The Opinions and Attitudes of Female Samoan University Students Toward Seeking Professional Counselling

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Attestation of Authorship

I hereby declare that this submission is my own work and that to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgments), nor material which to a substantial extent has been submitted for the award of any higher learning.

Signed: ………………………….

Date: ……………………………

Abstract

The purpose of this study was to explore some of the perspectives and attitudes of Samoan female students, in a New Zealand university, toward seeking professional counselling. Using a qualitative approach and thematic analysis for analysing the data, this study used semi-structured interviews via in-depth and open-ended questions. The participants recruited for the individual interviews were six female students, of Samoan ethnicity, aged between 20 and 50 years. One focus group, consisting of 10 Samoan female students was conducted. The participants were selected using snowball sampling.

The findings of the study indicated that the attitudes of Samoan female students toward seeking counselling were diverse, particularly in their beliefs about the effectiveness of counselling. Almost all the students believed that counselling would be useful, if they had a severe psychological problem or disorder that needed serious attention. Samoan female students spoke about a variety of concerns (e.g. shame and stigma) and factors (e.g. cost and time), that would influence their choice about whether to ask for counselling or not. For some of the participants the most frequently stated motive for avoiding psychological help were issues around the shame and stigma associated with going to counselling. Students reported that to be culturally sensitive one cannot generalize everything, and expect a Pacific person to fully understand the ways of another culture, and vice versa, because it is not a one-size-fits-all type outcome for the individual. Although this research is an explorative one, it provides insight into the perceptions and attitudes for this little researched group of students and has implications for how universities and other health providers can better support this group.

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Glossary of Pasifika Terms

Aiga	-	family
Aotearoa	-	New Zealand or land of the long white cloud
Fa'alavelave	-	an event
Fa'asamoa	-	the Samoan way
Faitatala	-	gossip
Fono	-	meeting
Kopai	-	dumplings
Lotu	-	prayer or church
Ma'i Aitu	-	when a person is affected by or possessed by a spirit
Maori	-	indigenous people of Aotearoa/New Zealand
Palagi	-	European or Western
Panikeke	-	pancake
Pasifika	-	Pacific or of Pacific Island ethnicity
Tapu	-	sacred
Ulu valea	-	stupid head or crazy head

INTRODUCTION

Background

Samoa is an independent sovereign State in the Pacific region. The culture is central to Samoan way of life. The peoples bond with the land and sea is founded on their traditional values, and strong Christian principles, which motivate and sustain them physically and spiritually. The traditional "Fa'a-Samoa", the Samoan way of life, recognises the paramount value of every Samoan person, as he or she is an heir to a family chiefly title, land and the Samoan language (Toelupe, 2000).

Toelupe (2000) asserts that women in Samoa have equal access to education and health services, employment opportunities, the protection of the laws and to decision-making positions at all levels within the family, community and government. There has always been recognition and support in Samoa of the multiple roles women perform in the home, community, church and their professions (Toelupe, 2000).

The establishment of the Ministry of Women Affairs by Act of Parliament in 1990 demonstrates the high regard that the Government of Samoa has of its women and their contribution to the development of Samoa economically, socially, politically and spiritually. Samoa is one of the few countries in the world that has a national holiday for women - the Monday after Mother's Sunday each year. (Toelupe, 2000).

Samoan Migration to New Zealand

Pitt and Macpherson (1977) suggest that the reasons for Samoan migration to New Zealand varied with different groups and in different periods. Those who migrated before the Second World War came because they identified themselves more with Europeans rather than Samoans. But after the war period, many reports have assumed that economic motives were dominant (Pitt & Macpherson, 1977). To many Samoans, New Zealand was, and still is, seen as the place to come in order to raise a family and

take advantage of the economic and educational facilities - that to Samoan people were superior to their mainly agricultural Pacific lifestyle. Thus the increasing volume of immigration lay not only in the popularity of New Zealand but also as a place to move, to work and live. Chain migration became established in New Zealand which was another reason for this influx. Samoan migrants settled in areas where jobs, relatives and churches were already located. They felt encouraged by the comfort and security that came with the assurance of aiga (family) and a lotu (church) to belong to when they arrived in this strange country (Macpherson, 1988). For them this was the beginning of the establishment of a bi-culture which incorporated the diversity of the fa'asamoa (the Samoan way), blood-ties and interwoven family relationships and a new New Zealand culture with a predominantly pakeha agenda in which they were to be employed, educated, and accommodated (Macpherson, 1988).

Pasifika Peoples in New Zealand

In Aotearoa New Zealand, people of Pacific ethnic origin make up 11.7% of the current population, and is one of the largest racial/ethnic groups in New Zealand (Cook, Didham, & Khawaja, 1999). Current trends reveal that the Pacific population in New Zealand is growing 11 times faster than other population groups. By 2031, the Pacific population is expected to double. Although a combination of factors has been cited for this increase, immigration is the major contributor to this growth (Cook, Didham, & Khawaja, 1999).

In 2001, Samoan people were the single largest Pacific ethnic group living in New Zealand, comprising 50 % of New Zealand's Pacific population (231,800). In the same year, New Zealand-born Samoans accounted for 58% of the Samoan population in New Zealand. The next largest Pacific ethnic group was Cook Island Maori (23 percent), followed by the Tongan (18 percent), Niuean (9 percent), Fijian (3 percent), Tokelauan (3 percent) and Tuvaluan (1 percent) groups (Statistics New Zealand, 2007). Sixty-six percent of Samoans are concentrated mainly in the Auckland urban area, with one third (34%) living in South Auckland. The next largest concentration of Samoan people was in the Wellington urban area (17%), with 6% in Porirua and 5% Lower Hutt (Statistics New Zealand, 2007).

With the increase of Pasifika students enrolled in university, the Pasifika nations do have a vested interest in tertiary institutions in New Zealand (Tofi, Flett, & Timutimu-Thorpe, 1996). In 2007, a total of 30,852 Pacific Island students (domestic and international) enrolled in institutions of tertiary education in New Zealand. Of that total, 17,394 were Pacific Island females, compared to 12,918 for males (Ministry of Education, 2007). Pasifika students, particularly males, are generally under represented. However, a Ministry of Education report also reveals a 14 per cent increase in male Pacific Island student enrolments in April 2009, compared with last year. A 12 % rise was also observed in female Pacific Island students (Ministry of Education, 2007).

Why a Study on Samoan women's opinions of seeking psychological counselling

Research which focuses on Pacific people's perceptions of psychological help-seeking is limited with even fewer to no studies which look at Samoan women and their views on professional help-seeking. It is the researcher's hope that this study will strengthen the body of literature about Samoan and other Pacific Island ethnic groups' help-seeking attitudes as well as enhance the multicultural counselling literature.

Definition of Terms

For the readers' clarification, some of the key terms for this study are defined:

Samoan students - Samoan students are defined as individuals born in Aotearoa New Zealand, and those born in mainland Samoa (including American Samoa), who are currently enrolled in a New Zealand university to obtain a specific degree or diploma. The students can be either graduate or undergraduate students. The phrase *New Zealand born Samoan* and *Samoan-born* are sometimes used in this study.

Perception refers to the way one perceives or understands an experience and how one makes sense of the knowledge (Tinsley & Wescot, 1990). The term includes participants' understanding and knowledge of different aspects of counseling, such as why people seek counseling, and how counselors and clients work together. Perception is used interchangeably with the word *opinion* in this study.

Attitude is described as evaluative statements or judgments concerning objects, people, or events . More precisely attitudes can be defined as a persistent tendency to feel and behave in a particular way toward some object which may include events or individuals as well (e.g. "Counselling can't help me."). It should be noted that an individual's perception and attitude toward counselling are usually related.

Psychological counselling - In this research, psychological counselling is sometimes shortened as *counselling*. The two terms are used interchangeably. Psychological counselling includes services that target personal, emotional and psychological problems, including personal counselling (psychotherapy), psychiatric evaluation, and psychological testing.

Professional Counselling. For this study, this term is used interchangeably with the terms *psychological counseling* and *professional help*. Professional counselling, is often seen in the body of literature about help-seeking attitudes and includes various psychological services provided by a mental health professional, such as clinical and counseling psychologists, counselors, psychiatrists, and social workers.

Purpose of the Study and Research Questions

The purpose of this research is to use qualitative inquiry to explore New Zealand Samoan female University Students' perceptions and attitudes toward seeking professional counselling. The study was also designed to inquire about Samoan students' perceived needs condition for seeking counselling, expectations, and cultural and language concerns associated with seeking counselling. Through a qualitative interview method, this research study attempts to add in-depth and personal factors to the current yet limited professional knowledge of help-seeking attitudes of Samoan female tertiary students in New Zealand. Purposely, the main research questions of the study are:

1)   What are Samoan female students' perceptions and attitudes toward seeking professional counselling?
2)   What concerns do the Samoan female students' have in help-seeking decision making?

3)   What expectations do students' have in a counselling session?

It is hoped that the results of the study will help universities and other mental health professionals better understand Samoan students' perception of, attitudes toward, and expectations for seeking counselling, and as a result more effectively market and deliver counselling services to this group and other Pacific Island students who share a similar cultural background and experiences. In addition, the study may be useful for mental health professionals in New Zealand in terms of concerns that Samoan students may have while seeking counseling in their home country and in New Zealand.

Summary of Chapters

Chapter 1 (Introduction) provides a very basic background on Samoa and the status of women in Samoa. This chapter also includes a look at Samoan migration to New Zealand and features profile statistics of the Samoan population and other Pacific Island groups living in New Zealand. This section also described the purpose and significance of this research, as well as definitions of key terms.

Chapter 2 (Literature Review) reviews previous research and relevant literature about behaviours related to seeking professional help, underutilisation of mental health services, help-seeking by gender and ethnicity, stigma and shame, issues facing pacific students, and cultural and spiritual values.

Chapter 3 (Methodology) describes the research methodology - the methods utilized to collect and analyze data and to assure accountability. Overall this section looked at planning, preparing and recruitment required for the study.

Chapter 4 (Results) presents the qualitative data, including common themes, sub-themes, and supporting quotations from the Samoan women who were interviewed.

Chapter 5 (Discussion) includes a summary and discussion of the findings, an overview of the study's limitations, and recommendations for future explorations.

Chapter 2

LITERATURE REVIEW

The primary purpose of this study is to investigate the perspectives of Samoan female university students toward seeking professional counselling. This section will begin with a review of the Pasifika peoples in New Zealand including a background history of Samoan migration. The sections that follow comprise a review of the literature related to the utilization of counselling services or mental health services by various ethnicities. Literature is also reviewed related to variables, which have been found to affect the use of counselling services. These variables include demographic characteristics, types of student problems, cultural awareness, self-reports, and counsellor characteristics.

A number of studies (Ajzen, 1988; Coleman, Wampold, & Casali, 1995; Constantine, Wilton, & Caldwell, 2003; Goldbert & Tidwell, 1990; Lopez & Lopez, 1991; Neighbors & Jackson, 1997; Tesser, 1995,) have looked at the attitudes and perceptions of individuals and certain ethnic groups towards seeking professional or psychological counselling, with more recent studies exploring issues on what clients tell us with respect to seeking counselling and their experience of it. However, no specific research on the perceptions or attitudes of Pacific Island, let alone Samoan students in a New Zealand university could be found. This is why it is important to provide an insight of some of the common features that have emerged from literature about attitudes towards professional help-seeking.

