that have been carried out in search for most effective policies and administrations.

Section Six will analyse and discuss the shortfalls of the medical model when applied to the mental health issues of Samoans. It will also look into the newly instituted services, which have been established by the authorities, as part of the solution to problems encountered in the area of mental health services in New Zealand.

Section Seven constitutes of my concluding analysis which will link up all the sections of this study.

## Section One: Impact of Christianity on Traditional belief system

Christianity is important in this discussion due to the fact that firstly it is an 'imported' set of beliefs, which was adopted and inserted into Samoa's traditional cultures. Secondly, the similarities of Christian teachings to Samoan beliefs helped consolidate and further strengthened Samoans' traditional belief system. As part of those 'foreign' factors brought over to Samoa during colonial rule, Christianity lent our traditions the credibility needed in bringing it to the 20<sup>th</sup> Century. Meleisea (1987,(a) p.18)) noted the selective ways with which the Samoans adopted Christianity but stated that Christianity became part of fa'a-Samoa and used like the old religion, to legitimise its institutions.

I firmly believe that Samoan culture is a remnant of the ancient Jewish tribal tradition. Freeman, (as cited by Meleisea (1987. b. p. 186-7), lists many similarities in Christian teachings and Samoa's old religion:

*just as Tagaloa has "all searching eyes" so was Jehovah...able to 'see in the dark' and just as Tagaloa was believed to be 'swift to know and to require the evil...done among men', so, ... did Jehovah become greatly angered at the sinful actions of mankind, which he never failed to punish.*

Time does not allow the mention of other similarities in the Jewish traditions as in the Old Testament and the Samoan culture. However one example that I know of the most obvious and strongly guarded tradition that the missionaries tried but failed to remove from the Samoan system of belief, which is similar to the Jews, is circumcision. Even though the missionaries had succeeded in removing the traditional long hair for men, an uncircumcised male still remains up to now, a social disgrace and a victim of ridicule.

The readily and welcomed acceptance by Samoans and Polynesians of Christianity was not entirely due to the effectiveness of the missionaries but rather the ease by which Christian principles permeate the culture and life of Samoans. The arrival of missionaries and Europeans brought to Samoa an introduced idea of 'kingship'. After many political wars motivated by materialistic endeavours, the idea of kingship never eventuated as no one royal bloodline can claim to be more royal than the other in Samoa.

According to our initial recorded history, Christianity arrived in a midst of tribal warfare between the different royal families. The introduction of the Gospel which advocated One God who had only one son and his name was Jesus, was accepted readily by most warring factions due to the fact that if Jesus, a prince of peace, was to be accepted as the only legitimate son of God, then every Samoan traditional royal lineage would retain their equal status.

Politically, centralising power in the old Samoa was very difficult but the adoption by all warring factions of a foreign Supreme God was more appealing to all, as no royal lineage can claim supremacy through being a direct descendant of the Christian God.

### **1.1 Creation**

Samoans are very spiritual people and originally, all Polynesians believed in One Creator, the one mighty God Tagaloa who dwells in Heaven and a demi-god Savea Siuleo who lives underground in a place called Puloa, similar to the Jewish God Jehovah in Heaven and Satan in Hell.

The story of Creation in the Bible, though slightly different, still works on the same principles as the traditional Samoan creation, which stipulates that man was made from the combination of 'Eleele' and 'Palapala', both Samoan names for soil or clump of earth. There are many versions of this same story of creation but the popular and generally accepted version is in the *Cyclopaedia of Samoa, Tonga, Tahiti and Cook Islands* (1907: 42). 'Eleele' and 'Palapala' sired two men both called 'Ilo' (worm) one died and the surviving one complained to Tagaloa for not having a companion. Tagaloa then ordered one of his messengers to have the deceased man, who had



previously been changed into a female, resurrected. They became the original ancestors of all people who inhabited the earth.

The biblical story about the immaculate conception of Jesus is similar to the story of the God Tagaloa who later on after Creation, took a mortal maiden for a wife and produced demi-gods who later came down to earth from heaven and ruled the world.

## 1.2 Language and Political Divisions

The Samoan chiefly language is crucial in the understanding of its culture. Similar to the language of the Bible, the language used by the Samoan chiefs is esoteric and consists of symbolism all alluding to history, legend, folklore mythology and genealogy. Without a profound knowledge of the entire above, one becomes lost during traditional ceremonies and most often becomes bored. Tu'i (1987), studied the nature of Samoan oratory and stated that:

*The wide range of verbal pyrotechnics associated with oratory is unique among Samoan speech-forms and requires an understanding of Samoan metaphors and proverbs, which in turn demands a good cultural knowledge. ...Oratory has a distinct symbolic nature; tending to be abstract and dwelling on the supernatural, and containing esoteric qualities absent in other forms of discourse.*

The Old Testament describes the history of God's chosen people who were specifically chosen to guard and protect God's laws, which would later become the world's at the time chosen by God. Even at the beginning, God appointed the guardians of the Jewish religion, a role that is still strongly adhered to by the Jewish scribes and teachers. Likewise, Samoan culture has adhered to specific divisions in roles with the Paramount Chiefs responsible for maintaining and adhering to set standards of nobility and dignity and the Orator Chiefs in guarding and of transmitting through the ages its oral history in the form of oratory, poetry, genealogy, honorific 'faalupega' (chart of the hierarchical status of each matai in the village, district and Samoa in its entirety) and descriptive songs.

As God chose Aaron to be Moses's orator chief and gave him the staff as a symbol of power, so were high orator chiefs blessed with a staff and whisk which are now symbol of God-given rights to orate in 'malae' and recite genealogies together with the right to address and invoke the assistance of the dead ancestors,( M.Talamaivao, personal communications, February, 2001)

Every Samoan traditional speech requires the correct recitation of village and family honorifics. In the past, a weak speech with the incorrect recitation of genealogies and village honorific had resulted in warfare between the insulted tribe and tribe giving the speech. The main cause of the insult is due to the fact that honorifics state the ranking of a village in the overall Samoan hierarchy. It is the recitation of the 'who's who' book, so it is a must that an orator chief is well versed in the genealogies and honorific of each Samoan family, village and district.

The division in roles is a necessary factor in order for the traditions to survive through the ages. Orators were the main vehicles in bringing to the 20<sup>th</sup> century our traditional language, which fortunately is still well preserved. Likewise, the Chiefs have succeeded in maintaining the manna, which is essential for the preservation of their power over the people and lands.

The Jews believe in what Jesus reiterated to his disciples "not to give those things, which are holy to dogs". Similarly, Orator chiefs are by traditional law prohibited from divulging specific knowledge and mysteries of traditions and genealogies to those not spiritually chosen for the role of guardian. Old traditions therefore like the Bible were transmitted orally from generation to generation through a "spiritually chosen few" which was the only way that it could maintain its purity and correctness without the distortion and sabotage of commoners. Knowledge of Samoan guarded mysteries is spiritual power and it is the main reason why traditional authority is revered and adhered to by our people through the ages (Talamaivao 2001).

A Matai is believed to be anointed by God and sanctioned by our dead ancestors. It is commonly believed that spiritual knowledge will automatically be bestowed on a person when he is bestowed a Matai title. In many instances, this belief has some truth. Those who were bestowed high titles and were unable to fulfil their respective

responsibilities had later been found not true heirs of the title. However, some families had branded even true heirs who failed “as a waste of pearls on swines” (Holy Bible: Matt 7:6).

Indeed, Christianity was an extension and renewal of a live culture – a culture that now puts the God of the Bible as the foundation of its independent nation. The survival and purity of Samoan culture and tradition was made possible by two instrumental factors, language and protection of its mysteries by way of religious rites. These rites are performed only by a ‘chosen few’ who have been bestowed “Matai Titles”.

There is a misconception in Western writings about the real value of oral as compared to written tradition. Tamasese and colleagues pointed out that an important consideration regarding oral tradition in the Samoan context which is rarely, if at all, addressed in Western literature, ...is that Samoan traditions of knowledge and history are written in geographical sites and locations, familial names, honorific and titles, genealogy, ritual and chants. Oral tradition as such is not a haphazard or indiscriminate espousing of information but the transmission of information and knowledge symbolically, mentally or spiritually ingrained within the people and their origins of belonging and identity, which has through time undergone its process of validation synthesis and analysis (Tamasese, Peteru and Waldegrave 1997). Other ethnic groups including the Maori people shared the same experience. McClean, (1967) noted that 200 years ago Maori people relied on an oral tradition to hand on information, documentation was not an established practice in Maori society. Although it seems like an unreliable way of handing down knowledge, there is clear evidence to show that the tribal repositories of knowledge organised Maori memories in such a way as to recall events clearly from many generations past. Maintaining the accuracy of such recalled information was very serious business.

The importance of language in this discussion is the psychological effects it has on how an ethnic group perceives the world around them. It is a vehicle which communicates the way an individual and collectives of people perceive, interact and respond to the world in which they exist. More significantly, understanding of language is vital as it has the valuable function of transmitting values, norms and

mores, which forms the belief system of that culture. For the Samoan language, depending on the occasion, it can be spoken either on an informal level or in a mode which is highly formal. The latter is the language of ritual, which is greatly allusive and esoteric and pertains only to chiefs (Matai). Its similarity to the language of the Bible, which alludes to events and prophets of ancient times, is important. In fact, most of Christ's teachings were done in parables, which often mystified his apostles and needed further clarification from Jesus himself.

In summary, Samoan traditions and culture are strongly founded on spiritual beliefs in gods or spirits wielding unseen powers. The Samoan 'matai' is believed to be a descendant of the gods and similarly he also has spiritual powers to punish or reward his adherents. Sacred power and moral authority is the essence of Samoan traditions as compared to secular authority and action. The supernatural authority possessed by a 'sacred party' (matai), on one hand, sanctions and controls; on the other hand, it dignifies and lends blessing to actions of the secular party (commoner). (Schoeffel: 1995).

The advent of Christianity, the religion of the 'palagis' (white men), in the 1830s further consolidated these beliefs and subsequently strengthened the spiritual nature of Samoans. One Supreme God rules every aspect of life, which is spiritual. God has set each person's role and position in society before he/she was born, so every problem can be spiritually explained and solved. In contemporary Samoa, there is little distinction made between church and the state. The authority of God over humankind is as that of the matai over his household or the council over the village, (Schoeffel, 1995, p. 102).

Mental illness therefore, was never regarded by traditional Samoans as pertaining to a physical disorder of the brain or any other physical handicap. It was and still is strongly believed to be a spiritual illness. The next section explores Samoan mental ailments, namely 'Ma'i-aitu', its cause and cures.

## Section Two: ‘Ma’i Aitu’ traditional approach to mental ailments

Simply put ‘Ma’i means illness and ‘Aitu’ means ‘spirits or ghosts’ – every mental problem is caused by ‘demonic possession’ or as a result of ‘curses’ due to the abuses of sacred taboos.

Samoan traditions and culture are based on the ancient religious hierarchy with its origins traced back to the God Tagaloa. The limits specified for this paper do not allow for a detailed clarification of Samoan myths and legends but briefly I need to refer to the ancient systems of religious belief in order to ascertain the power of the spirits on the Samoan psyche.

Occasionally, the sons of Tagaloa took mortal women for their wives and sired demi-gods. This is where genealogies are vital as those who can trace their roots back to the various demi-gods are entitled to assume the position of ‘Alii Paia’ (sacred chiefs) invested with divine spiritual powers of gods. Among the chiefs, the most revered were the ‘Alii Paia’ who were descended through the aristocratic bloodlines from Tagaloaalagi, the creator. They were ... as living gods among humanity, imbued with supernatural powers by the famous ancestors by whose names they were titled...(Meleisea 1995, p.21).

The Samoan social hierarchy was therefore well structured depending on the authenticity of the line of descent. For many centuries, it was and still is common knowledge amongst Samoans that ‘Alii Paia’ have spiritual power to curse and cast bad spells on those who violate certain practices and items pertaining to family title, land and all its other possessions. In many cases, the curse can take effect as a matter of course without even the knowledge of the chief. This is one source of curses and spells, which results in ‘Ma’i Aitu’.

The essence of Samoan Culture is “faaaloalo”. This one word encompasses what the English language refers to as, nice, respectful, kind, gentle, polite, giving, taboo and

hospitable. The qualities of dignity, honour, respect and deference are fundamental ingredients of Samoa's social order Schoeffel, (1995, p. 87).