Underutilisation of Mental Health Services

A wide range of studies (Ayalon & Young 2005; Constantine, Wilton, & Caldwell, 2003; Merritt-Davis & Keshavan, 2006; Russell & Jewell, 1992), nationally and internationally attest to young people's reluctance to seek professional mental health care. Many students entering university hide maladjustment, emotional illness, or psychological distress which warrants mental health care (Offer & Spiro, 1987). However, mental

health care is very likely to benefit those who seek it. Nevertheless, probably fewer than half of those students who need mental health care actually seek it (Tracey, Keitel, & Sherry, 1986).

Underutilisation of mental health services has been a prevalent and severe issue across the globe. Approximately 20% (1 in 5) of New Zealanders have experienced some form of mental health disorder in a year. The reports showed significant unmet needs for individuals with mental disorders. Over a 12 month period only 39% of people with a mental disorder had visited health services. Most people with mental health issues saw the problem as fixing itself - the most commonly endorsed reason for delaying seeking, stopping treatment or not seeking help were attitudinal: "I thought the problem would get better by itself" (Foliaki , Kokaua, Schaaf, Tukuitonga, 2006).

Unmet need was greatest in younger and Pacific people, people with lower educational attainment, and those living in rural areas had lower rates of visits to mental health services. Younger people were less likely than any other age groups to have had a health visit for a mental health reason. Males had lower rates of any mental health visits than females. Pacific people who experienced serious disorders were much less likely to access treatment than the total New Zealand population (Foliaki , Kokaua, Schaaf, Tukuitonga, 2006).

To date, research focusing on the mental health of the Pasifika population has been limited. However, hospital admission statistics support the view that Pacific people delay or avoid seeking treatment from mainstream psychiatric services. It has been suggested that one reason for this delay is that the values inherent in the 'western' mental health system may be viewed negatively by Pacific people (Foliaki , Kokaua, Schaaf, Tukuitonga, 2006).

The gap in mental health services was evident among Asians and Asian Americans as well (Leong, 1994; Chen, 1999; Exum & Lau, 1988; Snowden & Cheung, 1990; Sue, Zane, & Young, 1994; Ying, 1990). Asian Americans were also found to have lower rates of using mental health service than the general population, and the rates were lower

among immigrants than among their U.S.-born counterparts (Abe-Kim et al, 2007). Such disparity in treatment need and use of mental health services was also found among Chinese across various Asian regions, including Hong Kong (Cheung, 1984); Mainland China (Boey, 1999, Jiang & Wang, 2003); Singapore (Ow & Katz, 1999); and Taiwan (Lin, 2002).

Twenty-eight per cent of the adult population in the United States experienced mental health problems a year with only 15% seeking professional help, out of which only 6% received specialty mental health services (Kessler et al, 2001; Regier, Narrow, Rae, Manderscheid, Locke & Goodwin, 1993). A similar gap was found among European countries, with around one fifth of the individuals who sought help for mental health services actually receive support (Alonso et al., 2004).

Traditionally, American Indians have underutilised professional counselling services (Johnson & Lashley, 1989; LaFromboise et al., 1990). LaFromboise (1990) attributed the underuse of mental health services by American Indians to tension related to power differentials in counselling relationships and conflicting goals related to cultural disparity between the client and the treatment provider. Sue's (1977) findings of those who used mental health services, revealed that 55% of the American Indian clients, did not return after the initial interview, compared to the 30% dropout rate for European clients that were noted.

In Australia, it is assumed that young people who are Aboriginals or Torres Strait Islanders or from other cultural and linguistic minority groups may be even less likely to voluntarily seek professional help when needed. There are very few studies specifically of help-seeking for these population groups, and we have no knowledge of the process of help-seeking among young people from ethnic minority groups (Cauce, Domenech-Rodriquez, & Paradise, Shea, Cochran, Srebnik, & Baydar, 2002). This is a particular problem, given evidence of a high level of unmet need for Aboriginal and Torres Strait Islander young people (Cauce, et al, 2002).

A possible reason cited for the underutilisation of formal mental health services is the preference for culturally based alternative services. According to Neighbors and Jackson (1984), African Americans are more likely to use alternative informal support systems or indigenous practitioners when they experience psychological problems than European Americans.

It has been argued that the key to increasing access to mental health services by indigenous people is greater integration of cultural and clinical competencies at both a system and practitioner level (Rickwood, Deane, & Wilson, 2007). For example, at the engagement level, introductions between practitioners and indigenous clients should recognise the importance of land, country and genealogy, along with potential barriers associated with language groups or tribal boundaries (Rickwood, et. al, 2007).

A number of barriers may impede students' use of mental health services. Researchers (Affsprung, 1996; Brinson & Kottler, 1995; Knipscheer & Kieber, 2001; Komiya & Eells, 2001) have examined college students' attitudes toward and perceptions of university counselling services to better understand the low utilisation rates. The results indicated that utilisation rates are proportionately low among minority, international and male students.

Help-Seeking by Gender

It is uncertain whether those who need help most are the most likely to seek it, or whether those who seek help are those most in need of it. Ogletree (1993) found that among students with very high needs for help, only a small number actually seek it. Calhoun and Selby (1974) found that those with the highest levels of distress were actually least likely to seek help. Borsetin, Krukonis, Manning, Mastosimone and Rossner (1993) found that undergraduates who sought help were most likely to seek medical services and to score high on dependency. Students who reported the greatest need for help were more likely to give help to fellow-students than to receive help (Nadler, Bar-Tal, & Drukman, 1982).

One of the best researched demographic variables associated with student preferences for approaching and using sources of help is gender (Caban-Ramos, 1983; Cook, 1984; Dadfar & Friedlander, 1982). It has been documented that women are more apt than men to acknowledge that they are psychologically distressed, owing to sex differences in socialisation, and women have also been found to be over-represented as consumers of mental health services (Russo & Sobel, 1981; Unger & Crawford, 1992). Specifically among students, female students tend to be more accepting, than male, to seek psychotherapy (O'Neil et al., 1985). Although this finding is generally robust (Cook, 1984; Dadfar & Friedlander, 1982; and Robertson, 1988), it is not universal (Hale & Tyron, 1978; Webster & Fretz, 1978).

Cook (1984) found that female university students had greater potential interest in counselling than males, while a study by Greenley and Mechanic (1976) found that being female affected generalized help-seeking behaviours of university students. More positive attitudes toward help-seeking behaviour were found in female college students, but the actual findings showed no significant sex differences in actual help-seeking behaviour.

Cooperman's (1983) investigation with college students indicated that being female, as well as having more limited interpersonal contacts and having positive impressions of therapy were related to positive attitudes toward seeking psychological help. Neal's (1983) findings revealed that females were comparatively more aware of counselling services and were proportionately greater users of these services. Voit (1982) found that university students with female sex-role identity were more likely to seek counselling.

Help-Seeking by Ethnicity

Students who are Western (i.e. European or Latin) have more positive attitudes toward seeking help than students who are non-Western (i.e. Asian or African) (Dadfar & Friedlander, 1982). Others have found that neither Chinese (Cheung, 1984) nor Japanese (Suan & Tyler, 1990) students are likely to seek help from mental health professionals;

additionally, Japanese-American students may be generally less likely to self-disclose than Caucasians (Furukawa, 1983).

Evidence regarding help-seeking among African-American students is mixed. African-American males may be less likely to seek help (Tomlinson & Cope, 1988); but overall, African-American and Causcasian students may harbour similar attitudes toward help-seeking and do so with equal frequency (Cheatham, Shelton, & Ray, 1987; Delphin & Rollock, 1995). Regarding international student status, a broad range of international students seems to prefer friends as sources of help and not university personnel in a pattern discriminable from help-seeking in US students (Mahdavi-Harsini, 1981). Tomlinson and Cope (1988) states that attitudes toward help-seeking appear to become more favourable with increased length of residence in the US.

LaFromboise (1988) reported that American Indian students seek assistance from family members before seeking help from professional agencies. American Indian students were more likely to use counselling centres, if culturally similar counsellors were available to provide the service.

Other findings indicate that Latino and black college students may not seek counselling because of the perceived social stigma and shame attached to use of those services (Knipscheer & Kieber, 2001; Narikiyo & Kameoka, 1992).

Stigma and Shame

The stigma associated with seeking psychological services is the view that a person seeking treatment is not socially acceptable (Vogel, Wade, & Haake, 2006). Researchers (Pen-Porath, 2002; Sibicky & Dovidio, 1986; Vogel, Wade, Wester, Larson & Hackler, 2007) have shown that people have less favourable opinions of clients than non-clients. In one study, for example, an individual described as having sought treatment was viewed less positively, and reacted to more negatively, than was an individual who was

described as having sought treatment was regarded less favourably (Sibicky & Dovidio, 1986).

Likewise, a person portrayed as seeking treatment for depression was viewed as more emotionally unstable, less appealing and less secure than was an individual portrayed as seeking treatment for back pain and than an individual described as having depression but not seeking treatment (Pen-Porath, 2002). Thus, the public seems to stigmatise the act of seeking psychological services. As a result, an individual may avoid treatment in order to reduce the consequences associated with stigma (Corrigan, 2004). Not surprisingly, people report fewer intentions to seek help for a problem stigmatised by others (Overbeck, 1977), and perceptions of stigma predict attitudes toward seeking counselling (Komiya, Good, & Sherrod, 2000).

The influence of an individual's social network has been implicated as a key element in the decision whether to seek psychological treatment (Vogel, Wade, Wester, Larson, & Hackler, 2007). For instance, one's social group has been found to play an influential role in whether an individual seeks services when distressed (Angermeyer, Matschinger, & Riedel-Heller, 2001). Moreover, Cameron, Leventhal and Leventhal (1993) indicated that 92% of those who sought care talked to at least one person about their problem before seeking professional help. Therefore, perceived stigmatisation by those with whom a person interacts with may play a vital role about whether an individual self-discloses their problem and whether the individual seeks psychological help.

Development of Student Problems

Study findings (Benton, Robertson, Tseng, Newton & Benton, 2003; Gallagher, 1993; Pledge, Lapan, Heppner, Kivlighan, Roehlke, 1998) suggest that the presenting problems of clients in university counselling services may have become more severe over the past two decades. Although other researchers have suggested that student psychopathology has remained fairly stable during this same period, the concern remains that students'

mental health needs may not be adequately addressed on university campuses (Kadison, 2006; Reifler, 2006; Schwartz, 2006).

Historically, adjustment to university work was reported to be the major source of stress for most students, especially first year students coming into tertiary education. However, several studies revealed a number of differences in student problems across classes and across gender. An early study found that it was generally accepted that students were most concerned with vocational and educational problems with vocational problems being the most common, followed by educational and personal problems (Hummers & DeVolder, 1979).

Other studies during the 1980s, to some extent, reached slightly different conclusions. Snyder, Hill, and Derksen (1982) found that "depression" and choice of course were the most common problems, with "studies" being ranked third. The most pervasive problem found by Kramer, Berger, and Miller (1984), was vocational choice and career planning, then Personal unhappiness, followed by academic worries.

More recently, issues such as student suicidality, substance use, depression, anxiety, eating disorders, and high subjective ratings of distress are commonly presented to college counselling centre practitioners (Clements, 1999; Pledge, Lapan, Heppner, Kivlighan, & Roehlke, 1998; Schwartz, 2006).