Hospitality had taken root due to the ancient belief that spirits could assume human form and mingle with the people. That belief was further reinforced by Christian teachings. The story of Abraham in the Christian Bible (Genesis 18:1-15) reinforces the Samoan belief in offering hospitality to strangers, as they may be angels of God who can bless or curse them. Remember to welcome strangers in your homes. There were some who did that and welcomed angels without knowing it (Holy Bible, Hebrews 13:2). It is thus a must, that a stranger who passes through a village or pays a visit to a Samoan home be treated with respect, fed, clothed and had all his/her wishes fulfilled. Should the stranger turn out to be a spirit, the family would be presented with a divine gift, if the spirit was treated badly and rudely, the family would be cursed, the latter being the more motivating force. The 'curse' in most cases, is revealed or communicated to the respective family through a sudden illness that befalls a family member, such an illness is called a Ma'iaitu.

Just as Samoan society is stratified, so is the family unit. In the centre of the family is the taboo between brother and sister, the 'va-tapu' in this relationship – 'feagaiga' - is culturally considered sacred and woe to him or her who violates the sacredness of this. Just as portent is the violation of the 'va-tapu', between the sister and brother's wife and his children. When a woman marries into a family, not only is she expected to respect her husband but she must also respect and obey her husband's sisters and aunts. Though the males, in most families, are bestowed the Matai title of the family, it is the womenfolk that wield real power. A wife is usually powerless and is not allowed to speak on or carry out the traditional duties pertaining to the maidens of the family. (Note; a wife exercises this right in her own family.) Violation of this 'feagaiga' taboo has been claimed by many to be the cause of curses resulting, in some cases, in Ma'i Aitu.

The most sacred relationship, which entails the worst form of curse, if violated, is the relationship between parent and child. Discipline and deep respect is the essence of this relationship. Cases of severe schizophrenia have been attributed to the violation

of taboos between parent and child. Physical deformities of the child's offsprings are the other manifestation of cursing by a parent.

The transition from the ancient Gods to Christianity was very smooth due to the reasons as explained in Section One. The new faith brought by missionaries in the nineteenth century also brought to the villages a spiritual authority in the form of local pastors who are treated with great respect and are addressed as a 'feagaiga'. Even though they are agents of the newly introduced God, Samoans believe in the power of the ancient spirits in invoking the same curses on anyone who violates this relationship between the pastors (feagaiga) and their respective chosen village. Hence, this is another source of curses, which usually results in temporary insanity.

Furthermore, Christian teachings on demonic possession and Jesus' instructions to his disciples to go out to the world not only to spread the good news but to heal the sick and exorcise demons further solidified the traditional belief in the powers of the spirits of dead ancestors. In many villages, there is still a strong belief in the deified spirits of a dead person. For the purpose of this work, I will mention just two of the current spirits which are commonly associated with a lot of 'Ma'i Aitu' namely Sauma'iafe and Telesa. Both are dead females who used to be village maidens of high ranking families in adjoining districts; Saumaiafe of Tuisamau district and Telesa of the Faumuina family in Lepea. They are vindictive spirits who prey on young handsome men and beautiful girls.

With this strong belief in the spirits of dead people especially the two above-named, Samoans have managed to keep them alive. The main culprits are the "taula-aitu" anchors of spirit. Stair (1905), deals with the various forms of ancient 'aitu' thoroughly in his article but the title 'taula-aitu' is presently obsolete and is now replaced by the title "faipele" (the card operator). These operators assume the role of a general practitioner that diagnoses the kind of 'Mai Aitu' and determines the identity of the spirit causing the sickness. S/he then recommends the 'fofo' (specialists) who the patient should be referred to for cure.

## 2.1 Diagnosis

There are several faipele (card-operators) in Samoa and they are usually the first people to be consulted in cases of mental disorders where dramatic changes in the behaviour of the usually normal person occur. They use ordinary playing cards, replacing the ancient gyrating and monotonous chanting commonly associated with witch doctors. The card system changes depending on the faipele's mood. While the faipele is dealing the cards, s/he asks leading questions, which encourages the patient to talk about family matters pertaining to dead relatives and places that the patient had frequented in the past just before the illness. Personal details are sometimes demanded from the parents or relatives of the patient before a diagnosis is made. With all the relevant information, the faipele has a wide field to choose from, that is, whether it's a violation of family taboos, the tapu of local and district paramount chiefs or the vindictive work of the female spirits, Saumaiafe and Telesa.

Whether the faipele is a fraud is of little significance to the patient or the family, as they will try another one if this one fails. What is important is finding a cure. One of the often-told local jokes involves a certain diagnosis by one faipele. A distraught farmer lost one of his prime pigs so he resorted to a local faipele. The faipele after so much shuffling of the cards told the farmer where the pig was. He forgot to ask the farmer whether the pig was male or female. Imagine the surprise of the farmer when he was told that his prime stud pig had gone to the bush to give birth!

Consulting a faipele is a costly exercise but the strong belief of Samoans in traditional taboos and spiritual condemnation has led to the rising numbers of faipeles. Most importantly, the increasing number of Samoans suffering mental disorders has contributed greatly to this increase in the number of faipeles.

Our family in Samoa also experienced a Ma'i Aitu case. About five years ago, a family approached my sister, Tiaua Mafa, in order to publicly apologise for the damage done to my deceased father's rain gauges. In fact, they were told by the faipele to reveal to her all that the boy had done in our plantation. In order to understand the full story, the following is a brief summary of background information:



## 2.2 Case Study One

My father Taala, a retired meteorologist started our plantation at Puapua. As his plantation is in a central position of the northern part of Savaii, he requested his Apia office to set up a system at the plantation for measuring the rainfall. A small shelter was built housing the respective water gauges, about three twelve-inch glass test-tube gauges. While he was alive he used to take the readings of the rainfall and related them to his former office for their information.

When he died four years later, my family kept this white shelter with all its gauges intact, clean from weeds and our workers were specifically told not to disturb or touch it. Apparently, one of the workers did break open the shelter door and took one of the test tubes, which he proceeded to break in pieces. The following night he became sick. On the third night, in a feverish state he raved on about the rain gauges and how my father had given him a hiding for breaking the test-tube. Instead of taking him to hospital, the family was convinced that he was a victim of the 'maiaitu' and took him to see a faipele.

Understandably, the faipele got the patient to talk and he admitted breaking one of the gauges, cutting down my father's breadfruit tree and stealing branches of my mother's favourite hibiscus plant. The family was told that unless they come to apologise to my family the boy would not recover and hence their approaching my sister who is presently the family matai.

My sister's first reaction was anger, for she could not envisage our father as a bad spirit roaming around in the plantation but most of all, being responsible for anyone's illness. She told the family to take the boy to the hospital and for them to cease accusing my father of such stupid superstitions. She later heard that the boy had recovered but not fully, he still has 'talkative spells' from time to time. Mafa has not met this boy but from what she heard through the other workers, he still insisted that my father did give him a hiding.

For the first time since my father died, my sister opened the shelter door and found one test tube missing; she checked the breadfruit tree and found it dying from the loss

of its vital branches. As for the hibiscus plant, many of its branches were cut but it was still flowering.

She was further surprised to find out from the workers that a lot more of our past labourers had sighted my father on the plantation. There was also an earlier case in which one of our woman workers had a convulsion and was carried down to the house. Mafa did witness this woman's convulsions but she was under the impression that the worker was having an epileptic fit. On the contrary, the workers informed Mafa that the woman did not have epilepsy but she claimed that she was given a hiding by my father for sleeping under a banana tree while the others were working.

With the confirmation by the faipele of my father's spiritual powers, it is now common knowledge in the village that the spirit of my father haunts our plantation. On the brighter side, we discovered that stealing by workers and trespassing by the villagers had declined dramatically.

The above are just a few illustrations of the ingrained traditional beliefs behind simple mental disorders such as feelings of condemnation and guilt. In most cases, the victims are simply cured by a faipele/fofo in a process of confrontations with the respective injured spirit in cases of demonic possessions followed by a special ritual of exorcism. In cases of violating taboos, the patient or members of his/her family are expected to make a formal traditional apology, in the form of presentation of a 'sua' (cooked pig and fine mats), to the injured spirits family. On completion of all these 'remedies', the patient is informed and in most cases of temporary insanity, recovery is quick.

### **Section 3: Migration and the changing nature of mental health issues for Samoans in New Zealand**

This Section explores the contemporary nature of mental health problems stemming from feelings of condemnation and guilt. Although the problems are culturally based, the causes have changed due to the changes in environs and conflicts with a dominating value system. These changes are clearly defined in New Zealand with the Samoa migrant population.

In the 1950s and 1960s, during an economic boom in New Zealand, which needed unskilled labour from the islands to work in the factories, the Samoan population in New Zealand then consisted mostly of migrants. Duty to parents and families in Samoa was first priority to those who came in the initial group of migrants. They remitted money not only for family sustenance in Samoa but also to finance further migration. From personal experience after living in Porirua for the most part of thirty years, low-income housing were purposely selected, not because Samoan migrants were earning low incomes but mostly because the bulk of their earnings were remitted to assist families in Samoa. I knew of many Samoan families who were living in state houses that had four to five adults all working full-time and also had part-time jobs. Between those four adults, they earned much more than the average middle-class New Zealander and could afford to live in the middle-class suburbs owning expensive cars. However they spent about a third of that income on themselves but the rest was sent back home. With the arrival of the second group of migrants, family networks developed and kinship communities were set up, usually in close proximity to industrial areas where work was available, to facilitate further migration.

The assistance provided by families in New Zealand for newly arrived migrants were crucial in allowing them to adjust to life in New Zealand. Dodge (1974) observed that migrants with community and family support were much less likely to develop mental illness than the migrants who lacked such support. A study by Graves and Graves (1985) on the impact of customary stressors on mental health of Pacific people, just

before the steep rise of unemployment, found that compared with European people living in the same working class sector “the relaxed, easygoing approach to life could be an important factor in the ability of (Pacific migrants) to sustain a heavy dose of stressful situations in their new urban environment without even as much as physical breakdown as their European neighbours.”

The major social problems associated with Samoans at that time were drunkenness and disorderly behaviour. Perhaps that was the down side of the seemingly carefree and boisterous nature of the Pacific people who love having a good time. Understandably, the newly found freedom in New Zealand from family scrutiny and the strict and rigorous regulations of village authority, together with increased prosperity, was the undoing of most youthful Samoan male migrants. As the major part of the first wave of migrants were unskilled and had very limited knowledge of the English language, a major setback for them was language which caused much friction at work but mostly in public places. Simple situations for those who can speak and understand English can prove stressful to many Samoans with limited English. It brings to mind a popular ‘apple-pie and coffee’ joke that is frequently told for entertainment in many Samoan gatherings.

Apparently, Sio who could not speak English was taught by one of his relatives that if ever he goes to the cafeteria at work and was asked what he wanted for lunch, just ask for ‘apple-pie. For a whole week he ate apple-pies and he decided to add coffee to his usual order. When he ordered ‘apple-pie and coffee’ the attendant asked ‘black or white?’ Sio was confused and kept repeating his order but the attendant also repeated his question, out of frustration Sio hit the attendant and was sacked from his job. When Sio was asked later why he hit the cafeteria attendant, he said that he was sick of eating apple-pies and when he asked for coffee the attendant call him ‘black’. This kind of situation may be amusing but the consequences to many people like Sio can be devastating. Retaliation using force due to similar frustrations had naturally earned Samoans a reputation of being a bad-tempered and violent group of people. In addition, the abundance and easy access to liquor coupled with the availability of other forms of entertainment not readily available in Samoa, made things worse.

With the kinship networks and communities secured, migration was not limited to those who could work but the younger generations of school age were also brought over to New Zealand in large numbers, for better education. I was one of those fortunate students who came in the early 1970, so I personally experienced the kinship assistance of my uncle and other relatives who not only financed my secondary education but also provided me with a home for four years until I became a nurse and was able to earn my own living.

At the same time that I was educated in Christchurch, my sister who was two years younger than me was living with my aunty who financed her college education and provided her with a home in Porirua. My sister was fortunate to progress to a tertiary education and as I was earning money as a student nurse at that time, I took over the financial responsibility from my aunty, for my sister's entire university education for almost four years.

The decision to undertake such responsibility was never a matter of personal choice but a cultural responsibility, a traditional duty, a customary obligation but most of all, the shared love of kin. Individual happiness and personal ambitions had to be sacrificed for the betterment of the whole family.

In retrospect, the fact that I was instrumental largely in my younger sister's academic success is a beautiful feeling of personal achievement that no money can buy. I came to understand how my father before me felt when he had to work at the age of sixteen in order to feed his parents and also provide financial help for the education of his brothers and sisters. Those were the same brothers and sisters (my uncles and aunts) who brought my sister and me to New Zealand, cared for and educated us when they had the means to do so. I have tried to simply illustrate here the cyclic effect of a reciprocity value system that spans numerous generations.

It is also important to note that the self-sacrifices of individuals for the betterment of the entire family are not entirely selflessly motivated. The overriding belief in the power of parental/Matai blessings or curses, is the motivating factor for most Samoans. Failure to honour one's duty to kin and render the respective 'tautua' (services) to the Matai of the family results in what Samoans term as "fetu'u"

(condemnation). This is a psychological fate worse than death, which is analogous to a 'rudderless ship' with no set direction and of no fixed abode. This simply means a person with no family. As previously mentioned, parents/Matai do not necessarily have to "fetu'u", but the strength of the belief of Samoans in spiritual blessings and curses and what they entail, is enough to cause self-condemnations or self-fulfilment. 'Faamanuiaga' (blessings) and "Fetu'u (condemnation) in certain cases are manifested immediately but mostly, they are fulfilled through one's children.

### **3.1 Unemployment – cause of low self-worth and self esteem**

The free flow of migration from the Islands during that time of industrial prosperity in New Zealand was mutually beneficial to both countries. However, a major problem was looming for Samoa with ramifications that would prove devastating not only to its economy but also to the mental health of Samoans in New Zealand.

The drain of the labour force from Samoa's rural and urban areas was so great that the agricultural sector almost came to a standstill. Extended families in Samoa were reducing at a fast pace and agricultural land was lying idle, as there were hardly any young people to work them. Approximately two generations of Samoa's youth were lost to New Zealand between the late 1950 and 1970. However, economically families in Samoa became prosperous due to financial remittances, the more family members working in New Zealand, the more money flowed over to their families in Samoa.

That was the beginning of the 'remittances dependency syndrome' (my own term) in Samoa, and the increasing 'cultural pressures' of customary obligations on Samoans in New Zealand. Samoan's communal system of resource/wealth distribution was working very well during that time of prosperity in New Zealand. By the mid-1970s, the New Zealand economy began to feel the impact of a world recession due to the oil crisis and factories where the Pacific people worked were the first to close. Unemployment started rearing its ugly head and the unskilled labour force made up mostly of islanders, were the first victim. I strongly believe that it was then, when New Zealand was faced with industrial and economical difficulties that all the other social and political problems involving the Pacific people in New Zealand, especially the Samoans, came to a head.

Unemployment caused by the closing down of big corporations such as General Motors and Ford plus other big manufacturing giants that employed hundreds of Samoans, led to the gradual shifting away of Samoans in the desperate search for jobs, from the security of their island communities which resulted in the fragmentation of kinship networks. Economic pressure on the New Zealand Government for the provision of employment resulted in the tightening of immigration policies. The 'islanders' became political scapegoats to be blamed for most social-ills in the main cities of New Zealand. Racial tensions intensified with blatant discrimination in the employment sectors. The dawn raids on island over-stayers in the 1980s by the police with the aid of police dogs brought home to the Samoans the political and social realities of an unfriendly environment. The country, which they had come to know as their second home, had grown cold overnight and Samoans found themselves discarded like 'fasi-fa'i' (bits of bananas) not fit for consumption anymore.

The psychological effect on Samoans, who traditionally regard themselves as descendants of demi-gods and kings, was devastating. A proud race of people had been reduced to the lowest tier of the social ladder, regarded as social pariahs and troublemakers. The places where they congregated as island communities were suddenly referred to as slum-areas. The measuring rods used by the system to determine success were academic qualifications and professional skills, achievements that were beyond the reach of 90 % of the Samoan unskilled population in New Zealand. The difficulties in speaking and comprehending English resulted in the prejudiced view of Samoans as an ignorant ethnic people.

The worst psychological effect of unemployment to Samoans was the inability to fulfil customary obligations. The dependency syndrome of families in Samoa on remittances, a direct result of mass migration to New Zealand of its workforce, was at its height when unemployment in New Zealand was at its worst. By the early 1970s, the initial migrant population was well established with their own nuclear families. The economic pressures from both the extended families in Samoa and their own immediate families in New Zealand at a time when a lot of them were unemployed, was most traumatic. It was during that time that Pacific peoples were beginning to appear in the New Zealand mental health system. (Lui, et al 1995.)

Graves and Graves (1995) also found in their study that the area of Pacific life that did create rather than alleviate stress and in itself contributed to ill health, was the social support area. While for Europeans, relations with authority were a key source of 'situational stress', the main source of stress for Pacific people were money matters and meeting kinship obligations. Although the Samoan community provides the new migrants security and eases stressful situations inherent in their new environment, another form of pressure is applied. The new migrants are continuously reminded by the old of their kinship responsibilities and the reason why they were brought over to New Zealand.

Lealaiauloto (1995) states that despite the rise in unemployment from the mid 1980s, heavy financial demands were still placed by Samoan culture on Samoans in New Zealand. Faalavelave (family commitment) can occur at any time. A relative may die at a time of extreme financial strain but a Samoan is still expected to provide his/her share to cover the costs of the funeral. Many are forced to take out money on credit/loans thus adding chaos to repayment schedules, which has resulted in some Samoan families losing their homes and other properties.

The transition from life in the Islands to life in New Zealand brings to the fore a variety of new economic and socio-psychological stressors affecting mental health, such as employment, language, housing, race relations, values and ethics. In their document, *Pacific Mental Health Service in New Zealand*, the Mental Health Commission (2001) identified clear gaps in Health, Education, Employment, Income and Housing status of Pacific people compared to other New Zealanders. It recognised particular mental health issues faced by migrant populations due to difficulties in adjusting to a totally different environment. The focus of these issues was the potentially weakened cultural base and economic difficulties.

The report by *The Mental Health Commission* (2001) considers the Pacific people as maybe the biggest at risk, due to the following issues:

- *“Increasing number of New Zealand-born Pacific people growing up in single parent households with the accompanying dislocation from*



*extended family networks and resulting in increasing cultural and community fragmentation.*

- *Rising unemployment, low income, and poor housing, with a second generation of New Zealand-born Pacific people likely to grow up in relative poverty.*
- *Rising alcohol and drug problems.*
- *Growing social disadvantages due to high levels of discrimination and inequity.*
- *The weakened position of the church in New Zealand's Pacific cultures”*  
(Mental Health Commission, (2001)

The above-mentioned study confirm the issues I have briefly covered, however it is interesting to note that one of the reasons given by the experts for the growing mental health risks to Pacific people in New Zealand, is the weakened position of the Church.

I do acknowledge that there are many other very important contributing factors that should be considered when trying to ascertain solutions. However, what is pertinent to this paper is the distinction between a life-style based on the individual as the measure of all things; - man is the ultimate standard where right or wrong is judged by man-made rules with no credence to either God or a supreme spiritual being, as compared to a system of belief where spiritual punishment and healing is a fact of life.

New Zealand is part of what is commonly known as a ‘western civilisation’, founded on democracy and individualism with a tendency towards secular humanism. These terms are used here in their basic meanings, that is, where the individual and his/her human rights are basically observed as opposed to a community-based, hierarchical religious system. Right from the start, the differences between New Zealand and Samoa were obvious. Conflicts were unavoidable and the only solution was for the weaker to surrender to the dominating system. Such surrender always comes at an enormous psychological cost to the combatant, who had to give in, in this case, the Samoans. The important question is; have the Samoans surrendered their value system and traditional beliefs in order to be successful in New Zealand? If they had decided to fight the system, with what means? I will clarify in the next section the role of the

Church in the life of Samoans in New Zealand with particular emphasis on its strength and weaknesses as an effective controlling factor.

## Section Four: The Church and mental health of Samoans in New Zealand

I have covered in detail, the smooth transition of “spiritual authority” from Samoa’s old traditions and cultures to Christianity, where the “anchors of spirits” changed from the gyrating ‘taula-aitu’ to the Christian pastor and ‘spiritual manna’ passed from ‘Alii Paia’ to the Church. It is no surprise therefore to note that wherever Samoans live whether in Samoa, New Zealand or anywhere else in the world, it is vital that they have a church for spiritual guidance. Outside of Samoa, the church predominantly serves as a replacement for a village community providing psychological security of being surrounded by kin and one’s own people in amidst an impersonal world, and spiritual authority against a rigorous legalistic system of control.

Some studies Mokuau and Tauiliili (1992) rightly point to the importance of the Samoan aiga or family in New Zealand. The family is viewed as the most important agency of human interactions and more so for Samoans. Life is organised around the ‘aiga’ (family) and the ‘aiga potopoto’ (extended family), which are hierarchical systems with clearly defined roles and responsibilities, and guide the individual in interactions with others. Each family member works for the well being of the entire extended family, which is sometimes as large as a whole village (Mokuau and Tauiliili, 1992). I have heard it said many times by elders of my own family, the Samoans do not invest in banks like the ‘palagi’ but they invest in their ‘aiga’. The family is therefore the reserve bank of most Samoans. Consequently, wealth is not measured by material things but the size of the ‘aiga potopoto’.

Meleisea (1987) adequately covers the overall impact of missionaries on Samoan traditions and cultures. What is relevant to this paper is the effect of Christianity on Samoa’s community based – hierarchical religious system. Together with the gospel, the missionaries from the London Missionary Society with Protestant and Calvinist leanings preached individualism, the salvation of one soul, individual accumulation

and equality of every individual in the eyes of the Christian God, Jehovah. This was the dominant ideology in Western Europe in the nineteenth century, which never took root in Samoa. Meleisea, (1987. a)

The communal system of resource distribution prevalent in Samoan societies was a source of frustration to some of its colonial rulers. The German governor Wilhelm Solf in one of his correspondences had this to say; "...one of the drawbacks in this country (Samoa) is the prevailing communism but how can the sound idea of individual property be cultivated when local authorities presume that they must dictate...matters which concern people's welfare and economical advancement." (Meleisea, 1987, p. 4).

Trood, a British Consul in Samoa during the German Administration, similarly remarked as quoted by Meleisea; "Communism is the foundation on which all Samoan Customs and social privileges are built." These observations were made in 1900 and 1925 respectively, approximately seventy years since the first Christian missionaries arrived in Samoa. This is clear evidence of the fact that the Samoans purposely used those christian teachings, which complied with their traditional beliefs, but it had not brought about any major changes in their cultural ideologies. The Gospel was 'Samoanised' and the Church became an integral part of the cultural and traditional setting.

In every aspect of the life of every Samoan, spiritual guidance is a necessity. Without this, many Samoans born and raised in Samoa, are lost and lead a dysfunctional life. Briefly, his/her environment largely dictates mental stability. Coming from a closely-knit community where the pace and pressures of everyday living are in tune with his/her surroundings, any sudden changes to these factors may invariably result in psychological trauma which, depending on each person's defensive mechanism, may result in anti-social behaviour or general emotional break down. Furthermore, the loss of kin support and spiritual guidance which was an essential ingredient in his/her upbringing and earlier nurturing can also be a contributing factor to the overall mental instability of Samoans especially those raised by traditional parents either in Samoa or overseas.

In most Samoan organisations and especially Samoan churches in New Zealand, leadership is usually in the hands of Matais. Although the Matais in these organisations and churches come from different village communities in Samoa, the overall cultural structure is well stratified where the Matai titles are traditionally classified in a hierarchical genealogical order. The utilisation therefore of the Matai system by Samoan organisations and churches in New Zealand stems from the need of Samoan people for control and order exercised by traditional authority of Matais, which they respect, and not by legal institutions. Vaai, in his *book Faamatai and the Rule of Law* (1999, p.1) testifies to the fact that “Faamatai” (matai system) extends to the larger countries ... where Samoan migrants are not only active participants in home activities but have evolved ‘faamatai’ communities in metropolitan cities such as Auckland...”