Johnson and Hayes (2003) investigated the concerns of 5472 university students and found that spiritual concerns, loss of a relationship, sexual assault, confusion about values, homesickness, and suicidal ideation were the cause of significant distress among study participants. Although student populations experience various forms of mental distress (Sharkin, 1997), only a small number of students needing services actually seek them out (Kahn & Williams, 2003). A large proportion of the sample (33%) reported that they had not used the services because they did not have enough time to do so. Some participants reported that they would not use mental health services in the future even if

they needed them. However, 36% said they would not use them because they did not want to talk to a stranger (Johnson & Hayes, 2003) .

There is a need to better understand the help-seeking behaviours of counselling clients, given the substantial gap that exists between those who need counselling, and those who actually seek these services such as mental health (Alvidrez, 1999; Bayer & Peay, 1997; Clarkin & Levy, 2004; Hemmings, 2000).

Issues Facing Pacific Students

A New Zealand study (Davey, 2002) involving older students aged 40 years plus, revealed that most respondents faced barriers and obstacles to their university studies, the most important of which were time constraints from work and family commitments, which while an essential part of adult life both work and family affected women more than men (Davey, 2002). Financial problems and cost in general were also important barriers. For some Pasifika students, their financial priorities usually revolve around maintaining relationships including meeting the family needs, donations to the church, contributions to immediate and extended family activities, and savings for future family needs.

In the article, Coconuts Begin with "C": Pacific Islanders at University (Pacific Islands Students Collective, 1986), it was reported that Pasifika students are nearly always members of large extended families which quite often affect their academic studies. Some students are deeply conscious of wider family obligations and try to juggle these with their studies - sometimes successfully and sometimes unsuccessfully. One student stated: "We are finely tuned cultural schizophrenics - and very good at it too" (p. 13).

The family commitments of Pacific Island students can be quite intense. For example, weddings and funerals may require a student's presence for days before and after the event. Looking after family members who are ill is also obligatory for many students which can be particularly demanding when assignment deadlines are looming.

Sometimes a student's coursework can be ruined by a couple of unexpected funerals (Pacific Islands Students Collective, 1986).

Personal attitudes toward individual learning were one of the biggest barriers that Pasifika students face. Participants in one study said that because the system fails to take into account cultural differences, many Pasifika students have the attitude that the system is out to fail them, so they do not perform their best at the tertiary education level. However, other reports say that Pacific students' cultural knowledge's could be validated once the palagi (European) system was mastered (Ministry of Education, 2002). As one student commented:

> "People say that this system is the problem but I would have to say that in
> my experience the system was not the problem, it was me. I had a
> problem with working in the system…I expected the system to change
> and suit me, but that's not the point here…it's not to change the system,
> the point is to transfer different skills from your way of thinking, so I had
> to take my skill learnt in my Pacific Island heritage and transfer them to
> this system here which is basically the Palagi system…. "(p. 84)

This mindset was one of the major barriers to Pacific students doing well in tertiary education.

Client Experiences of Counselling

Previous research has found that most clients pursue a similar process in seeking counselling, one that is apt to fit with Saunders' (1993) four step model of help-seeking. Saunder's model suggests that clients first notice they have a problem; then at some point they decide that counselling might help them solve it; next they decide to seek counselling; and, finally, they contact a specific counselling agency or counsellor for help.

Counselling is rarely seen as a first option. For clients, it is common to try a variety of things to resolve their problems before seeking counselling.Generally, people will try to 'self-heal' using methods similar to the strategies that counsellors might suggest as homework, to solve their problems (Bohart & Tallman, 1999; Saunders, 1993). These self-help methods might involve seeking help from non-professional resources such as family members and friends; talking to pastors or another health professional. Other attempts of self-help might include reducing the work load to lessen pressure and stress; using inspirational messages or meditation; reading relevant literature; relaxation activities; taking walks; trying to change their way of thinking; taking medication or using alcohol; denying a problem exists; praying; changing their thinking about the problem (Bohart & Tallman, 1999; Cohen & Wills, 1985; Cross, Sheehan, & Khan, 1980).

There is a tendency for clients to seek counselling when the things they are doing to manage their problems are no longer effective or adequately working. Occasionally, there is a trigger event that makes the need to look for counselling almost compelling. It is seen at this point that counselling is a 'final option' (Cramer, 1999; Norcross & Aboyoun, 1994; Sherbourne, 1988; Wivel & Webb, 1995). Clients are typically convinced to finally seek counselling advice from someone else (such as a doctor), when there is a personal or family crisis, a slow decline of their situation, reading something or hearing information on the radio or television that gives them new insight into themselves and their situation (Manthei, 2005a).

Some research reports show that the process of deciding to get counselling can be long and difficult and that clients often needed at least a few months to seek counselling after deciding it might help them (Monroe, Simons, & Thase, 1991; Saunders, 1993). Recent research has reported that the gap was considerably shorter this time, typically a month or less (Manthei, 2005a), but most of the clients in this study had previous experience of counselling which may have made the decision to seek counselling again easier and quicker (Cusack, Deane, Wilson, & Ciarrochi, 2004; Deane & Todd, 1997).

Prior research has shown that clients welcome the option of making significant choices and decisions in their counselling (Kremer & Gesten, 2003; Maione & Chenail, 1999; McDonald &Webb, 1998). Research has also revealed that they are keen observers of their counsellors and their environment (Jinks, 1999; Yardley, 1990) which extends to their first impressions of their counsellor. Yardley (1990) commented that counsellors are being closely scrutinised and assessed by their clients, in much the same way that counsellors are carefully observing and assessing their clients (Hill, Thompson, Cogar, & Denman III, 1993). Substantial literature on client preferences for counsellor characteristics, gives evidence that not every client-counsellor match is immediately pleasant, comfortable or successful. For most clients, good match-ups tend to be the counsellors or practitioners that meet their self-perceived needs or demonstrate a similarity to the client in some important way (Vera, Speight, Mildner, & Carlson, 1999). Manthei (2005b) explains that when clients first show up at a counselling agency, they can be strongly affected—positively or negatively–by their first impressions of the physical layout, the office or reception staff (Manthei, 2005b).

Previous qualitative research revealed that clients are careful, insightful, reflective, observers of what happens to them in their counselling (Bohart & Tallman, 1999; Maione & Chenail, 1999; Rennie, 1994, 2004; Yardley, 1990). Thus, it is probably not surprising to find that clients' and counsellors' views of counselling often differ. Since both perspectives—counsellor's and client's—are valid and both ". . .appear to have distinctly different viewpoints on counselling, research should assess both views" (Dill-Standiford, & Stiles, Rorer, 1988, p. 54).

Jansen, Bacal and Crengle's (2009) telephone survey of 651 Māori, gathered information on 1400 service encounters from a six month period. Statistical analysis of the results showed that while most Māori reported getting good service from their health professionals, 20% of Māori had significant different experiences, with many expressing negative experiences about interactions with health professionals and hospital staff. These concerns often resulted in Māori client's avoiding seeking healthcare in the future.

In an exploratory study investigating client satisfaction with counselling, Fuertes and Brobst (2002) reported that client's ratings of their counsellors' multicultural competence explained a significant amount of the variance in client satisfaction beyond clients' ratings of their counsellors' expertness, attractiveness, trustworthiness, and empathy.

Lui (2001) asserts that Western clinicians are perceived by Pacific people as authoritarian and disrespectful of their beliefs, values, status, and rights. Many Pacific people continue to access traditional healing practices either as an alternative or at the same time as consulting a psychiatrist (p. 276).

Samoan Approach to Mental Health and Wellbeing

Traditional Samoan approaches to mental health and wellbeing are established on the belief that a balance of mental, physical, spiritual, familial and environmental domains are vital for good mental health and wellbeing. The domains are usually affected when other parts of their lives are not going too well. For example, when the physical and spiritual wellbeing is not right, then their mental and emotional wellbeing will also be affected (Macpherson, 1990).

Traditional Samoan beliefs may explain a disturbed behaviour as being a manifestation of an external spiritual force, especially ancestral spirits (ma'i aitu) who have taken possession of the person, because the person or person's family has broken tapu, such as offending family or spirits. Furthermore, the symptoms of conditions such as ma'i aitu are similar to psychosis and other psychiatric illnesses and therefore often mistaken for mental illness resulting in misdiagnosis and mistreatment (Macpherson, 1990).

Family, school, and relationship issues can complicate a young Pacific person's life. Sometimes young Pasifika people find it difficult to talk about these issues with their own family and other important people in their life. They see their role as trying to smooth the way so young people can have coping skills to deal with these issues, ensuring their cultural, physical and emotional safety (Macpherson, 1990).

For some Tagata Pasefika, it is very difficult to separate culture from self, or family from self. Western culture presumes an independent core identity of individualism, but Pacific Island culture to a greater extent, value a more interdependent or collectivist identity, sometimes dictated by cultural expectations, family desires, and tradition as interpreted by elders. Exposure to Pākehā ways of being and thinking undermines this identity structure, and can create significant stress and even neurosis or other psychopathology (Makasiale, 2000).

Figiel (1996), in her investigation of Samoan identity, explained how very important it was to understand how Samoan people perceive themselves: *"'I' does not exist. 'Myself' does not belong to me because 'I' does not exist. 'I' is always 'we'. 'We' is part of the aiga, the village, the church, the youth group, the school"* (p.135).

Caught between two worlds, Pasifika people feel forced to make adaptations, sometimes successful and sometimes less so. Often Pasifika clients are torn between several cultures: the culture of life back in the islands, the culture of the Polynesian diaspora in New Zealand, and the cosmopolitan culture of urbanity (Culbertson, 1997). Middle-aged women in particular are often held responsible for keeping the intergenerational family together, trying under great stress to hold together the life experiences and needs of three or more generations, each one step further removed from the island culture of origin. Help is needed to open up some new ways of looking at the world, and of making some meaning and order out of it in a way that is achievable and appropriate (Culbertson, 1997).

The Samoan population has a higher rate of mental illness in New Zealand than the general population, with a 12 month prevalence of 25.0% compared with 20.7% for the total New Zealand population. However, it is concerning that Samoan people are much less likely to access mental health services than other New Zealanders (Ministry of Health, 2006).

Communally-oriented cultures presume an element of proximity and cohesion. As the family is spread further and further apart geographically, isolation can lead to confusion

about what to do, guilt about making a wrong or an independent decision, and fear of loss of identity as one moves further outside family and hierarchical control. In more extreme instances, the individual may find the secure cocoon of cultural identity stripped away, producing feelings of abandonment and insecurity (Makasiale, 2000).

Cultural Values

Cultural beliefs exert an enormous influence on the health and health-related behavior of Pacific Island individuals (Mokuau, 1990; Penn, Kar, Kramer, Skinner, & Zambrana, 1995). Culture and family, while crucial elements of Polynesian identity, can also become camouflages behind which they attempt to hide. Pasifika peoples may defend their culture as flawless, or their family as being without problem (Culbertson, 1999). In the same way, in order to maintain a sense of cultural and family unity, and to avoid revealing the faults of culture and family to outsiders such as mental health workers, the Polynesian client may have been conditioned to deeply repress feelings and individual needs. Both feelings and individual needs can be understood as threatening the cohesion of group identity (Culbertson, 1997).

Due to the power of hierarchical authority, Polynesians are accustomed to first taking their problems to family members, and then to tribal or community elders, and then to church ministers, very few of whom have mental health training (Finnegan & Orbell, 1995). Last on the list, then, are trained mental health workers due to factors such as family cohesion and shame. For this reason, Pacific Islanders often seek help from the Pākehā system only when it is too late to be of much assistance (Pacific Islands Students Collective, 1986).