Even in Samoa itself which is presently governed by constitutional law 90% of Samoans live under traditional village authority socially termed “faamatai”, where the village councils are the legislators judges and juries and also the law enforcers. “Legislative, executive and judicial functions are carried out by the village council as an undifferentiated process.” (Vaai, 1999, p. 41)

The need to have ‘evolved’ faamatai communities is stronger in an impersonal environment such as New Zealand where Samoans find themselves not only as a minority race but are also considered as ethnically inferior. Confronted with a political and social system, which promotes equal rights of individuals who have been reduced to numerical identification, pride exerts itself in most Samoans who have been raised in a hierarchically stratified society based on ‘faamatai’ where honorific, that is, the recitation of ‘who’s who’ is vitally important for identification. Cultural identity therefore becomes the overriding force behind the formation of these ‘faamatai’ communities. To facilitate such communities, the uniting force of the church and its pastor and congregation is the ideal setting for such purpose and hence the importance of the church’s role in resolving the identity crisis of not only Samoan migrants but mostly of the New Zealand-born Samoans.

Most Samoan church membership in New Zealand is registered under Matai titles constituting of families or ‘aiga’ from different villages. Although in some churches,

conflicts between matais do exist due to the question of their traditional hierarchical status, the authority of the pastor is never questioned. As the representative of God on earth and the traditional 'feagaiga', it is the only other institution that deserves the united cultural respect of Samoans.

The Samoan Church in New Zealand not only preaches the Gospel thus promoting the faith, but also serves as a forum for cultural activities. It teaches Samoan traditions and cultures to its adherents through youth groups and consolidates the Samoan value system. It becomes the uniting force in bringing together the fragmented kinship networks, which are spread out in a vast landmass. Its congregation headed by Matais serves as a ruling committee analogous to a village authority. It has the consensus agreement of its members to intervene on their behalf, in areas of conflict with the New Zealand legal and social authorities. These committees are referred to by the New Zealand media and addressed by political leaders and social organisations in New Zealand as "Leaders of the Samoan Community".

Unfortunately, its powers as a controlling authority are very limited. It lacks the judiciary and policing powers, which a village authority enjoys. It cannot legislate nor enforce regulations on the lives of Samoans in New Zealand. This inability of the Church is viewed by traditional Samoans as a weakness and does not deserve the respect accorded to it as an authoritative leader. Furthermore, its members are mostly made up of the initial migrants and first generation Samoans, born in New Zealand. As life does not centre on the Church as compared to village life in Samoa, it is a struggle to impart its ideology on the young Samoans who attend Church services as a matter of duty and responsibility.

The transmission of traditional values from parent to child is made difficult by the education system in New Zealand, which promotes western values. These values pervade every sphere of life in New Zealand, and Church activities once a week are simply inadequate to educate the young Samoans of their culture and tradition. As time goes by, Samoan values, traditions and culture weaken. The added pressures of misunderstanding between generations are presently becoming a very serious problem for Samoans, which has to be addressed. Consequently, second generation Samoans born and raised in New Zealand are currently the main victims of mental illness.

I have explained earlier the basis of Samoa's cultures and traditions, which are land, language and religious rites, passed down through the generations by a Matai system. All these are absent in New Zealand and it makes the passage of Samoan traditions very difficult to understand for those generations of Samoans born in New Zealand. For most New Zealand born Samoans, they are taught at school, in their work place and in the various social affiliations, New Zealand friends and acquaintances, of a value system, which is individually based – to look out for number one – in order to succeed in New Zealand. They are subsequently mystified of the logic in sending the bulk of their hard-earned wages to feed some relatives in Samoa that they have never met.

Furthermore, some grew up being resentful of the fact that they had to go without many nice things in order for their parents to send money to Samoa or help with 'faalavelave' (family commitments) in New Zealand. Such resentment sometimes resulted in the total separation from kinship connections. Whilst some had succeeded to live entirely divorced from their Samoan families, a lot had come up against difficulties in completely moulding themselves as New Zealanders.

Gluckman (1977) noted in his study that while many of the younger generation in New Zealand resented making gifts and giving money to relatives, loyalty to the concept of "Faa-Samoa" (Samoan way) enforced it. He went on to state that by these individuals differentiating between their public and private cultures, many generate anxiety and guilt as the acceptance of public culture may lead to substantial material sacrifice. However a study conducted by Larner and Bedford (1993) found a shift in this paradigm amongst the New Zealand-born. Their survey on Samoan women found that New Zealand-born were more likely to have jobs than the Island-born and that their financial commitments tended to be limited to the immediate rather than to the extended family and they also sent far less money back to Samoa.

It is important to note here that the issue concerning the weakening sense of family responsibility is not entirely due to those Samoans who were born in New Zealand. I have personally experienced the double standards, which those first Samoan migrants adopted during the initial years of adaptation to the New Zealand environment. As I mentioned earlier, the generations that came over to New Zealand were greatly

influenced by colonial discrimination where everything Samoan was inferior. Naturally, they dutifully fulfilled their traditional obligations to family in Samoa and in New Zealand, but they set different standards for their own children. They encouraged the full 'westernisation' of their children; in some homes the Samoan language was banned. Samoan values and cultural activities were not encouraged in some homes. What was a priority to some of those Samoan parents was naturally to provide a much better life for their children in New Zealand than the life they had in Samoa, which was controlled by cultures and traditions. Ironically, these are the same parents who cannot understand why their children when they started earning money, refused to contribute to family "faalavelave" and ease the burden of cultural obligations from them. This misunderstanding is an added burden both on the older and the younger generation.

Furthermore, those children devoid of the knowledge of their cultural heritage grew up thinking they were New Zealanders. Unfortunately, they found out the hard way in school, that they were different. They were discriminated against and some retaliated by grouping in the security of ethnic gangs. What began as a simple answer to a discrimination problem at school exploded into a major social issue in the early 1980s with the rise in Pacific and Maori 'gang membership'. The central issue behind the gang movement, in my belief, is the identity crisis. The increasing rate of mixed marriages between Samoans and other ethnic groups and mostly 'palagi', exacerbate this crisis.

I acknowledge here that many Samoans born in New Zealand have been successful in their endeavours, but the group of people dealt with in this discussion, is that which is at 'risk' in developing mental problems. The principle of 'if you can't beat them, join them' may sound simple but in reality it does not always work.

A lot of Samoans in New Zealand cannot fully assimilate in the New Zealand system due to the colour of their skin and their different heritage. A Samoan with an Irish father will always be classified in New Zealand as an Islander if he/she has brown skin. Due to the earlier social stigmas and present racial 'brandings' associated with Islanders, it is not surprising to find that the major drawback to success in New Zealand for some Samoans, is the colour of their skin.



In this study, I have illustrated that the colonial influence in which everything foreign was considered superior has been, to a certain degree, proven wrong according to the experiences of Samoans in New Zealand. Only a small percentage of 'western' influence, can be absorbed by Samoans in order to survive in a different environment. However, the changes that are essential in ensuring survival in New Zealand are psychological in nature. Instead of moulding to fit the system, attitudes have to be reshuffled. Samoans have to regain pride in themselves and their cultural heritage by adopting and promoting those values that stood them well in their stead through so many generations past. New Zealand offers the freedom to promote the positive parts of any culture and traditions in its multi-racial society, as long as they are within its laws. Family and kinship networks are central to Samoan life and it can be positively encouraged in New Zealand.

It is interesting to note what a little dose of Samoan pride can do to quickly change the attitudes of its younger generation. The rise of the Manu Samoa rugby team in the world scene in the early 1990s was responsible for the resurgence of pride, especially in the young people, in being a Samoan. The success also of many New Zealand sports personalities of Samoan identity, such as Michael Jones, Christian Cullen, April Ieremia and Bernice Mene to name only a few, was in no uncertain term accountable for the huge sales of Samoan T-shirts sent to New Zealand as gifts, to be worn with pride around the city streets by Samoans, both young and old.

As mentioned, understanding is part of the cure. When considering mental health services concerning Samoans, the approach to be taken should differ from that which should be applied to a 'palagi'. Scientifically, the western medical model is more reliable and effective when dealing with physical illness of the human body. However, when it comes to the study of the human mind, caution has to be exercised in the field of diagnosis and treatment. In fact, all humans have the same body parts irrespective of colour or race but they do not have the same minds. What makes this difference is naturally due to their different environments and their different belief systems. The previous four sections of this paper dealt with the study of these differences, using Samoans, a Polynesian race as an example.

The next section looks into the effectiveness of the available medical services in New Zealand, in dealing with the mental health issues of Pacific people especially Samoans. This clarification can be clearly achieved through a comparative study of the western medical model against the traditional Samoan health model.

Furthermore, pressure is being placed on the present medical health service-providers from the various studies conducted by interested parties. The outcome of these studies is very important in this paper. It will be used here to strengthen the theme of my work, that is, the very real need for recognition of each client/patient's cultural background to be incorporated into the New Zealand medical model in order to effectively cater for the needs of its racially diverse citizens.

## **Section Five: Comparing and contrasting the bio-medical model and the Samoan traditional health model**

In this section, I will compare and contrast the bio-medical model and the Samoan traditional health model, with particular emphasis on their uses in the New Zealand and Samoan health care systems. The differences between outcomes for Samoan people will be highlighted, as well as the reasons why the bio-medical model often doesn't work for Samoan people especially in the area of mental health.

Harvey and Descartes laid the foundation of the western scientific medical knowledge during the seventeenth century. They influenced the development of medical knowledge which spawned the reductionist bio-medical model. This model which forms the conceptual basis of modern medical science, views the human body as a machine made up of interrelated parts, and that illnesses are results of the breakdown of bodily parts. Descartes (1662) who claimed that the human body was clearly separated from the mind, reinforced the discovery by Harvey (1928), (as cited in McEldowney 1992).

The medical model is the dominant health model in the western world. It is believed that medicine is a science that has concrete answers to everything that goes wrong with the body (Hewa & Hetherington, 1995). According to Loren (2000), the medical model is a term used to describe the most basic orthodox medicine and it is based on licensed expertise. Furthermore, it is authoritarian, it does not allow any democratic vote about what disease one might have or how to treat it.

The traditional Samoan perspective on illness is embedded in the belief system as previously described in Section Two with the Samoan heritage passed down orally, rather than written. The knowledge has been gathered through anecdotal evidence and "tried and true" methods rather than scientific data.

In the New Zealand health care system, as well as Samoa's mainstream health system, the bio-medical model is the preferred system for diagnosis and treatment and it is predominant throughout the health services in New Zealand. There does not appear to be a place for traditional practices or the opinion of traditional healers within this system. Yet traditional healers themselves acknowledge that some illnesses have biological origins and that biological interventions are all that is necessary and/or appropriate to restore biological equilibrium. (McPherson, 1990). Some traditional healers' diagnosis had been found by the members of the medical profession upon referral, to be accurate. I have witnessed a few cases in New Zealand, where the medical professionals were unable to offer curative treatment. On request by the family, a traditional healer was permitted to give her traditional treatment, which was successful, but still, the healers' expertise remain unrecognised. To a medical doctor, the unexplained phenomenon of such treatment and diagnosis is unacceptable and they tend to seek diagnostic evidence in order to apply a categorised diagnosis.

In contrast, Samoan people do not question the way the traditional diagnoses are arrived at. They place so much trust and confidence in their healers that they also do not hesitate to take the traditional medicine. They trust the medicine does not harm as they are naturally occurring substances from the environment, derived from leaves or roots of plants and trees they are familiar with. Although these traditional medicines are bitter to taste, they do not have the side effects that western medications have. In fact, the evidence of the traditional healers' treatment efficacy, as previously mentioned, has been historically proven to be effective, hence the steadfast Samoan people's belief in traditional healing and medicine. As Finau (1999) puts it: "traditional healing is very much alive and healthy. In spite of efforts to discredit and suppress traditional healing in the Pacific the cultural practices has survived and is expanding." This opinion is further re-enforced by Parsons (1985) who states: "traditional medicines present several valuable solutions to the management of culturally-linked diseases and other health problems, and the reason for their spectacular success is that it is an integral part of the people's culture and they have a deep confidence in it"

Another point that is worth mentioning is the categorisation of Samoan traditional healers which is similar to the western hierarchical medical systems with its expert

specialists for different parts of the body, eg. heart specialists, gynaecologists and psychiatrists, to mention a few. Samoan healers are categorised in three areas: 'fofogau' treat fractured limbs, displaced joints, and sprained ankles. Taulasea treat displaced or malfunctioning organs and parts of the body. Taulaitu treat mental illness caused by supernatural actions and resolve the disturbance in such a way that homeostatic equilibrium is restored. (McPherson, 1990, p. 195).