Pacific Island people believe some of their greater strengths, are their culture and spirituality. These strengths are valued and nurtured through family, community, and church. The significance of the family, community and church to Pasifika people means that these 'institutions' hold the answers when their mental wellbeing is adversely affected in some way (Pacific Islands Students Collective, 1986)

Spirituality and Culture

Spirituality is a core value among the health beliefs of Pacific Islanders (Mokuau, 1990). For New Zealand Samoans, connectedness with God or religious affiliations may be a significant coping mechanism, to have God to turn to in times of distress. It is perceived that a relationship with God provides hope and reasons for living. Prayer plays a huge and vital role in Samoan home life as well as in church. For some Samoans, being at church provides participation in a key organization that enhances social support, cultural knowledge and experience, and meaningful personal relationships (Mokuau, 1990).

Often prayer may be the only time that provides families with an opportunity to share their concerns indirectly with each other, in that by praying publicly to God, others are made aware of needs and concerns of the individual, which would seldom be shared at other times. Prayer as a dialogue with God is often the first port of call for a family or individual in need of pastoral care. In the event that the problem has not resolved itself after prayer, the individual or family will call on the village pastor for consolation and guidance (Taule'ale'ausumai, 1997).

Samoan people are very expressive when it comes to celebrating, lamenting, and mourning. But the sharing of individual hurts and pains is predominantly a silent affair. Obvious reasons for this are first, that of "pride", particularly in adult relations, and second, "fear" in parent/child relations. Both pride and fear can be explained by the hierarchial structure of Samoan society and the very strict law and order that are maintained within it. Taule'ale'ausumai (1997) stated that the problem which the palagi counselor faces when intervening in a Samoan situation is that more complications arise when these counsellors "listen" with their ears instead of with their eyes".

New Zealand born Samoan has learned to give and take from cultures of both the palagi and the Samoans. Life continues to be one of challenge versus compromise, learning to make decisions which affect them as an individual and also as a member of the extended family. Often life for this generation is full of frustration to the extent that "one wants

out", and sometimes that means leaving family or hurt in order to find a place where one can learn to do what one wants when one wants (Taule'ale'ausumai 1997).

Turner-Tupou (2007, cited in Culbertson, Agee & Makasiale) asserts that the palagi (European) concept of counselling, particularly one-to-one counselling, is still foreign to Samoan and other Pasifika culture.   Conversations about one's wellbeing normally take place in the home, where the family members gather and share stories or problems. Traditionally, the problems are solved within the family context (Turner-Tupou, 2007, as cited in Culbertson, Agee, & Makasiale, 2007). The whole idea of disclosing one's problems outside of the home signifies a form of mistrust and disloyalty. Samoans are very proud people and they do not like to be seen in a negative light. The communal nature of the social structure, and the fact that the fale (houses) have no internal walls, makes it extremely difficult to keep one's business to oneself. Discipline and family disputes are often out in the open. The concept of confidentiality therefore becomes a delusion (Taule'ale'ausumai, 1997).

The interesting point to note of Samoan expressions and gestures is that body language can tell you a lot more about an individual than words. In this sense one must listen not only with one's ears but also with one's eyes for the real story to emerge. Cultural values and beliefs that shape how the self, illness, health, and help-seeking are conceived such as, interdependence, saving face, stigma associated with personal problems, reliance on family for help, and beliefs that associate health with the environment and the physical with the emotional and spiritual have been thought to play a central role in an individual's help-seeking and underutilization of mainstream health services (Liao, Rounds, & Klein, 2005; Loo, Tong, & True, 1989; Morrissey, 1997; Root, 1985; Sue, 1996; Tsai, Teng, & Sue, 1980).

Summary of Literature Review

This chapter reviewed eleven areas of theoretical and empirical literature related to students and ethnic groups, especially students' attitudes toward seeking counselling. The

chapter began with a background review of Pacific Island/Pasifika peoples in New Zealand. The second area focused on the underutilization of mental health services. There is evidence that suggests that underutilization of counselling services is a common problem among racial-ethnic minority students, and that female students were most likely to seek help for their concerns, than their male counterparts. The literature review also suggested that Western students (i.e. European or Latin) had more positive attitudes toward seeking help than non-Western students (i.e. Asian or African). In terms of the stigma and shame attached to individuals who seek help or treatment for their concerns, research results found that these individuals were viewed less positively, and reacted to more negatively. Given the significant gap that exists between those who need counselling and those who actually seek services such as mental health, researchers propose that there needs to be a better understanding of the help-seeking behaviour of counselling clients. Samoan students in university carry elements of their traditional worldviews and ways of knowing and learning along with their experiences of educational systems to New Zealand higher education. Like other ethnic minorities in New Zealand universities, Pacific Island students struggle to adapt and to make sense of their experiences within their cultural existence.

There are many studies (qualitative and quantitative) that have investigated students perceptions and attitudes toward help-seeking, but very little is known of Pacific Island and Samoan students in New Zealand toward seeking professional counselling. Therefore, more studies with in-depth inquiry to understand how Samoan students perceive counselling and their needs for professional help are necessary.

Chapter 3

METHODOLOGY

Introduction

The purpose of this chapter is to explain how this study was conducted and the reason behind the research design. Using a qualitative approach and thematic analysis for analysing the data, this study explored the opinions and attitudes of Samoan female university students toward seeking professional counselling. Semi-structured interviews using in-depth and open-ended questions were conducted for six participants, over a period of three weeks; and one focus group was initiated. Participants were interviewed on a university campus, with the exception of one student who, given her busy schedule, preferred to be interviewed by telephone at home during the evening. A description of the design, participants, data collection, ethical issues and analysis, are outlined in the following sections.

Participants

The study was conducted across three campuses (North Shore, Auckland, and Manukau cities) at the Auckland University of Technology (AUT), a campus with a total enrolment of nearly 24,000 students, of which 1102 are Samoan students enrolled in 2009 (4.49% of total student population). Samoans constitute the largest Pacific Island student group on this campus, with 383 male and 719 female Samoan students enrolled. In 2009, 58 Pacific Island students have accessed the counselling service at AUT (to date) - 22 were Samoan, of which 20 of those students were females (Auckland University of Technology, 2009).

The participants recruited for the individual interviews were six female students of Samoan ethnicity, aged between 20 and 50 years, as outlined in Table 2. The number of years they had been studying in New Zealand ranged from two to six years. One participant was a married mother of two, while the rest were all single. Of the six

participating students, four were pursuing undergraduate degrees in business, arts and design, and nursing (x2), one was completing her diploma in communications, while the only postgraduate student recruited was completing her Masters degree in Arts and Design. Two of the students had experience visiting a university counselling centre, and one student had received prior counselling experience (of up to six sessions), outside of university. Half the students were born in Samoa and the other half were born in New Zealand.

Table 2   Demographics of Participating Students

Gender	Age	Ethnicity	Marital Status	Education Level
Female	35	Samoan	Married	Diploma
Female	46	NZ Samoan	Single	Postgraduate
Female	20	NZ Samoan	Single	Undergraduate
Female	36	NZ Samoan	Single	Undergraduate
Female	25	Samoan	Single	Undergraduate
Female	30	Samoan	Single	Undergraduate

The criteria established for selection was six female students who were presently enrolled in a program at Auckland University of Technology. Additionally, the criteria specified that the respondents be Samoan women.

Sampling

The participants were selected using snowball sampling. The researcher began the process by approaching a Polynesian female student who identified herself as a New Zealand born Samoan. After a brief explanation, the researcher then asked the student to recommend other Samoan students who she might know who also meet the criteria. Thus the snowball sampling began. Through meeting the first participant, the researcher came to know others, and through them gained entry to new circles (Rosenthal, 1994). The recommendation/referral process continued until the target sample size was reached. Snowball sampling was especially useful in that it was flexible, less time-consuming, and

less costly (Schofield, 2002). It also proved to be an effective way to encourage Samoan students to release details concerning their own issues at university. Qualitative research often focuses on populations that are hard to locate or very limited in size. In consequence, such non-probability sampling methods as availability sampling and snowball are often used (Schofield, 2002).

All key informants were voluntary participants. The individual interviews were face-to-face meetings with five of the six interviews being carried out across two campuses (Auckland and North Shore Cities) of Auckland University of Technology. Due to one student's availability in the late evening, an interview was conducted via telephone, as the respondent felt more comfortable to answer questions in the vicinity of her own home, while her children were asleep. The focus group interview was conducted at the Manukau City campus of Auckland University of Technology.

Focus Group

In Samoan culture, issues of importance are always discussed collectively (Tamasese, Peteru, and Waldegrave, 1997). Therefore a focus group was included in this study. This method provides an opportunity for more in depth discussion than other research techniques, it encourages the exploration of meaning and allows systematic comparisons of an individual's experience with those in their group (Krueger, 1988). Of further relevance to the Samoan context, focus groups also allow the development of consensus views around issues of importance (Tamasese, Peteru, and Waldegrave, 1997).

In search of one focus, the Researcher approached the Education Programme Leader, at the Auckland University of Technology, Manukau Campus, to discuss her research project, and to arrange for a focus group. Within half an hour of the meeting, the Programme Leader invited a dozen Samoan female students to gather for an informal meeting. After everyone had arrived, the researcher was invited to give a brief overview of her dissertation project. This was followed by a brief introduction of the students,

including the researcher to each other. From this initial meeting an actual date for the focus group interview was set up and confirmed for the following week.

The focus group session began with a warm welcome from the researcher to participants as they arrived. Krueger (1988) suggests that the participants must be as comfortable as possible from the first moment of meeting. As the participating students arrived, they were greeted with small talk rather than the topic that will be discussed as part of the focus group. "Small talk is essential just prior to beginning the group discussion and moderators must be able to talk casually and comfortably about issues of minor importance" (pg. 76). Preparations for the day of the focus group included set up of the room. The consent forms were distributed to each student. As stated by Krueger (1988), an open environment for the focus group is critical to set the tone of the discussion. The format of the focus group was described to the group so there were no surprises. The facilitator addressed the issue of internal confidentiality and described how the manner, in which the comments would be managed, would protect the confidentiality of the specific person who made the comment.

The focus group consisted of ten female students, aged between 20-55 years. All participating students were born in Samoa. All were in their final year of completing their Diploma of Teaching. The focus group interview lasted for 45 minutes.

The Researcher

All the interviews with the participants were conducted by the researcher. The researcher is a female Samoan masters' level student and she has been studying psychology in New Zealand for five years. As a researcher, she has investigated the adjustments and experiences of mature-age Pacific Island students at a University in New Zealand. As a Samoan student, the researcher is familiar with the cultural background of Samoan students and their cross-cultural experiences in New Zealand. Her Samoan ethnicity and cross-cultural experience helped the researcher establish rapport with participants during the interviews, and to better understand the informant's views and opinions of seeking psychological counselling.

The researcher plays a vital role in qualitative research (Lincoln & Guba, 1985). In qualitative studies the researcher is the main instrument of the research, and the research relationships are the means by which the research gets done" (Maxwell, 2005, p83). It is suggested that qualitative researchers record personal experiences, expectations, and biases prior to collecting data (Hill et al., 1997). The researcher needed to be objective and sensitive to the participants. Strauss and Corbin (1998) defined theoretical sensitivity as the ability to act in response to the subtle hints, signals, and meanings in the data. Sensitivity permits the researcher to be innovative and discover new theory from the research data (Strauss & Corbin, 1998). The researcher is also required to be aware of the constant interaction between the researcher and the research (Strauss & Corbin, 1998, p. 42). Rothe (1993) supports that interaction between the interviewer and the participant is essential in order for the interview to succeed.

Before conducting the interviews, the researcher examined her own expectations by responding to the interview questions as she anticipated participants would respond. There was little expectation from the researcher for questions about understanding counselling as she did not know how much a Samoan student would know about counselling, especially if they were studying other fields. The researcher anticipated that participants would say that counselling services are helpful, but they do not need counselling as they can solve their own problems. The researcher predicted that participants would seek first the help of their friends and family, or exhaust all other resources before they seek professional counselling. She also believed that Samoan students would not seek counselling unless their problem had impacted negatively in their day-to-day functioning (e.g. physically, emotionally, mentally, and spiritually). Although the researcher has received five years of educational training in Western psychology in New Zealand, she may have lost some sensitivity about how Samoan students (New Zealand born and Samoan born) view or feel with regards to seeking psychological counselling services.

To maintain objectivity is an important role for the researcher to be aware of. Objectivity is not about the variables being controlled but refers to researchers' attitude, being open

and willing to listen and "give voice" to respondents (Strauss & Corbin, 1998). "It means hearing what others have to say, seeing what others do, and representing these as accurately as possible" (Strauss & Corbin, 1998, p. 43). To accomplish these objectives, researchers are responsible to clarify their biases and acknowledge how their own values impact the conduct and conclusion of the research study (Maxwell, 1996).

The researcher was comfortable and confident about conducting qualitative interviews because of her training and experience in conducting counselling interviews. The researcher's experience with qualitative research includes having completed an introductory course on qualitative methods where she gained basic knowledge about several qualitative methods (e.g. phenomenology, thematic analysis). The researcher has had prior experience with using a thematic analysis approach to data analysis.

Ethical Issues

Prior to the study being undertaken, approval was sought and granted through the Auckland University of Technology Ethics Committee. An information sheet (Appendix A) explained the purpose and significance of the study, the interview procedure, issues of confidentiality, and the reporting of the findings. All participants were required to sign a consent form (refer Appendix B), which stipulated to the participants that they were given the opportunity to withdraw from the discussion or to not answer questions, if they so wished, and that they, would not receive compensation for participation in the study. The respondents were also informed that the interview would be audio-taped and transcribed and that matters discussed in the group would maintain confidential. Data collected will be securely stored for a period of seven years. Participants were assured of anonymity and confidentiality. Informed consent was obtained from each of the participants.

Data Collection

Data was collected using semi-structured interviews. This aspect of the interview allowed the researcher to probe and explore responses within the questions in order to

gather more detailed information, clarify specific issues raised by the student, and explore new and unexpected areas of interest.

All individual and focus group interviews were conducted in English, however participants in the focus group had the option to use Samoan if they had difficulty speaking a word or expressing themselves in English. Using English instead of Samoan as the primary language was recommended due to time constraints and problems with accessing resources for translation and the loss of accuracy or original meaning when translating interviews from Samoan to English.

The length of the interviews varied depending on the participant. Interviews were between 30 and 45 minutes long. The interviews were tape recorded with the permission of the participants and then all transcribed verbatim by the researcher. The tape recording allowed data to be captured more faithfully than hurriedly written notes, and make it easy for the researcher to focus on the interview and on the valuable non-verbal cues and denotative information provided by the interviewer. Participants were informed at the beginning of the interview that they could request the tape-recorder be turned off at any time during the interview should they feel uncomfortable. The researcher allowed flexibility to the interviews and made sure that the participants knew that they were in control and that they could end the interview should they become overwhelmed at any point. This was not necessary as all six interviews ran smoothly. After each interview, the researcher made notes about the interview, noting the length of the interview, the level of rapport between the interviewer and the participant, the participants' main points during the interview, and the researcher's impressions and feelings about the interview.

The main concern for the researcher was to establish a good rapport with the interviewees to create a good understanding so that the researcher and the respondent would work together to produce fruitful information that would answer the research questions. Secondly, all questions created were presented by phrasing the questions in an open way. Lastly, the interviewer listened with understanding to whatever the participants wanted to

offer and redirected the conversation when the information was outside the study's frame. The questions used as an interview guide in this study were as follows:

1. Does having good psychological health play an important role in maintaining good health?
2. What are your thoughts about going to counselling to address your personal issues?
3. What words come to mind when you hear counselling or psychological help?
4. What value do you place on counselling services?
5. What are the key elements for a successful counselling session?
6. How should culture be addressed in counselling sessions?
7. Who are you most likely to turn to with your problems?
8. What types of concerns would you take to counselling?
9. What would stop you from going to counselling or seeking help?

The responses to each of these guiding questions were embedded in each participant's transcript. Emergent themes were explored within the context of the responses from these questions. Every interview continued until the participants felt they had nothing more to say - at this point the interview was regarded as completed. The same questions were used for the focus group.

Research Design

This study was conducted using a qualitative design. A qualitative strategy was deemed most appropriate for this research because the aim of the study was to establish an understanding of Samoan female students and their opinions toward seeking professional counselling. According to Denzin and Lincoln (2000), qualitative research is especially effective in obtaining culturally specific information about the values, opinions, behaviors, and social contexts of particular populations. Not only was a qualitative approach selected to achieve an in-depth understanding of the phenomena within the student's context, it was also chosen for uncovering links among concepts and behaviors,

and generating and refining theory (Glaser & Strauss, 1967; Miles & Huberman, 1994; Crabtree & Miller, 1999; Morse 1999; Ragin 1999; Patton 2002; Campbell and Gregor 2004). Similarly, the strengths of qualitative research are that it provides information about the human side of an issue, that is, the often contradictory behaviors, beliefs, opinions, emotions, and relationships of individuals. Creswell (2003) stated, "If a concept or phenomenon needs to be understood because little research has been done on it, then it merits a qualitative approach" (p. 22).

Two advantages to using qualitative methods in exploratory research are the use of open-ended questions and probing that give participants the opportunity to respond in their own words, rather than forcing them to choose from fixed responses, as quantitative methods do (Pope & Mays, 2000). Open-ended questions have the ability to evoke responses that are: meaningful and culturally salient to the participant; unanticipated by the researcher; rich and explanatory in nature. Qualitative methods also allow the researcher the flexibility to probe initial participant responses – that is, to ask why or how (Denzin & Lincoln, 2000). This encourages the researcher to listen carefully to what participants say, engage with them according to their individual personalities and styles, and use probes to encourage them to elaborate on their answers (Pope & Mays, 2000).

Data Analysis

A thematic analysis (qualitative approach) was used to analyse the resulting data set in this study. Thematic analysis is exploratory and discovery-oriented research (Hill, Thompson, & Williams, 1997). Qualitative thematic analysis is a method for identifying, analysing, and reporting patterns or themes within data. It minimally organises and describes research data in rich detail (Braun & Clarke, 2006). The aim of thematic analysis is to develop a set of logical themes and associated characteristics (exemplified by sub-themes which together form a 'story'). Thematic analysis can be an essentialist or realistic method, which reports experiences, meanings and the reality of participants, or it can be a constructionist method, which examines the ways in which events, realities, meanings, and experiences are the effects of a range of discourses operating within

society. Therefore, thematic analysis can be a method that works both to reflect reality and to unpick or unravel the surface of 'reality'.   However, it is important that the theoretical position of a thematic analysis is made clear, as this is all too often left unspoken (Hill, Thompson, & Williams, 1997)

Among a variety of qualitative methods, the thematic analysis was chosen for several reasons. First, the flexibility of the thematic analysis allows for a wide range of analytic options, which means that the potential range of things that can be said about the data is broad and can be used across a range of epistemologies and research questions. Second, thematic analysis is a useful method for working within participatory research paradigms, with participants as collaborators (Braun and Clark's, 2006). Third, thematic analysis can usefully summarise key features of a large body of data, and/or offer a 'thick description' of the data set, plus highlight similarities and differences across the data set. Finally, thematic analysis can generate unanticipated insights. Therefore, based on the purpose and research questions of this study, the research's qualitative research experience, and the field from which thematic analysis originated, this study used thematic analysis as its primary research methodology (Braun and Clark's, 2006).

Whilst flexibility is an advantage, it can also be a disadvantage in that it makes developing specific guidelines for high-phase analysis difficult, and can be potentially paralysing to the researcher trying to decide what aspects of their data to focus on. Another issue to consider is that a thematic analysis has limited interpretative power if it is not used within an existing theoretical framework that anchors the analytic claims that are made.

Upon completion of all the interviews, the entire data was analysed according to Braun and Clark's (2006) six phase analysis, shown in Table 3. This analysis offered a step-by-step guide for the researcher to analyse the data before generating a start list of codes from the transcript. In brief, the researcher carried out the following steps:

Step 1 - transcribe the data and note major themes after repeated readings of the data;

Step 2 - determine the reliability of the coding, keeping a detailed record of themes and the specific quotes from the data that support those themes;

Step 3 - organise the codes into potential themes.

Step 4 - check the fit between the themes and the data for each theme, then more broadly the entire data set;

Step 5 - Define each theme, generating names for the themes;

Step 6 - Compile results using extracts from data to support the themes relating to literature and research question.

Table 3   Phases of thematic analysis

Phase	Description of Procedure
1. Familiarising yourself with your data:	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas
2. Generating initial codes:	Coding interesting features of the data in a systematic way across the whole data set, collating data relevant to each code
3. Searching for themes:	Collating codes into potential themes, gathering all data relevant to each potential theme
4. Reviewing themes:	Checking if the themes work in relation to the coded extracts and whole data, generating a thematic 'map' of the analysis
5. Defining themes:	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report:	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back to the analysis of the research question and literature, producing a scholarly report of the analysis.

Extracted from Braun & Clark (2006)

Summary

The purpose of this chapter was to describe the methodology used in this study. It described the rationale for using Thematic Analysis, a qualitative method, for this study, and outlined procedures of data collection and analysis and ethical issues. This chapter outlines the researcher's explanation to what had been done in the study to ensure the veracity of the results.

Chapter 4

RESULTS

Introduction

The findings reported here relate to the present studies participants' perspectives and attitudes about seeking professional psychological help. The collation of the data results identified patterns and themes that emerged during the study. The importance of giving true and accurate account of the individual interviews and focus group discussions were reported as original as possible when quoting participants. Quotations abstracted from the transcripts were used to conceptualize the participant's perspectives toward seeking help. In addition, minimal explanations were added to quotes with brackets (e.g. "I spoke to him [the counsellor] about my problem…") for clarity so that the reader could identify who the participant was talking to earlier.

Table 3, (following page) shows key themes, and key features about the Samoan students' understanding and attitudes toward seeking professional counseling. To capture the true essence of what the Samoan female students reported in the study, the vast information is arranged into the following thematic sections:

1) The first theme titled "Support Systems" describes how the Samoan students perceive their experiences and how they access help for themselves.
2) The second theme titled "Communication" depicts important issues for the students in a counselling session.
3) The third theme titled "Barriers to Help-Seeking" explains the obstacles and constraints that hinder the personal development of the Samoan students, and how these delay the decision for them to seek professional counselling.

4) Finally, the fourth theme titled "Language" emerged as a distinct unit identifying the Samoan students' perceptions and attitudes.