In the past, genuine healers usually did not accept payments for their services, they operated on the Christian belief of healing anyone who was in need of help. It was also the belief that if healers accepted payments they would lose their healing skills/powers. However, due to the generous reciprocal nature of the Samoan people, gifts given in the form of fine mats and food are now being accepted.

Medical doctors on the other hand are highly paid in their profession. Nevertheless, they are continuously under scrutiny in the public eye and are exposed for any misconduct or malpractice. Their high salaries thus come with a high price.

Since the emergence of the medical model of care within the Samoan health systems, healers usually refer patients to mainstream services if they know that it is a case for the medical professionals. This is in contrast to western practitioners who would seldom ever recommend a patient to be referred to a traditional healer, when their medicine had no effect. Most medical doctors inform the patients that they can do no more for them, resulting in the sick person resorting to the healers in desperation. In most of these cases, the disease is often too far-gone for the healer to intervene successfully.

## **5.1 Training**

Doctors trained under the medical model have advanced skills in diagnosis, recognising the signs and symptoms and giving names to diseases, however, they do not profess to cure these diseases but rather they treat the symptoms. Therefore the goal of the medical model is the elimination of symptoms and if that cannot be done, they concentrate on making the person's life more comfortable.

Mizrahi (1984) noted that medical students have a desire to gain as much experience in the use of technical medical procedures as opposed to patient management. Psychology, spirituality and emotions are important aspects of death and illness but medical students are taught to be emotionally detached from their patients. They are taught that in order to become successful physicians, they must be able to transcend all emotional and psychological feelings. The inevitable outcome of this sort of training is the dehumanisation of students who see social and emotional aspects of patients as less important.

Practitioners under the traditional Samoan health model do not have the highly intensive and sophisticated training the clinicians under the medical model undertake. Medical doctors do not inherit their profession nor do they depend on natural healing skills, but are mostly dependent on their acquired knowledge and training. In Samoa, specific families have been gifted with the natural talents and skills of being healers. Their knowledge and skills, mostly in 'fofo-gau' and 'taulasea' are usually passed down genetically from generation to generation. Samoans regard this gift of healing as a special blessing (faamanuiaga) from God. Thus most healers have a strong sense of responsibility and a deep confidence in their abilities to heal. The well-known families specially gifted with the power of healing have, over the years, established credibility and earned the respect of Samoans.

While there are known healers in Samoa, diagnosing is not exclusive to them. In some instances where the condition is a common one with a well-known cause, formal diagnosis may be considered unnecessary and family members will attempt to diagnose. Only when the person's complaint is not resolved or the symptoms persist, will they consult an expert healer. This is in contrast to the medical model where one can be prosecuted by attempting to be a doctor or to cure some disease if one does not have a licence to practice medicine from a recognised medical school. One does not need a licence to practise traditional healing, it is an integral part of the Samoan health paradigm, and thus it is a practise that is well received and accepted by the people. After all, the Samoans had their own traditional systems of medicinal treatments and diagnosis, long before the Western scientific medical knowledge influenced their health care system.

## 5.2 Western medical diagnosis

When an expert Samoan healer is consulted, a diagnosis may be arrived at by identifying the appropriate connections between the person's conduct and the expressed illness. Enquires are made about symptoms and the events which preceded the onset. Possible illnesses are named and discussed, usually by older people and using models of knowledge of the individual's medical history, their experience, and various other possibilities. Through an elimination process, a tentative diagnosis is made and whether any further treatment is to be sought, that is, whether the person needs medical intervention, taulasea or a taulaaitu/faipele depending on the nature of the illness. All these various factors combine and are constantly interacting to make a whole, so any health intervention must be similarly holistic, unlike the process under the medical model where the doctor makes the decision about treatments, including psychopharmacology. These are often given whether the patient likes it or not.

The Samoan healing process involves the whole of the extended family (aiga potopoto). Any major catastrophe that occurs does not only affect the individual but the extended family as a whole. In the case of an illness, the aiga potopoto acts as a structural basis to empower individuals, to affirm identity, to help with decision-making, to develop resources to strengthen the unity and harmony of the aiga as well as to find solutions to problems related to health matters. The aiga potopoto makes the decision about what mix of western and traditional medicine should be used. (Laing & Mitaere, (1994). It is important to note here that historically no traditional healer has ever been sued for malpractice. If death results after being treated by a healer, the family usually accepts the death as the expressed will of God but the healer is never to be blamed. The consensus agreement therefore that the family must make as to which traditional healer is to be employed, is never made lightly. In contrast, the medical model adopts the following premise:

*Forming a diagnosis within the medical model is based on the scientific knowledge that 'disease is the result of abnormalities in the structure and functions of body organs and systems'. It provides an explanation of contagion, that is; processes believed to cause diseases including bacteria and viruses, biomedical alterations in the body due to conditions or events; eg. nutritional deficiencies, the aging process, injury, stress and environmental*

*factors such as alcohol, cigarette smoking and other chemicals”.* (Jackson, 1993).

Diagnosis involves physical examinations as well as laboratory and x-ray procedures and mental assessments involving open-ended questions to initiate the treatment needed. Physicians are highly trained and are experts in diagnosis and treatments with accomplished knowledge in anatomy, physiology, microbiology, pathology, pharmacology, medicine and surgery. The main focus is on the belief that prevention of disease involves avoiding pathogens, chemicals, activities or dietary agents known to cause body malfunction (Jackson 1993, p.31). Therefore, a diagnosis is determined after evidence and results of different tests are confirmed as catalogued in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorder diagnostic categories.

### **5.3 Diagnostic and Statistical Manual of Mental Disorders IV**

In relation to psychiatric classifications of mental disorders, the medical model dominates the vocabulary describing mental illness. DSM-IV categories are an integral part of the medical model. It is a classification framework (ie. the list of disorders, subtypes, specifiers and diagnostic codes), multi-axial assessments and diagnostic criteria sets. Its purpose is to provide clear descriptions of diagnostic categories in order to enable clinicians to diagnose and communicate about the disorder for which they have professional responsibilities.

The specified diagnostic criteria for each mental disorder are offered as guidelines for making diagnoses, because the use of such criteria enhances agreement among clinicians and investigators. The proper use of these criteria requires specialised clinical training that provides both a body of knowledge and clinical skills. Before planning a treatment programme, an accurate diagnostic assessment must be done. The efficacy of various treatment modalities can be compared only if patient groups are described using diagnostic terms that are clearly defined (American Psychiatric Association, 1994).

These diagnostic criteria and classification of mental disorders reflect a consensus of current formulations of evolving knowledge in the field of psychiatry. However, they



do not encompass all the conditions for which people may be treated ( American Psychiatric Association, 2000), as again indicated within the multiaxial assessments as follows.

#### 5.4 Multiaxial Assessment.

*DSM-IV is a measure of determining the different categories of mental disorders, hence the use of the multiaxial system which involves an assessment on several axes, each of which refers to a different domain of information that may help the clinician plan treatment and evaluate outcome. There are five axes included in the DSM-IV multiaxial classification:*

**Table One: DSM-IV: Diagnostic Criteria**

<b>Axis I:</b>	Include clinical disorders, other conditions that may be a focus of clinical attention
<b>Axis II:</b>	Personality disorders Mental retardation
<b>Axis III:</b>	General medical conditions
<b>Axis IV:</b>	Psychosocial and environmental problems
<b>Axis V:</b>	Global Assessment of functioning

(American Psychiatric Association, 2000).

*The purpose of this system is to provide a convenient format for organising and communicating clinical information, for capturing the complexity of clinical situations, and for describing the heterogeneity of individuals presenting with the same diagnosis. The multiaxial system promotes the application of the biopsychosocial model in clinical, educational, and research settings. (American Psychiatric Association, (2000, p.38).*

Neither cultural factors nor traditional healers are recognised under the DSM-IV system. This system, of classification tends to give clients a label of mental disorder. However, it does not accommodate cultural beliefs and values, which are important to the diagnostic process for some traditional cases of mental illness for Samoans. It is a complicated system, which is far beyond the understanding of a traditional people who simply believe that the only cure for mental disturbance is in locating and the eventual exorcism of the bad spirits responsible. Moreover, they become more disturbed when injections, isolation and the straitjackets become part of the cure prescribed by medical doctors. The following example is presented to emphasise the similarities with symptomatology where conflicts can occur if the two models do not complement each other. For instance, the criteria for a schizophrenia DSM-IV profile has a different interpretation, which would have different meanings and interpretations for Samoans and thus different outcomes.

Schizophrenia as described by the medical model is defined as “a group of psychoses marked by severe disorder of thought, perception and affect, by bizarre behaviour, and social withdrawal” (Bootzin, and Acocella 1980, p.326). Some of these symptoms are similar in nature to those who suffer from a ‘Mai Aitu’, which is the Samoan perspective of mental illness. Such symptoms are hallucinations and bizarre behaviour. Depression according to the medical model is “an abnormal emotional state characterised by exaggerated feelings of sadness, melancholy, dejection, worthlessness, emptiness, and hopelessness that are inappropriate and out of proportion to reality” (Mosby’s Medical and Nursing Dictionary, 1983, p. 316). The scientific explanation for depression emphasises that it is due to environmental and/or external factors.

On the other hand, these same symptoms in the Samoan traditional health model are simply classified as ‘Mai Aitu’. There are only two kinds of spirits, that is, the good and the bad. Bad spirits cause behavioural disorders in people. The traditional explanation for the cause of bad spirits entering a person is simply through a “curse”. It can also be simply cured by exorcism by a taula aitu or a faipele.

The implementation of a Samoan health model in one's practice can be made more complex within the current parameters of the Mental Health (Compulsory Assessment and Treatment) Act (1992) which is the legislative principle guiding mental health service delivery in New Zealand.

### **5.5 The Mental Health Act.**

The purpose of the Mental Health Act (1992) is to guard the practice of mental health professional as well as protecting the rights of people who are considered to be suffering from a mental disorder.

The Act deals only with compulsory assessment and treatment. The Act shifts the emphasis to the timely consideration of whether treatment for mental disorder is required. Where such a need is identified, enacting the process of assessment and treatment is intended to make the provision of that easily accessible in the least restrictive environment possible. In order for the Mental Health Act (1992) to be enforced on to an individual suspected of suffering a mental disorder;

*an abnormal state of mind whether of a continuous or intermittent nature which is characterised by delusions or by disorders of mood, volition, cognition or perception and must be of such a degree that; Poses a serious danger to the health and safety of the person or of others.*

OR

*Seriously diminishes the capacity of the person to take of himself or herself. With the exclusion of any person who is considered mentally disordered simply by reason of their; political, religious or cultural beliefs sexual preference criminal or delinquent behaviour substance abuse or intellectual handicap. (Mental Health Act 1992)*

The District Health Board Director of Mental Health Services is responsible for the monitoring and administration of the Act at local level assuring that treatment and assessment is carried out by a qualified health professional, as well as maintaining records and most of all assurance of patients rights. While the act clearly states that

cultural beliefs/behaviours should be a factor considered when assessing people with mental disorder, the likelihood of people being misdiagnosed under the Mental Health Act is still very high due to clinicians, often lacking the skills to recognise the culturally related symptoms that might be present in a Samoan client which are different to the norm as explained or categorised under the western medical context.

Due to the rigidity of the medical model, it is no surprise that there have been endeavours by other critics to develop a medical model that takes into consideration all the different factors which can impact on people's psychological and physical health, such as, social and spiritual dimensions of human existence. Critics like Dubos (1959) and Loren (2000) argue that the practice of modern medicine became dominated by the idea that the human body can be manipulated and cured either by introducing chemical compounds or replacing and repairing parts of the body. While this is a way of promoting an understanding of the human body, it fails to take into account other aspects of human existence such as the psychological, cultural and social dimensions.

The exclusion of cultural dimensions from the medical model gives rise to the injustice of not recognising the culturally related origin of some cases of mental illness, for Samoans and other ethnic groups. This may consequently lead to misdiagnosis, misinterpretations and a breach of the values and belief systems of the client. As Mason Durie (1996) points out; "our task is not to negate cultural identity, or to squeeze others into straightjackets of cultural neutrality. The challenge is to understand cultural identity as a keystone for healing, for living, and eventually for dying."