Table 3.   Key Themes that Emerged from the Interviews

Key Themes	Key Features
Theme 1 **Support Systems**	Family and Friends Church and Spiritual Belief systems Previous Counselling Experience Willingness to access counselling
Theme 2 **Communication**	Trust and Issues of Confidentiality Cultural Competency Interpersonal Relationship Therapist Skills
Theme 3 **Barriers to Help-Seeking**	Shame and Stigma Pride Financial Age and Experience
Theme 4: **Language**	Cultural Barrier Destigmatising Terms Competence in a Pacific Language Use of foreign terminology

The following section will explore the first theme titled "Support Systems". This theme is comprised of four sub-themes: family and friends, church and spiritual belief systems, previous counselling experience, and willingness to access counselling.

THEME 1:   Support Systems

All the respondents in the present study were very open, talking about their experiences and their perceived thoughts on matters about receiving and seeking help. The participants remarked about the importance of having positive attitudes, support networks, and belief systems that assisted and influenced their ability to deal with challenging issues. The 'Support Systems' theme summarises how the elements of family and friends, church and spiritual belief systems, previous counselling experience, and willingness to access counselling provided the participants with the meaning, purpose, and support to maintain a positive approach and cope with and adjust to the challenges that face them as students.

<u>**Family and Friends**</u>

The findings of the present study suggest that participants often prefer turning to family and friends for help in preference to seeking support from a professional counsellor when it comes to their relationships. When asked "Who do you talk to about your problems?" many of the participants reported that their families played a major part in their decision from whom to seek help. For some respondents (8) family was a natural decision. For example, three of the participants said:

> *"....given that you've got heaps of family, there's always someone there to talk to and there's always someone your age, like you know I've so many girl cousins and guy cousins that's my age and we talk about stuff. And if not, then mum's always there - mum and dad. They're pretty open as well. So it's not like I mean, I'm not quite sure whether it's a typical Samoan family but, I can just go and talk to both mum and dad about sex and about boys and pretty much talk to a lot of cousins as well…yeah, I mean I would use them [counselling] if I had no one else to use so yeah…"*

> *"It makes sense to go to your family because they're right there living with you. I believe if the concern or problem is something that you can't resolve on your*

own, then family might be the next option…that's if you've got a good relationship with them. I'm close to my sisters. Being the youngest in my family, I've always gone to my sisters first, because they're older, wiser, and they'll soon put me on the right track. But if I have a problem with my siblings, then I like to have it out with them [laughing]…or talk to mum and dad"

"The other thing is we are Samoans, we have a feeling that we can't open up our difficulties to our families like others. But to me if I need counselling I will go to the member of my family - a sister or brother, somebody that I know. He understands me, he knows me very well, instead of me going to somebody that I don't know and doesn't understand me, because we all have different feelings and different upbringings in our families. Some people you cannot share your difficulty to your parents, but some people have their close friends as family members, instead of going to some people outside of the family. To me I go to my sisters, I go to my brothers when I have difficulties."

Another of the younger participants explained that for her:

"There are a lot of expectations from my parents. Respect is a very valuable thing…I don't want to add to their [parents] already heavy load so I write stuff (shyishly). I write all the time about how I feel…best thing I ever did was keep a journal and write poems (laughing)…it's very un-Samoan."

All participants agreed that their friends were a vital part of their network, and often took the place of family in some problem solving cases. Some participants reported that friends can provide valuable and possibly life saving support. Participants spoke candidly about only involving friends for help. Some assumed that their families would not understand or that they would not want to add pressure on an already stressful situation. The following excerpts describe this:

"For me it's a friend cos if its family, they will talk to someone else in your family then it will go extended. But with a friend its someone you can really connect with, someone who will help you out without adding to family pressures".

"…when there's too many pressures at home the last thing I wanna do is add more strain to the situation, that's why I turn to my friends for some lighthearted support…sometimes my family don't understand where I'm coming from."

"Friends are just as important if not equal to my family. Can't live without my friends. They are part of my being, my present and hopefully my future.…"

"…for the minor stuff I go to my friends. Without them [friends] there is little else in terms of my supports, except if I called the helplines (laughing), which I haven't used yet..but yeah I'd say my friends. My family will always be there for the hard stuff, but there is something about friendships that adds value to my day to day living…um yeah they're like my family too."

In times of difficulties, the Samoan students who were based on the Manukau campus took advantage of the only support network that provided them with encouragement and guidance - their Samoan lecturer. Ten participants agreed when two students commented:

"There needs to be counselling [office] on the Manukau campus. We all go to our lecturer for our problems, and we feel sorry for her sometimes. She is patient and is a good listener, and we're aware that she has enough on her plate and has her own problems, plus she has her own way of thinking,

"… so we need someone that can see us fully from where we are coming from, not someone who can predict things or read our minds"

Two New Zealand born Samoan participants had this to say about their own experience with their parents:

"Its [counselling] never been a topic issue of discussion in my household. I've gone to my parents with a personal problem and they've been so understanding, I don't know why I hesitate so much with them."

"…when there's a problem in my family, my parents make a public announcement (laughing). First they talk amongst themselves, then they call for a family lotu

time, then after lotu, we have a family meeting. Most times its good. Other times,
we all get the lecture for that one person's mistake (laughing). There's no such
thing as a personal concern in my family - issues get discussed openly whether
you like it or not (laughing). That's just the way my parents do things, and their
parents before that I suppose. They are my counsellors, and they probably see
themselves as that...I don't mind y'know, my parents mean well."

While many of the younger participants felt that family and friends were a good source of emotional and psychological support, they perceived that for their parents or the older generation that going to church and praying was a priority and a lifestyle, not only to Samoan families but to the wider Pacific. Many of the participants acknowledged that having a spiritual component to one's life was not to be ignored. The following discussion that follows attests to this.

Church and Spiritual Belief Systems

The Samoan participants shared how they considered their strong sense of spiritual wellbeing contributed to their sense of being internally steadfast and that it was a crucial factor which enabled them to deal with different challenging situations or pressures. Participants had these words to say:

"I think the church plays a lot of different roles when you seek help but for other
problems [e.g. mental illness, gambling, drinking] you do need the professional
help."

"It depends, because not all churches are the same. There are other churches
who provide counselling for people when they come in. There are churches who
provide counselling for adults, there are youth pastors who provide counselling
for the youth. In our church we have programmes like that, we have counselling
for youth and for adults. It depends on the church and the situation."

> *"…yeah that's right churches have different teachings. I'm Catholic. Its like I go to Father and make my confession and lay all my problems…."*

A couple of the students found that having a personal relationship with God was like having a counselling session. Both students described their relationship as:

> *"For me it works…I see the importance of having counsellors and there is purpose for it, but what I have with my God is extraordinary…its personal. I'm getting my one on one with Him [God] and I do feel supported…and of course I talk to people as well…so yeah I have a back up system."*

> *"…its amazing how when you say I have a personal relationship with God, people look at you different, and I know whats going through their minds…different methods for different mindsets…I get a real sense of peace after I talk it out with Him [God]. I have a lot of faith."*

The young participants described how psychological health played an important role in maintaining good health. They added that spiritual health was just as important to them:

> *"It's got to do with everything – you psyche, your emotions, your mental status, your motivation, um your beliefs, and I think coming from a Samoan background you know, the whole church and God is pretty important.*

> *" I was forced to go to church when I was younger and I didn't like it. Then when I became old enough to make choices for myself, I found thatI couldn't do without out God in my life…its like what the other lady said, it's a lifestyle."*

The theme of God and church was revisited often in the participants discussions and this clearly held significance to all the students. As one participant summed up *"Believe what you wanna believe, but believe in something good."*

Previous Counselling Experience

Counseling is a service that can offer guidance for many kinds of personal challenge (Lambert, 1992). As such, it will mean different things in according to different contexts. Many of the participants strongly believe in the counselling profession. However, some of the respondents recognize that not everyone's experience is always positive, as one young mother found out:

> "...I went to see a counsellor when I found out I was pregnant...and I didn't want my parents or family finding out about the pregnancy because I know they would have disapproved, so I thought counselling would be the best choice for my situation as I had considered abortion. In my heart I wanted to keep the baby, but I was getting mixed messages from this counsellor, who suggested that I think about my age and how I'm too young to bring up the child on my own. The way she said it to me, I thought that she meant that I should abort my baby. I almost did it too...because that is how I interpreted her tone of voice...aw I cringe every time I think about it..."

One respondent born in Samoa seemed angry with her experience at a different campus where she was studying before. Her voice was raised further as she spoke more about her experience.

> "In 2006 I was in a separate marriage, and I was a very heartbroken woman. I got two kids and ah my marriage was falling apart and I went to [...] and they I introduced me to go and see the counsellor. And to be honest, I didn't feel any help from them. It was like just sit there and they listen...and they don't say anything else...I leave the room and I think I waste my time."

Another participant described her experience as being awkward as opposed to one of negativity. She explained that the atmosphere in the room didn't sit right with her and that she was not comfortable with the way she was feeling. The participant said:

> "...she [the counsellor] didn't talk a lot so I didn't talk...there was this long pause and it killed me to sit there in silence. I didn't feel comfortable with that so after that session I never went back...what's with that?"

An older participant who had arrived from Samoa held preconceived notions of lying on the couch and pouring her heart out. She thought this was expected of her in her visits to the counsellor. She recalled arriving to her assessment with regret, only to find out that her worries were unnecessary. However the experience she received from her therapeutic sessions were positive.

> "...I was really happy with my going to see the counsellor, not like the T.V they lie down on the long chair (laughing). She really listen to me. She ask me questions. She ask me what I think then we do some exercise on a book...I'm happy."

Only one student from the individual and focus interviews accessed the Health and Wellbeing Counselling service on campus and she said she would happily go again.

> "I'm happy that the service is available and I've used it maybe twice in my first year, twice last year and once this year, so maybe twice a year. I've never done like two sessions in a row. I feel I need to get stuff of my chest and go blah blah blah blah (laughing) and the fact that it's free.

Three other participants also expressed that they have had positive experiences:

> "It was good to off load some stuff."

> "...it helped me to see the big picture of things that were going on in my life."

> "The counselling helped me to change simple behaviours."

One participant who had never done counselling before, commented that her Samoan friend (who was also interviewed for this research), accessed the university campus facility, then the friend would came back to tell of her experience with the service.

> "...one of my close friends goes regularly and she loves it and she comes back teary eyed you know and I just think, see it's being overwhelmed sharing of a

stranger stuff. The last time she went we talked about lots of things. She goes, "oh I got the Tongan lady. And I think wow, there's pacific people in the field and I was really pleased to hear that and she was really pleased too...so yeah she's found it really useful...But you know its encouraging knowing that there's a Pacific person there as well."

Even among those respondents who did not go to counselling, or have someone they could talk to on a regular basis, many of the participants expressed willingness to receive professional counselling whether it was - face to face, via the internet, or telephone counselling. The following sub-theme "Willingness to Access Counselling" highlights some of these discussions.