It also contradicts the International Council of Nurses in their *Code of Nursing Ethics*, which clearly states that; "the nurse in providing care, promotes an environment which the values, customs and spiritual beliefs of the individual are respected" (International Council of Nurses )

Not all people can be helped by the medical act of diagnosis. This view is also supported by Bastide's research (1972) into the sociological dimensions of mental health, which shows that it is artificial to isolate a medical model from the social and

psychological influences in the aetiology of psychiatric illness. “Thus a comprehensive model must also consider the illness, the person as a whole who is suffering from it and the predicaments in which the person finds himself/herself. Clearly, social and psychological influences are fundamental to a better understanding of the aetiology of psychiatric disorders, and cultural and racial biases seem to be integral to Western psychiatry” (Hewa and Hetherington, 1995).

The inclusion of this perspective is common practice in traditional Samoan’s holistic view of health. Mental health is not seen as a separate component from physical well-being but is considered an integrated aspect in the matrix of an individual Samoan person’s physical mental and spiritual health (Crawley, Pulotu-Endemann & Stanley-Finlay, 1995) as well as the extended family wellbeing. (Kerslake, 1988).

Even though improvements to the system are moving at a sluggish pace the growing awareness of those in authority of the need to expand the horizons of the health system to incorporate the spiritual, traditional and cultural backgrounds of its people is very encouraging. Personally, it is an overwhelming feeling of achievement to know that I am currently serving in an organisation which was set up as the initial or experimental part of the solution.

The next section discusses the interface between the medical model and Samoan health beliefs. It also looks at stigmatisation and discrimination towards the general population, but especially towards the Pacific Island people with mental illness. It highlights the vast differences between Samoan perceptions of mental illness compared to the western medical model philosophy. I will also elaborate on the current moves being put in place as part of the solution to the shortfalls of the New Zealand medical model, as previously discussed. What is pertinent to this section is the need for inclusion of the spiritual, cultural, traditional, and Samoan family philosophies to be part and parcel of the current medical model that deals with mental health issues.

## Section Six: Discussion

### 6.1 Introduction

I strongly believe that after 20 years experience as a psychiatric nurse in New Zealand, no health care approach can be truly comprehensive unless it considers cultural factors. Cultural differences coupled with language intricacies can be of major concern for people from other cultures. Identification of illness based on people's experiences and interpretations of symptoms, is closely related to people's cultural beliefs, practices and backgrounds (Lurch, 1989). Obviously, there are gaps, such as those mentioned in Section Five, that need to be addressed if it is going to work for Samoans and other Pacific cultures. This re-enforces the urgent need for Pacific-specific services to be set up in order to ensure effective delivery of health services to Pacific people, as clearly catalogued in the *Moving on the Blueprint* document by the Mental Health Commission (2001).

For any service to be effective there are specific important issues that require clarification. These issues stem from the underlying cultural values embedded in a Samoan traditional upbringing that can easily be overlooked or misinterpreted by service providers.

### 6.2 Stigmatisation and discrimination

Stigmatisation and discrimination are serious problems for Pacific people or anyone who suffers from a mental disorder. It is one of the biggest barriers which stops Pacific people from seeking help, support and treatment for mental illness, from mental health services. This is due to the fear of being labelled mentally ill and it is thus an impediment to recovery, (Malo 2000).

The Mental Health Commission highlighted in their recent document *Moving on the Blueprint* that Pacific people faced double discrimination because of being service users and also because of their ethnicity or cultural identity (Mental Health Commission, 2001). Pacific people therefore prefer to receive treatment from their traditional healers rather than suffer exposure in an insensitive and impersonal

environment. The Mental Health Commission recently recommended that “the role of traditional healers, including levels and types of use, need for use and impacts of traditional treatment on conventional medical treatments, required researching”. (p. 11)

I have detailed in length the belief of Samoans in the spirit world and that mental illness is not due to any personal physical malfunction or brain disorder. In fact, mental illness is believed to be the work of mischievous and evil spirits. The scientific medical definition therefore, of some mental illness which points at an abnormality in the brain or behavioural tendencies which are genetically transmitted, is basically very hard for proud Samoans to accept. To traditional Samoans, mental illness is an individual issue, it only affects those that violate taboos and sacred rules but it has no connection whatsoever to the family bloodline (genetically related) as a whole.

As Samoan pride is based on family genealogies, and the bloodlines, imagine the social disgrace and damage to the family name if a family member is being diagnosed with a mental disorder that is genetically transmitted! Basically, it means that the whole extended family suffers from it too, as “it runs in the family”. To a closely-knit community like Samoa, nothing remains a secret. This is a sensitive area that the service providers must be aware of and must not be treated lightly when dealing with Pacific people.

There is a great need for the medical profession to provide clarity in the description and definition of all known mental disorders. Awareness programmes are required to be publicly advertised to educate people on the differences in various mental conditions, its causes, symptoms and treatment. However, before going public, service providers must fully understand what they are up against.

### **6.3 Cultural Barriers for Pacific Island people who use New Zealand Mental Health Services**

The International Council of Nurses in their document, Code of Nursing Ethics states “The nurse in providing care, promotes an environment in which the values, customs and spiritual beliefs of the individuals are respected”. Unfortunately, from my experience as a Samoan nurse who was trained under the western medical model,

experience as a Samoan nurse who was trained under the western medical model, there was little or no visible acknowledgment of the different values and beliefs systems in the Western methodology used for diagnosis and treatments of individuals of diverse cultural backgrounds.

Parsons (1985p.105), indicates that there is “a qualitative difference in the whole sickness experience of each cultural group” including its causes and treatments. Such experiences and practices are safely recognised and carried out within their own cultural context, however, problems and conflicts arise when they enter into an institution where they are cared for by people from other cultures. Quite often, health care providers from the dominant culture view these beliefs and practices as peculiar and irrational because they are alien to their own practices. These often create frustrations for both parties and may consequently lead to misdiagnosis, misinterpretation and a breach of the beliefs and value systems of the client. Ramsden (1992) writes that; “ As long as the health service is alien and not meeting the needs of people from other cultures in service, treatment or attitudes, it is culturally unsafe. A dangerous place to be”.

#### **6.4 Language**

Language as we all know and understand, is one of the main barriers that impacts on people from different cultural backgrounds to that of the dominant culture, especially when communications or interviews are conducted in a different language to their own. Communication cross-culturally is vital for understanding the meaning of words and actions. It is a two-way process, and can be either verbal or non-verbal Kerslake, (1988). When two people from different cultures interact, sentences can have unintended connotations, gestures can be misinterpreted and facial expressions can be misread Kinloch, (1978). Unlike Europeans, Samoan people use non-verbal communication more and verbalisation less. When confronted by people of authority or higher status they are likely to avoid eye contact and maintain a level of silence by responding to questions with short answers. This is not a rude gesture, in fact it is showing courtesy. Silence in the presence of one’s superior is an act of respect for a Samoan but is always misinterpreted by papalagi as a sign of rebellion. Hence, health professionals of other cultures may find Samoans hard to talk to and may fail to pick up the communication cues directed their way, because they are listening with their



ears only, instead of picking up visual cues with their eyes. Quite often during a psychiatric assessment interview, the Samoan client is immediately labelled as withdrawn and uncommunicative, thus a depressive episode is added to the overall diagnosis. Another feature of the non-verbal communication of Samoans which is often confused by the Papalagi as acute psychosis, is the behaviour 'musu' or being withdrawn and introverted. Kinloch (1978) refers to this behaviour as being caused by a severe trauma in the family, by shame, by injustice or by being double-crossed or used. The following case study will illustrate the points I have discussed about misinterpretations of cultural behaviours, which can lead to misdiagnosis and breach of a patient's rights or culture.

### **6.5 Case Study Two**

Mrs Toma (pseudonym) who was 8 months pregnant was admitted with acute symptoms indicative of a past post-partum psychosis for which she was not hospitalised. Erratic behaviours included talking to herself, inappropriate caring for her toddler son, reading her Bible continuously and spending most of her time at church. Mrs Toma was married to a non-Samoan who belongs to the Moslem religion. There were often conflicts at home about religious beliefs and practices. Mrs Toma was seen by a General Practitioner who together with her husband and a Papalagi social worker, decided that Mrs Toma needed to be on anti-psychotic medications. The rationale for prescribing the medications was to avoid a relapse of her previous condition. Mrs Toma absolutely refused to take the medication, as she believed it would harm her unborn baby. They made the decision that Mrs Toma was not in a rational frame of mind to make decisions about her safety or that of the unborn baby. Due to Mrs Toma's refusal to go to hospital voluntarily, the Police apprehended her. Mrs Toma arrived at the hospital hand-cuffed and in a tearful state. She related to several nursing staff that, "The Police were sent to hunt me down like a prisoner, when I haven't done anything wrong."

She requested to keep her Bible in her room and a picture of Jesus, which her children brought in. Whenever she was alone in her room, she was observed reading her Bible and slept with the picture of Jesus placed on her abdomen with her hands folded over it. The doctor after reading the nurses' reports stated that Mrs Toma had over-valued religious ideas and prescribed medication and ordered the nurses to utilise the

medications. However, because Mrs Toma did not display any behaviours indicative of a psychotic nature, the nurses did not force her to take the prescribed medication when she refused.

As a nurse from the same cultural background as Mrs Toma, I advocated on her behalf by applying for Section 16 of the Mental Health Act, with her approval. Section 16 is where a client applies to be allowed discharge on the grounds that s/he is not psychotic and did not warrant being locked up in a psychiatric hospital. The judge turned down the application. A few days after the hearing, our ward was to prepare to close in order to move clients to a newly built unit. There was no hesitation in discharging Mrs Toma and others, in order to streamline the movement into the new unit. A couple of weeks later, I heard from the midwife, that Mrs Toma went into labour whilst she was at home on her own and by the time the midwife got there, she had delivered the baby herself and both mother and baby were well.

Coming from a country where psychiatric institutions do not exist, it is a most fearful experience for Samoan people to be locked up in isolation within an institution instead of being amongst their families. Moreover, the difficulty in accessing traditional healers as would have been the case for Mrs Toma had she been in Samoa, is an added pressure. Evidently, the decision to hospitalise Mrs Toma was made by her husband who is not Samoan and two other palagi health workers, which indicated that Mrs Toma did not have any Samoan relatives around for support who possibly could understand her condition and state of mind. Devoid of any kinship support, she placed all her hopes on her religion, an integral part of her Samoan belief system. As a Samoan, I understood her actions well and her fervent prayers were quite normal under the circumstances. However, such behaviour had been misinterpreted by non-Samoans as psychotic due to their ignorance of Mrs Toma's belief system. If assessment was conducted in the Samoan language, her situation would appear to be quite normal.

## 6.6 How Mrs Toma's treatment could have been different if she had been Assessed under the Fonofale Model

This case study has shown that the treatment Mrs Toma received could have been different had she been assessed using the Fonofale model. As Puluotu-Endemann, (1995) highlights;

*“Pacific people have a holistic view of health and mental health is not seen as a separate component from physical well-being but is considered an integrated aspect in the matrix of an individual Pacific person's physical mental and spiritual health” (p11).*

A mental state assessment that I conducted in Samoa showed that Mrs Toma was not under any disability as defined by the Mental Health Act, therefore I supported her in her refusal to take the medication. I advocated for Mrs Toma by discussing with the psychiatrist our concerns but to no avail.

If the initial assessment was done according to the Fonofale model, the outcome might have been different. The Fonofale model has the roof representing Pacific people's culture. Had Mrs Toma's culture been incorporated in her assessment and treatment, I believe it would have been possible to avoid admission and the consequent trauma and stigma it caused her and her family.

Language was obviously a barrier at the initial assessment and an interpreter should have been used, that would have provided a more accurate mental state assessment. It also would have highlighted the communication difficulties within Mrs Toma's immediate family itself. The assessors interpreted her increased level of anxiety as a sign of being unable to control herself and her emotions, when in actual fact, she was scared, felt cornered and intimidated with the way she was dragged into hospital. In the entire process, no one considered her concerns about her unborn child. Not finding the help she desperately needed, she resorted to God for divine intervention. The assessment of Mrs Toma being fanatically religious, was too far-fetched if the assessors had known that such behaviour is quite normal in the Samoan community. In actual fact, there was misunderstanding on both sides due to language difficulties and the absence of support from her Samoan family.