Willingness to Access Counselling

Counselling is a platform that allows an opportunity for an individual to talk to someone who is trained to help explore one's experiences, thoughts and feelings (Burnard, 2006). People go to counselling for many reasons- a life crisis, problems in relationships, or an issue from the past. It is a safe space to explore what is happening in one's life (Burnard, 2006). For some Samoan women in the research, they reported their readiness for counselling with some hesitation:

> *"okay... if the issue was really... really urgent and I couldn't talk to family or friends about it, then umm maybe I'll consider it but I'm usually pretty good with sorting out my own problems."*

> *"...I'm still just looking for someone for my problem. Sometimes I think I can go and talk to the pastor and then give advice so that I can explain all that's happened. That's so helpful and also friends"*

> *"I've been there once and it was quite helpful for myself especially me and my family when we're in those kinds of situation, arguing and sometimes we fight but its quite helpful for my family...I think it's a good idea to seek help if needed."*

Although over half of the Samoan female students who said they had never visited a counsellor or accessed facilities where professional help was available, the participants were open to discussing and possibly trying different options. Many are aware that Pasifika services are available in their communities, but they have never had the need to go as they did not perceive their problems to be of an extreme nature.

Summary

This section described aspects of the support systems of the Samoan female students which enabled them to positively cope with challenges of student's private life and university lifestyle. Although the participants spoke very highly of the support of their family and friends, almost all the participants agreed that it was their faith in God and their strong spiritual beliefs that helped them through some difficult moments. The Samoan students described their counselling experiences and how helpful and satisfied they were with the various support networks that were available to them, while others highlighted some of the problem areas they experienced in counselling. The following section will now examine the various issues relating to the communication aspect of counselling.

THEME 2:   Communication

How clients perceive their therapists can shape both the meaning and structure of the counselling communication (Burnard, 2006). It is hoped that the client can recount their experiences openly and accurately once there is a genuine understanding between client and therapist. The 'Communication' theme summarises how the elements of trust and issues of confidentiality, cultural competency, interpersonal relationship, and therapist skills presented the participants with an awareness of how to improve effective communication.

Trust and Issues of Confidentiality

Bok (2002) asserts that we should not confuse trust with absolute confidentiality. Honesty, fulfillment of obligation, and demonstrated interest in each other's welfare and best interests are inclusive of trusting relationships. One study reported that confidentiality was the most common ethical dilemma for mental health professionals. This section highlights the Samoan female student's understanding of how trust and privacy can have an impact on their decision to seek help.

Several of the participants described and expressed that their thoughts of going to counselling depended on trust conditions. The following participants explained:

> *"I personally think it will help…It helps you get through things if you have someone to talk to, someone that would definitely keep everything private and confidential…"*

> *"You can go to a person you can trust…like if you go to a person you don't trust you never know eh…cos you never know that person might turn around and rubbish you…"*

"Confidentiality is important. Samoan community is small"

"I think that's the barrier, depending on the person or the counsellor. If you have a counsellor that's faithful to that job, that keeps it confidential that would be good but if you have someone that knows you or someone that knows the situation you're in...that person might turn around and just mention it to someone else know ."

All the respondents agreed that trust and confidentiality was at the top of the list for building effective communication. But for one participant, dealing with trust issues was a risk that she did not want to gamble on. She had this to say:

"um I've been betrayed and hurt in the process because I trusted someone I had only known for four months...aah we hit it off no problem, but one day I took a risk and told her something that was very personal to me, and oh my gosh I felt like a ton of bricks slammed me...I'm more cautious now."

The participants all agreed on one fact - that trust is the cornerstone of building relationships and communication between people, and especially in therapeutic relationships.

Cultural Competency

Sue (1998) defined cultural competence as "the belief that people should not only appreciate and recognize other cultural groups but also be able to work effectively with them" (p. 440). All particpant's were aware of the support and guidance of counselling services but many of the younger participants accessed the Pasifika student networks as a forum to get together. Two participants who have had previous counselling experience commented:

"I got this really nice palagi lady and I felt she really heard me, but that was it, she heard me. But I didn't feel her, you know whadda mean, I didn't feel she truly understood my dilemma...oh that's just me and my cultural thing going on...mmm she was ok, but I didn't go back, I went to the PI services and just hung out there with staff and other PI students."

"...you know it's a sticky situation when you try to explain your culture and how it works within the family, and then she [counsellors] tries to say something to try to support you, but in actual fact it comes out the wrong way, then I get mad because I'm not dissing the culture at all, but they [counsellor] either assume that I am...that doesn't sit right with me."

Other participants stated:

"...to be culturally sensitive like sometimes you can't just generalize everything, you can't expect an islander to like, they might come in with the same problem the last person cam in with but you can't think the same way as treating them same way as you would like say an Asian or something because they're different...completely different, culture wise, ethnicity wise..."

"...yeah you know it's not a one size fits all type thing, so you can't generalize the treatment, because individuals needs has got to be addressed individually."

"You know it's a bit different drawing two cultures together and trying to make that understanding between the two."

Several of the students discussed how culture has significant value to everything that they do. They have the same opinion, that counselling services have a purpose on campus as well as anywhere in the community.

"I think its [counselling services] necessary for all cultures, especially for those who really need the help, otherwise what happens to these people."

"…we all need education on how to culturally provide for each other I reckon."

Another participant 'boldly' said

"In this world to be honest, the people in that kind of job, you know I'm thankful for what they are doing, but deeply inside they don't really understand what the person is going through. I don't think any of this actually help me at all. Only go there just to cry, just to take out all the tears, then after go back into my classroom and the same feeling is still there. "

To sum up this section, one 'wise' student said that it would take more than just attitude to change people's awareness of different culture.

"We [Samoans] are not the only culture on campus. There's muslim, hindu, jewish, christian, gothic you name it. Just because people can train to be aware or sensitive about certain things doesn't necessarily mean we accept cultural difference does it? I think its about understanding the individual person and their uniqueness…"

Interpersonal Relationship

Participants concurred that a good relationship between the person looking for help, and the person giving help can be identified as a key component to a successful counselling relationship. One respondent explained that when she came to the realisation that her relationship with others were based on needs it proved too difficult because her attitude and viewpoints changed towards other people, and vice versa. A married participant with three children defined a menu of attributes for a good relationship:

"A good relationship with the counsellor is a start. Confidentiality is prime. I want to be able to come in and relax and not get rushed into talking then rushed out like some doctors do…do my one hour if that's what it takes. The voice of the counsellor must be warm and caring, not harsh and insensitive...."

One Samoan participant warned:

"If there is no connection or engaging in a session, then you can forget it"

Another agreed saying:

"A rapport is needed to get the session flowing… I'm not interested getting fixed right away…man you've gotta give me time because I don't know you…"

A discussion about how to improve the current services on campus raised some interesting suggestions. The youngest student participant put these thoughts forward:

"…one way of fulfilling the need for students to relate interpersonally with counsellors is employ PI counsellors on staff. Put more pamphlets out in various languages. At the beginning of each year with the new student recruits, counsellors could go out and talk to some of these classes to get some exposure for their service. If there is PI counsellors get them also to get out and promote themselves to the PI students. For example, go to the fono room and meet with students, or talk to PI student services and the Pacific staff etc…let them [people] know who you are."

<u>Therapist Skills</u>

Not surprisingly, study after study has confirmed that the better the relationship between the client and their therapist, the more you'll benefit from therapy. Participants were full of ideas as to what skills and qualities a good therapist should possess:

"Mainstream could learn to be open to other approaches like our pacific approaches...about best practices for Pacific Island students or people?"

"…someone who listens and who has the patience for me. You don't want just giving you advice just for the sake of their job but to give you that key advice that can really help you. Not someone that will just get it over and done with then move on to the next person that they wanna help".

"…you need someone who knows what they're doing, someone skillful, so that people can get well, and so they can feel supported and know how to handle it next tine…"

"The important thing to me is that I speak to someone who can feel the pain that is inside me."

Other participants listed words that came to mind to describe the type of skills or attributes they thought counsellors should possess. These include:

"Supportive, accessible, available, friendly, professional"

"…to step into my shoes, non-judgmental, good communication skills."

"Advice about problems, helper, advisor, mentor, guidance, trusting."

"Good communication, someone honest, trustworthy, a good listener."

"…someone who's relaxed, genuine, sincere…"

One student in particular, expressed her perceived concerns that if she sought professional counselling, the psychologist may have an assumption that she is incompetent to articulate her feelings or needs.

"…you know its like don't speak like that or look like I know nothing. I do know how to speak for myself and I do have some insight of why I'm here. I just need some professional guidance that's all..."

Summary

The participants fully immersed themselves in the dialogue of Communication and were able to clearly identify the key characteristics they perceived to be important components of a successful counselling session. Issues of trust and confidentiality seemed to dominate the participant's discussion. A greater awareness of the respondent's debates about culture, background and bias allowed the participants to report their past experiences to understand something new. It was when the meaning of the message changed that participants felt the communication process was interfered with, thus compromising cultural competency. All of the participants highlighted that having a skilful therapist will help to improve interpersonal relationships.

THEME 3:   Barrier to Help-Seeking

The barriers and obstacles Samoan female students encountered represent the third major theme to emerge out of this research. Accounts of the participant's expectations and disappointments together with the negative incidents that occurred between the students themselves and certain aspects within the university setting, provide the elements for this theme of Barriers to Help-Seeking. The challenges such as, shame and stigma, pride, financial constraints and age and experience are presented in this section.

Shame and Stigma

The effects of stigma play a crucial role in helping to identify the many different types of stigma, and raising the awareness about the damage and pain that stigma, shame and discrimination bring (Larson & Corrigan, 2008). The issues around the shame and stigma associated with going to counselling were recurring throughout the participants' discussions and were seen as a central barrier to seeking help.

> *"The stigma attached to counselling makes me cringe. I know it's a good thing but I don't like to be associated with having a mental problem, even if it's for something so minor."*

> *"…yeah that's what I mean, you know, for me it's like a double edge sword. First, you stress about going to counselling…that's the stigma. Then on top of that there's the shame of the topic you have to talk about…"*

> *"I dunno with me…I just need to get over the first hurdle of being seen going into a counselling place in the first place…dunno why I think like this, It's so stupid (laughing)."*

The young mother (from Theme 1) whose previous counselling experience, who was not so positive for her in terms of enabling her decisions to make decision about her then unborn child, thought about how her actions might effect her family.

> "...But I still considered my cultural background, that it's a shame, and yet it's [the baby] God's gift that I shouldn't be doing that [abortion]. I knew there was no other way but to tell my parents, so I was praying that I would get the right answer. I didn't want my parents disowning me because of the shame of my pregnancy. But now that I've got baby, my parents are over the moon. You know its something that you struggle through the way but when you get there, it's the ending that really matters...you know I'll do anything for my parents."

One older participant who was staunch in her stand about the traditional views that were passed on to her from her parents, and from their parents before that, placed much value on preserving and honouring her family name.

> "In the Samoan culture...well for my aiga (family) especially, there is an expectation to maintain and safeguard the family name that for generations has built up a very good reputation. Now to fail is to bring shame to the family name...you know, for example, Beatrice Faumuina, now she brings great honour to her Faumuina name, but if she had a brother who did something very wrong and it got into the papers, then the Samoan people will think "da di da di da" shame on that family..."

Embarrassment and shame was a common theme amongst some participants. Many agreed that regardless of what people think about counselling or seeking professional help, stigma will always be associated, positively and negatively.

<u>Pride</u>

Exploring the characteristics that shape one's degree of pride about being a Pasifika person also contributed to the understanding of Pacific pride expressed by the respondents. One student explained that because she was the only person in her family to come thus far in her education level, that was something to be proud of, but the other side of pride in terms of asking lecturers for help was a drawback and this caused a barrier in her learning. The following comments, from the participants, illustrate some negative outlooks and how with encouragement the sense of pride remedies many negative interruptions.

"...pride has often got in the way of asking for help in any situation..."