Section 5 and Section 65 of the Mental Health Act both require that proper respect must be shown for the patient's cultural identity, language and beliefs. Any breach of this is enforced through the complaint procedures under Section 75. Mrs Toma had no one to advocate for her as she entered an unfamiliar and frightening environment. Her overwhelming concern was her unborn baby and the need to protect the baby from harm.

According to the Fonofale model, the 'foundation' represents the nuclear and the extended family, which forms the fundamental basis for social organisations for Pacific people. In the absence of her extended family who all live in Auckland, Mrs Toma should have been given the option of getting a support person, perhaps someone from her church. She was whizzed away even before her children came home from school. That was a very insensitive thing to do. A Samoan clinician would go the extra mile to try and persuade Mrs Toma to come willingly and to reassure her children that their mother was not a criminal, (due to the presence of the police) but that she needed medical help.

#### **6.7 Current situation.**

New Zealand's present health system does not take into account the role of traditional healers in the design and implementation of health programs. The Mental Health Commission (2001) strongly recommends that "there is a particular need to conduct research about the use of traditional healers, including levels and types of use, reasons for use, and impacts of traditional treatment on conventional medical treatments"

The New Zealand health system according to Lurch, (1989), has not yet developed suitable programs to train culturally diverse people for positions of authority and responsibility. Yet this can be the solution that is needed to promote a better understanding of the two cultural practices; a combination of which will create a happier and more trusting relationship between the providers and the consumers of the service.

Furthermore, the rigid belief in the biomedical model and bias towards scientific health models by professionals in the New Zealand health system, and the over-riding acceptance of decisions made by those in authority, is such that people from other

cultures, Samoans included, accept these attitudes and are beginning to lose faith in themselves. (Lurch, 1989).

Samoans are becoming dependent on the support of the organised system to the point where they are unable to deal with their physical and spiritual needs in the way in which they are accustomed. This can only spell disaster and unhappiness for people. On the other hand, if these culturally diverse health models were properly developed and integrated in to the present health system, it can be very cost effective for the system as well as for the consumers. The reasons are that, those treatment regimes have vast differences, cultural treatments and interventions do work and produce cures, and are often seen as the preferred one when several western treatments and medications have more adverse effects. In such case, the western type of treatment model can leave a person in a much more detrimental state than originally presented which means prolonged hospitalisation.

Realistically, the health system in New Zealand is not appropriately equipped to cater for the health needs of people from other cultures, as been clearly highlighted in this paper. New Zealand's mental health service is well aware of the gaps within the current service provisions and strategies are now being developed to combat the lack of specific cultural mental health services. These initiatives include the establishment of cultural specific services that are delivered by the culturally appropriate personnel as identified in the Mental Health Commission Blueprint (2001) document.

### **6.8 Service establishment**

In the last 50 years within New Zealand, health services for Pacific people have been very slow in developing. It is only in the last decade that Pacific people have initiated government lobbying for services that meet their diverse and unique cultural needs. "Pacific for Pacific" services have been developed as the health status of Pacific people has declined. Child Immunisation, Cervical Screening and Health Promotion were some of the first services by "Pacific for Pacific" ( Nonu-Reid, 2001).

In 1995, following national consultation with Pacific communities, the Ministry of Health released the "The Strategic Directions for Mental Health Services" for Pacific people. The fundamental principle behind the project is to ensure the provision of

mental health services which are both appropriate to the communities they serve and receptive enough to accommodate cultural differences. (Ministry of Health, 1995). In the same document, the authors were able to identify the many gaps, which are barriers to the effective treatment of Pacific people who are utilising the mental health services in New Zealand. Amongst the recommendations were three key areas, which urgently needed to be developed. They are:

1. Policy development regarding Pacific specific issues and a reflection in all policies regarding Pacific people's needs.
2. Identification of areas that would be appropriate for Pacific providers to develop specific Pacific services.
3. The management of change in mainstream services to adequately meet the needs of Pacific people accessing Mental Health services. (Ministry of Health, 1995).

Follow-up project work to these recommendations culminated in the release of the *Moving on the Blueprint* document by the Mental Health Commission (2001), which highlighted awareness and understanding about key Pacific Mental Health services and workforce capacity building issues. The project proposes that Pacific people's perspective of health must be fully understood by mental health services in New Zealand. This can be best done by working at all levels in partnership with Pacific peoples and by all agencies making sure they have good processes in place to incorporate a Pacific point of view (Mental Health Commission, 2001).

The Pacific people have a holistic view of health and this is captured by the Fonofale model (see Appendix One). The Fonofale model in my experience is an effective practice model for Pacific people. It encompasses values and beliefs of Family, Culture and Spirituality, as well as the physical and mental well-being of the individual.

What is being emphasised in these two documents as mentioned above is the development of Pacific services, delivered by Pacific clinicians, catering for the need of Pacific mental health service clients. Moreover, research and consultation has

shown that a gulf exists in the delivery of Mental Health Service to Pacific people (Mental Health Commission 2001). This situation is mainly attributed to the lack of culturally effective services.

There are a number of 'Pacific for Pacific' services that have been established, most are in the non-government sector. However, there are also some District Health Boards, which have taken the initiative and have developed Pacific Services complementary to the existing mainstream services. Capital and Coast District Health Board is one provider which has done this within the field of mental health. Health Pasifika (Mental Health Service) which caters specifically for the needs of Pacific Mental Health clients is fortunately part of this developing initiative, where I am currently employed.

## Section Seven: Conclusion

The main purpose of this study is to establish whether there is any correlation between culture/traditions and mental illness. As a Samoan nurse educated in New Zealand and currently employed as a Pasifika consultant in the Porirua psychiatric hospital, this study is not only an intellectual exercise, but more importantly it is also a personal journey in search for psychic equilibrium in which the inherent is compatible with learned scientific knowledge.

I chose Samoan traditions and cultures which I refer to in this study as my “silent voices”, not only due to the fact that I am Samoan but also because, up to the present day, ninety percent of Samoan people are actually ‘living’ their culture and traditions, unlike some countries whose cultures and traditions are now only performed for the entertainment of tourists and international gatherings.

I firmly believe that the study of the mind goes hand in hand with the study of the respective belief systems. In Section One of this paper, it is clear that the advent of Christianity in Samoa further consolidated religion in what was already a very religious-oriented race. Everything physical has a spiritual explanation therefore both physical and mental illnesses have respective spiritual justifications.

Some policy makers and mental health service providers may consider the first two sections of this paper irrelevant to the study of mental health issues but it is always the minor details which are usually overlooked, that in the long run will be found crucial in providing the answers. To solve a problem one has to get to the ‘roots’ of it. Similarly, to know how a patient or consumer thinks, one has to access reliable information concerning his/her background. Ethnic groups are differentiated by their cultures and traditions which form their belief systems.

In every culture, there is a story of Creation, which is fundamental in the justification of its people’s existence. Everything political, social, economical and psychological,



trickles down from these respective theories of Creation. For Samoans, they believe that their original ancestors, were created by God from clumps of earth and the daughters were later impregnated by the sons of God to produce demi-gods. Traditional Samoans therefore quietly pride themselves on this belief that they are not just mere mortals like other people. From such knowledge alone, it is easy to understand why Samoan traditions and cultures revolve round the importance of maintaining genuine genealogies.

To be an heir to one of the royal bloodlines of Samoa is tantamount to claiming immortality. Years of inter-marriages enabled almost all Samoans to lay claim to any of these royal bloodlines. The demi-gods mentioned above have names passed down by way of inheritance in the form of Matai titles. Through traditional honorifics, an established hierarchical political order is passed down evidenced by a class society which is well stratified. As there are more than one demi-god, Samoans have many royal bloodlines which are all equal in status. Efforts by the past colonial governments to centralise power in Samoa through the establishment of a 'kingship' failed due mainly to the fact that no royal bloodline can claim supremacy over the other bloodlines. However, the only ruler that these royal families all agreed to regard as supreme is the One God of the Christian Bible.

For mental health purposes, it is important to note here why an identity crisis can be psychologically traumatic to a Samoan. Spiritual life for a Samoan is just as real as the physical life. Extended family under the authority of a Matai, is a central institute in the Samoan psyche. The Council of Matai in a village is the legitimate authority which demands and receives the people's respect and its powers are never questioned. Within the warmth of a family cocoon, its members are nurtured, fed and kept secured. On the other hand, such responsibilities performed by the extended family have to be repaid in kind by every member, hence the reciprocal nature of the extended family mechanics.

Like any other society, there are rules and regulations, which have to be adhered to, for control. For Samoans, some of these rules are generally acknowledged as taboos, violation of which can result in the onset of a 'ma'i aitu' (demonic-possession). The strong belief of Samoans in curses and blessings is in itself more potent than the

actual physical act of cursing and blessing. In the event of a mental disorder resulting from a curse, the community already has in place set procedures, in the form of 'faipele' (general practitioner) that specialises in diagnosis and 'fofo/taula-aitu' (demonic specialist) that performs the rituals of exorcism.

The Samoan traditional setting clearly illustrates the smooth co-existence of a hierarchical stratified religious society, ruled by leaders (matai title holders) who are democratically selected by heirs of the matai titles, with its resources distributed under a communal system. Disturbance to such an equilibrium has adverse effects on its members as is thoroughly discussed in Section Three and Section Four.

Migration to New Zealand, which is a totally different country in every aspect from Samoa, highlighted the pressures of Samoan traditions and culture on its own people. Inability to honour kinship obligations due to unemployment violates the reciprocal system of resource distribution inherent in Samoan traditions. Guilt, low self-esteem, feelings of unworthiness together with the inherent fear of parental and familial condemnation is sufficient symptoms to send a person to a mental institution. A lot of young Samoans have resorted to alcohol and drugs to hide from such negative feelings.

Moreover, the search for employment results in the disintegration of Samoan communities and the subsequent breaking up of kinship networks. Isolation from the security of the extended family, loss of identity, racial discrimination, mixed marriages and cultural conflicts between parents and their children, are all the factors which now account for the growing mental health risks to Samoans in New Zealand.

The Church is one of those networks set up to cater for the religious and cultural needs of the Samoan communities in New Zealand. To a certain degree, the church helps alleviate some social and cultural problems but it fails as a replacement authority that can sanction control on its adherents. Understandably, village authority can not be exercised in New Zealand and any replacement network which lacks the powers to legislate and punish does not earn the respect of the Samoans. Authority of the Matai bestowed by God, is traditionally never questioned. It is this authority that controls and maintains traditional rule thereby ensuring its legitimacy and credibility,

but most of all, its ability to remain alive. At present, the preoccupation of the United Nations in installing systems of democratic rule throughout the world, is a direct challenge to the survival of village authority and also the continuation of our living culture and traditions. The dilemma therefore that every Samoan parent is facing in New Zealand, is whether to raise their children in the traditional way or the palagi way, where the rights of children are upheld. Unfortunately, most Samoan delinquent teenagers involved in crimes both in Samoa and in New Zealand, are from families who no longer have respect for traditional discipline and cultural pride.

In the medical field, the power of the mind and its machinations should never be underestimated. In fact, traditions and cultures based on religious ideologies are so deep-seated that even modern education cannot completely change its adherents' beliefs. Likewise, Samoans are so rooted in their religious beliefs that despite the world's advancement into the age of technology, most still strongly adhere to the cultures and traditions, which were established thousands of years ago.

I must admit that promising social policies have been put in place to assist the various ethnic groups in New Zealand. However, in the field of mental health services a lot more well-planned policies should be enforced. I do believe that more and more Pacific people will be resorting to the present mental health care services in the future. The question is how effective are these services in catering for such a demand? I can only conclude here that for the past years, the 'voice' of Pacific people has been successfully silenced within the New Zealand health care system.

As a Pacific Island nurse working in the midst of a competitive and palagi dominated workforce. I quite often feel disempowered as the constraints of this environment mean that I cannot adequately advocate for the Pacific people and their families because the most important voice within the health system is that of the medical profession.

Nurses are mostly dictated to, their opinions are often ignored, and the ethos is that the doctor is always right. In addition, nurses are also constrained by archaic hierarchical structures that supported the typical subservient nature of the nursing profession. The hospital culture did not support advocacy for clients whether it be

cultural or otherwise. Very early on in my nursing career I realised that people of culturally diverse backgrounds needed an approach that incorporated their own beliefs and value systems especially regarding mental illness, health and autonomy.

After many years of planning and negotiations, our vision has finally reached fruition in the development of 'Health Pasifika' mental health service. As advocates, we are finally being heard. As I mentioned in earlier sections, Samoans' mental health problems in New Zealand are culturally based, so it is essential that the western clinical approach and cultural treatment model be integrated if it is going to help our Pacific clientele.

Health Pasifika is part of a mainstream organisation which emphasises the medical model as being fundamental to its discipline, which is also necessary for the clinical aspect of its delivery, in terms of diagnostic purposes. However, Health Pasifika utilises the Fonofale model, which captures both clinical and cultural components of mental health care.

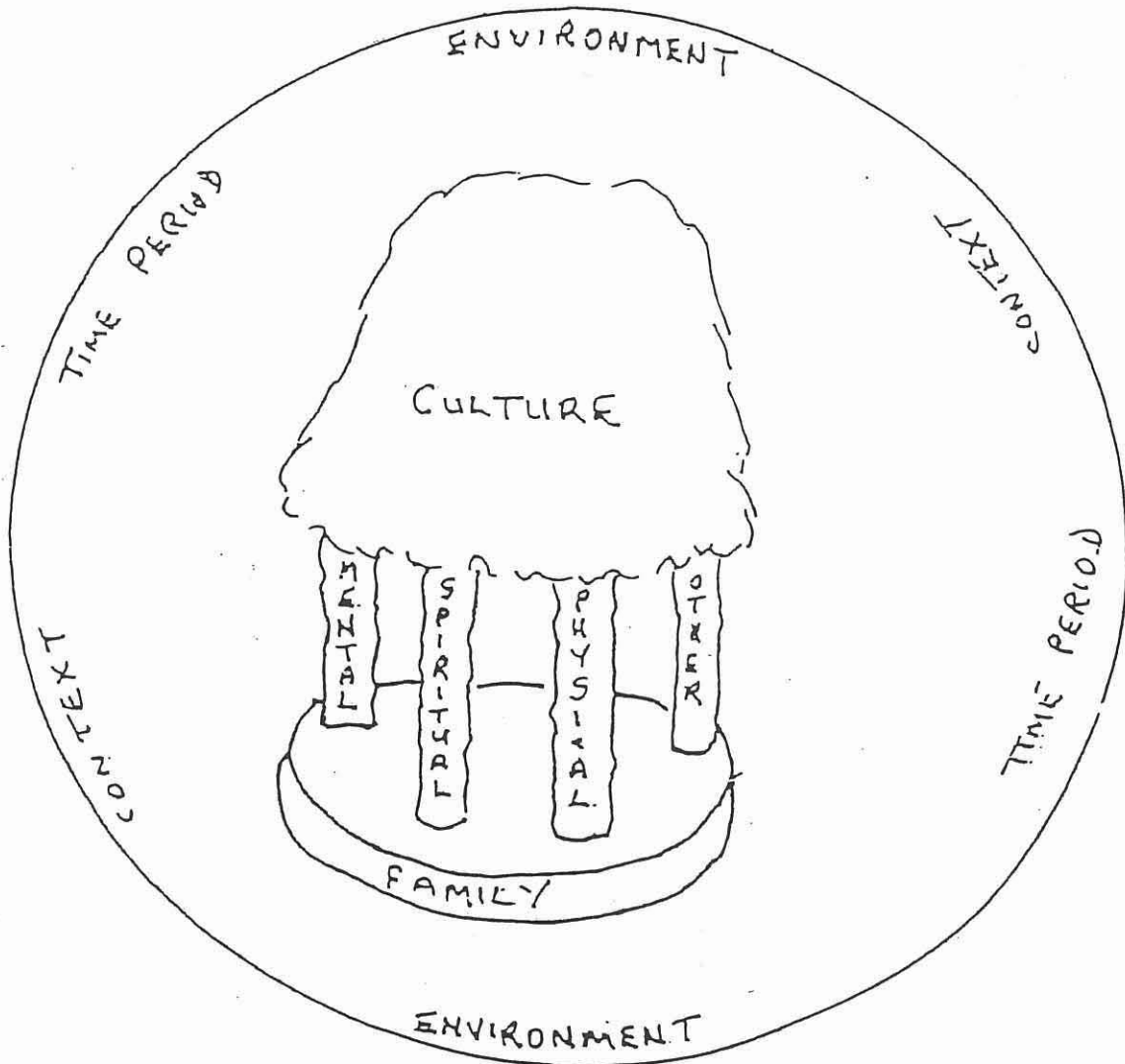
Although assessments and treatments are still being conducted from a western point of view, cultural considerations and sensitiveness are now being acknowledged under the guidance of clinicians from Health Pasifika.

Throughout this paper, I have pointed out that most of the problems facing Samoans in New Zealand, whether political, economic or social, are culturally based. The traditional belief system is so strong that any future proposals for remedial actions will fall short if this is not taken into consideration. I believe that psychiatric nursing is the most appropriate field to carry out further research in these areas of ethnic backgrounds. As most traditional beliefs are spiritually based, the current problems can therefore be psychologically explained.

**APPENDIX**

APPENDIX ONE

Fonofale Model



## References

American Psychiatric Association. (1994). *Diagnostic and Statistical manual of Mental Disorder (4<sup>th</sup> Ed)*. Washington, DC: American Psychiatric Association.

Bathgate, M., & Puluotu – Endemann, F.K. (1997). *Mental Health in New Zealand from a Public Health Perspective* Public Health Group, Ministry of Health, Wellington, New Zealand.

Bootzin, R.R., & Acocella, J.R. (1980). *Abnormal Psychology Current Perspective's*. Third (Ed.). Random House.

Crawley, L., Puluotu – Endermann, K., & Stanley – Findlay. R. (1995). *Strategic Directions for the Mental Health Services for Pacific Islands People*. Wellington: Ministry of Health.

Dodge, J.S. (1974). Migration and Health. In: J. Stanhope, J Dodge (eds) *Migration and Related Social and Health Problems in New Zealand and the Pacific*: Wellington: Wellington Postgraduate Medical Society.

Dubos, R. (1959). *Mirage of Health*. New York: Harper & Row.

Durie, M. (1996). *The Self-Samoan and Psychiatric perspectives: A cross cultural comparison using Qualitative methodology*. Royal Australian New Zealand College Psychiatry Dissertation. College address RANZCP Congress.

Finau. S., (1999). Traditional Healing and Pacificans. 1 (1). Pasifics Health Drum.

Gluckman, L.K. (1977). Clinical experience with Samoans in Auckland New Zealand, *Australian New Zealand Journal of Psychiatry*. 11: 101-7.

Graves, T.D., & Graves, N.B. (1995a). I am Samoan, but can Samoans accept me? The Cultural identity crisis of a New Zealand reared Samoan. *Mental Health News*, Winter. Auckland : Mental Health Foundation of New Zealand.

Hewa, S., & Hetherington, W. (1995). Specialists without spirit : Limitations of the Mechanistic Biomedical Model. *Theoretical Medicine 16 : 1995* Kluwer Academic Publishers. Netherlands.

Holy Bible.

International Council of Nurses (2000). <http://www.icn.ethics/htm> [2001, May. 3].

Jackson, L.E. (1993). Understanding, Eliciting and Negotiating Clients' Multicultural Health Beliefs. *Nurse Practitioner*, 18, (4).

Kerslake, M. (1988). Across Cultures. *New Zealand Nursing Journal*, 81. (1).

Kinloch, P. (1978). Cross-cultural communication in New Zealand. Samoans and Nurses in action. Paper presented at Victoria University Nurses Society. (September). *New Zealand Nursing Journal*.

Laing, P. & Mitaere, J. (1994). *Samoan and Cook Islander's perspective on health. In social dimensions of health and disease: New Zealand perspective's* edited by J. Spicer, A. Trlin & J.A. Walton. Palmerston North: Dunmore Press.

Larner, W. & Bedford, R. (1993). Island born and NZ born Pacific people in the Workforce: a perspective. In C McCall, J Connell (Eds). *A world perspective on Pacific Islander Migration*.

Lealaiauloto, R.S. (1995). *New directions for Pacific Island Mental Health Services. Mental Health News*, Spring. Auckland: Mental Health Foundation of New Zealand.

Loren, P. (2000). Medical Model: The Battle of the Twenty first century. <http://www.update-software.com/abstracts/ab00356htm> [2000, September 20].



Lui, D., Tevi, P., Strickland, K., Ranui, T., Matefeo, J., & Ruben J. (1999). Making a Difference the pacific way. SAMOAN Perspective of Mental Health, Presentation to the THEMHS Conference Melbourne, Australia.

Lurch, T. (1989). Is our health system for us too? *New Zealand Health and Hospitals*.

Malo, V. (2000). Pacific people in New Zealand talk about their experience with mental illness: Mental Health Commission series: 3. Mental Health Commission: Wellington.

Mizrahi, T. (1984). Coping with patients: Subculture adjustments to the conditions of work among internists-in-training. *Social Probl* 32.

McClellan, S.F. (1967). *Maori representation 1905-1948*. An MA Thesis University of Auckland. *Ka-Whawhaitonu Matou Struggle without end*. Ranginui Walker. (1990). Auckland: Penguin.

McEldowney, R. (1992). A new lamp is Shining : Life histories of five feminist nurse educators. Unpublished paper.

McPherson, C.L. (1990). *Samoan Medical Belief and Practices*, Auckland University.

Meleisea, M. (1987 a). *The Making of Modern Samoa*. Suva Institute of Pacific Studies. University of the South Pacific.

Meleisea, M. (1987 b). *Lagaga: A Short History of Western Samoa*, University of the South Pacific. Suva.

Meleisea, M. (1995). "To whom gods and men crowded: chieftainship and Hierarchy in ancient Samoa, in Huntsman, Judith, 1995, *Tonga and Samoa, Images of Gender and polity*. Mcmillian Brown Centre for Pacific studies, Christchurch: University of Canterbury.

Mental Health Compulsory Assessment and Treatment Act. (1992). Wellington: New Zealand Government Print.

Mental Health Commission. (2001). *Moving on the Blueprint: Pacific Mental Health Services and Workforce*. Wellington. Mental Health Commission.

Ministry of Health. (1995). *A guideline to effective consumer participation in Mental Health Services*. Wellington: Ministry of Health. April.

Mokuau, N., & Tau'ilili, P. (1992). *Families with Native Hawaiian and Pacific Island roots*. In E.W. Lynch and M.J. Hanson (Eds), *Developing cross-cultural competence* (pp 301-318). Baltimore : Paul H. Brookes.

Mosby (1983). *Nursing and Medical Dictionary*. St Louis: The C.V. Mosby Company.

Nonu-Reid, E. (2001). *Pacific Reflections a Journey to the future*. Unpublished paper presented at Early Intervention in Psychosis National Training forum Wanaga. Tokomaru Bay New Zealand.

Parson, C.D.F. (1985). *Healing practices in the south pacific*. The Institute for Polynesian Studies. University of Hawaii.

Ramsden, I. (1992). *Kawa Whakaruruhau. Guidelines for nursing and midwifery education*. Wellington: Nursing Council of New Zealand.

Schoeffel., P. (1995). *The Samoan concept of Feagaiaga and its transformation*. In Huntsman, Judith (1995). *Tonga and Samoa, images of gender and polity*. Christchurch. Mcmillian Brown Centre for Pacific studies, University of Canterbury.

Stair, J.B., (1946). *Cyclopedia of Samoa, Tonga, Tahiti and the Cook Islands*.

Talamaivao., M. (2001). Personal communication.

Tamasese, K., Peteru, C., & Waldgrave. C. (1997). The new morning a qualitative research project carried out by The Family Centre, Lower Hutt.

The International Council of Nurses. (2000). Code of ethics for nurses.  
<http://www.icn.ch/icncode.pdf> [2000. Feb. 20].

Tu'i, T. (1987). Launga – Samoan Oratory, Suva. *University of the South Pacific*.

Vaai, S. (1999). *Samoa faamatai and the Rule of Law*, National University of Samoa Wellington. Victoria University Press.