"Pasifika pride...my mums like that and I tell her to lower her pride and get some help."

"Pride is a waste of energy when it hides what the real situation is."

"Now my parents are great examples of pride...they won't ask anyone for anything. If we had just flour in the cupboards...they'd make panikeke [pancakes] the flat and round ones, kopai [dumplings] the next day, scones...you name it...they would rather go without than ask...that's sad but unfortunately it's a reality with a lot of our families."

"They say Samoans are proud people and it's true, but that pride is what gets them hurt in the end...there is good pride and bad pride, and the bad pride is very limiting...not good."

Other illustrations of pride related to the positive outlook, is confirmed by the following explanations:

"None of my friends have humiliated me for going to these services because...ah a) I don't tell them and b)...um... I make it my own business. If I want help I get

help. My parents had no problems with asking for help outside of our family, so
it doesn't bother me. I'm just taking a leaf out of what I see them do."

"I don't care who sees me go to counselling I just go"

"um you know, too many times I worry 'bout what people say here and there…but
I have to stick up for myself and take away the pride and go get some help from
victim support for me and my kids…I feel safe again and happy."

"Pride can either make or break you...so I have to let go of my ego…ouch."

This theme of pride was revisited often in the participant's discussions and clearly held
significance for all the students. *"You wanna see me now"* summed up one participant's
comment, after she removed her pride to receive and accept help.

<u>Financial Barriers</u>

Cost has been a major factor in causing thousands of New Zealanders to defer primary
health care treatment according to a new study by the University of Otago (Jatrana &
Crampton, 2005). Cost barriers make access to primary health care unaffordable for
those with fewer financial resources (Jatrana & Crampton, 2005). Participants reported
that their financial situation would include money to see a local doctor but not
professional counselling as such:

"…I know they [parents] talk to their extended families, but they won't pay money
to talk to strangers about their issues. These are my own assumptions, but then
again they might surprise me and think otherwise (laughing)."

"Definitely money would stop me from going to counselling. Luckily we have free
counselling service at university and at church."

"If the professional psychologists cost the same price as my doctors, then I'll go, but aren't they so expensive?"

Comments made by some of the participants about the effect of direct and indirect costs were genuine considerations for decision making and accessing health care facilities:

"Consultation fees and prescription charges can be quite expensive when you visit a doctor for under 10 minutes."

"It makes me mad that I've had to wait nearly an hour to see a doctor, then he tells you in only two minutes to take a panadol and have plenty rest, then he opens the door for you to exit...what a waste of my time and money."

"Because I'm on limited money already I can't afford loss of wages due to time off while getting care."

"On top of travel and childcare expenses, there's not much money for anything else."

Age and Experience

The focus group participants preferred consulting a professional counsellor of a similar age, and experience. These were underpinned by the desire to minimize embarrassment through discussing their private concerns with someone they felt was likely to have had similar experiences as themselves. The majority who contributed to discussions concerning the barriers of age and experiences were Samoans born in the islands.

"...because I'm a lot older, then I would prefer to have an older person to talk to, not one that has no life experience. I also prefer to speak to a woman. It would be culturally appropriate for me and I would feel more comfortable.

"I want people who know what they are doing. Someone who has the knowledge and know what they are talking about…someone with experience."

"I want them to talk like someone that has been there before…like someone who can tell me their experience. Don't ask me about my feeling, because I get sick talking 'bout my feeling. I want advice…tell me what to do…"

"I found that counsellors here [Auckland University of Technology] usually are middle-aged woman probably in there early 50s-60s and they tend to be quite maternal and that's really cool you know I haven't seen a male counsellor here. I've had a young girl but she was an intern so it was very different…but yeah no I like the fact that they're quite wise and they really care…that it's not just a job but that they care about your wellbeing."

"I want them to talk like someone that they've been there before or like um you know just to say something that would me you feel better.

Summary

A comprehensive view of barriers across a variety of concerns was experienced by all the Samoan female participants. Issues of shame and stigma included awareness of being labeled and associated with a mental problem and being seen accessing the counselling facilities. Discussions of pride, and age and experience created emotional barriers, while financial barrier was a common topic of conversation for some of the students. Language is another popular topic of discussion, featuring various issues relating to the aspect of counselling. This final theme is explored further in the following section titled "Language."

THEME 4: Language

Cultures provide people with ways of thinking - ways of seeing, hearing, and interpreting the world. Sometimes the same words can mean different things to people from different cultures, even when they talk the "same" language. When the languages are different, and translation has to be used to communicate, the potential for misunderstandings increases (Conflict Research Consortium, 1998). The elements of the theme 'Language' that emerged from the respondents stories are the sub themes of cultural barrier, destigmatising terms, competence in a pacific language, and use of foreign terminology.

Body Language

Body language is the unspoken communication that goes on in every face-to-face encounter with another person. Each culture has its own rules about proper behavior which affect verbal and nonverbal communication. Whether one looks the other person in the eye-or not; whether one says what one means overtly or talks around the issue; the proximity of people standing next to each other when they are talking - all of these and many more are rules of politeness which differ from culture to culture (Conflict Research Consortium, 1998).

Participants explored characteristics and expressions of body language which they viewed were important factors for counsellors to pay attention to. One participant recalled her dislike of people talking very closely to her. She found the proximity of another person to be irritating and invading of her space. This made her feel smothered and very uncomfortable. Other respondents commented:

> *"I find myself taking a step or two back when people get too close because I like to have space between me and the other person."*

> *"My personal space is very important"*

"...I don't relate very well to in-ya-face people."

Many participants felt that it was important for counsellors to be aware of their own body and facial expressions, when talking to Pacific Island people. A few reported their sensitivity towards any body movement that seemed negative:

> *"I'm the sort of person that likes to have someone's full attention. The minute I see there eyes wandering off or looking down at their wrist to see the time, I get annoyed and then lose my interest, because they look to me, that they lose interest in me...then all I want to do is hurry it all up and go."*

> *"I can't stand it when I walk into a room or greet someone nicely, and then all I get is someone who has a frown on their face...man that just makes me wanna turn around and get outta there."*

> *"...yeah, that puts me off if I go to get some help and they have no smile on their dial, because that's the first thing I look at when I greet people. That's how I judge for me if my session is going to start off good."*

Several respondents laughed as they told of their experiences about people who stare or gaze for too long. One of the mothers who participated in the research, shared how she would take her glasses off when she goes to see her case manager because he had a tendency to fix his eyes on her when talking. The student said that by taking off her glasses, she didn't feel too intimidated because she couldn't see his eyes. Other participants surfaced with more of their stories:

> *"I can't handle it when my lecturer looks deep into my eyes and walks around and her eyes are still on me. I try to outstare her but she's too good alright (laughing)..."*

"I get embarrassed sometimes because I thinking, oh my gosh...I don't want all that attention..."

"I look away when that happens...I mean, there is staring and there is staring. I'm cool if you give me a few seconds of glancing but don't fix your eyes on me...that's just too freaky and off putting."

Destigmatising Language

Stigma points out an individual as being different, and evokes some form of sanction. Illnesses can often be the stigmatizing characteristic. Stigmatising beliefs may product in discrimination against people with such illnesses. For people with mental illness, stigma is the largest single obstacle to improving their quality of life (Sartorius, 1998). According to Merriam-Websters Online Dictionary (1973), destigmatise means to remove associations of shame or disgrace from mental illness.

Being labeled and taunted were identified features that affected the way some individuals perceived themselves. As one participant explained:

> *"...I remember being called ulu valea (crazy in the head) growing up if I did silly minor things. To them [adults] it was nothing but a phrase and maybe a laugh, but to me I hated it, because it was hurtful and embarrassing...other kids would tease me with the name and I'd go into a big rage...nope [shaking her head] I never call my kids that name because I remember how it made me feel. I think adults should listen to themselves sometimes...no wonder kids act out what they [adults] say...it's a trigger to why I sometimes don't seek help..."*

Several participants argued that efforts to destigmatise perceptions of illnesses could be made more aware of and should be addressed in the Samoan communities, and the wider Pacific communities. Some comments to support their discussion include:

"…those ads on T.V are really good with John Kirwan and his depression."

"I think the media plays a negative and a positive role in the way people sometimes think about mental illness…"

"…too many movies portray bad people with mental illness as psychos and murderers…"

"There are good programmes like 60 Minutes and 20/20, and those other documentaries, that educate the public about mental illness which is good."

One participant suggested that maybe through media and other resources, ongoing removal of stigmatizing language (for example, "crazy pots", "loony bin", "psycho", and "snap out of it") could be replaced with more friendly, non-judgmental language that puts all vulnerable people in a more positive light.

Pacific Language

Language barriers often go hand-in hand with cultural differences, posing additional problems and misunderstandings in the workplace or other environments. When a person speaks little English, he or she can be intimidated and frustrated trying to communicate with English-speaking professionals and visa versa (Thiede, 2001).

A competency and fluency of speaking a Pacific language was regarded very highly amongst the participants. For the fluent Samoan speaking students in this research, spoken Samoan language was of great importance in order for communication effectiveness and breakthroughs.

"…we need some counsellors who know how to speak the language. If English is a second language, have a translator. Some people have problems but can't explain it in English because it's too difficult. If language was used then I would definitely use the counselling service."

"It's a hard one eh…like culture. Culture is more than just what's in the books. …language, like you gotta have an understanding of language and who you're talking to…cos even though we all live in New Zealand its just not the same. We all go to the same uni. We all get the same information, but we all process it differently because of here we come from. So if I were to go and seek a professional counsellor, I'd probably want to speak to a Samoan, like you know, a counsellor who has similar background as me. I'm not saying that because some palagi won't understand. But they won't understand fully.

Although language was perceived by the participants as vital to one seeking help, others were quite content with going to someone who looked like Pasifika, but not necessarily a Samoan.

"It's good to have a mixed culture anyway. Because both pakeha, they only know the pakeha way. They don't understand the island way anyway. But I believe if it was a Maori or Rarotongan, or one of my people. I believe they will understand what I was going through…"

"If the counsellor was a different culture like a Niuean or Tongan, then yes I'll go to them, because they just like Samoans…different…but the same you know…"

"…as long as I get someone to listen to me that's good, but if I get a Samoan counsellor born in New Zealand, and she or he doesn't speak the language, that's ok too, but I would advise that she or he learn the language, you know just a few basic stuff…"

"As a Samoan woman, I would value the opinions of professional people because they are trained and educated, well they should be. I think the value would be far greater if Samoan counsellors can cater for Samoan clients, by way of language…or someone with a pacific background. Then I might use the services.

I have to come away from the mindset that counselling is just for the palagi cos its not."

Technical Language

The words people use in their daily lives can reveal important aspects of their social and their psychological worlds. The ways people use words convey a great deal of information about themselves, their clients, and the situations they are in (Robinson & Giles, 2001).

An older participant described her childhood experience of witnessing her parents sit through an appointment for her father in hospital. Her parents would nod to words without understanding what was being communicated to them. The experience was traumatic for the participant who felt very sorry for her parents:

> *"Me being one of the few having watched dad, who had a stroke, yeah he found it really stressful, and I think just feeling really alienated with the language thing. For me observing as a child, my parents didn't understand the clinical lingo that was being used on them. Being New Zealand born and raised I understood, but for mum and dad it was huge...it was foreign. I felt sorry for them. They were like saying yes to things they didn't even understand. And I was like no don't do that, you know, but I was just a young person and I wasn't the adult. I kind of realized it was really traumatic for them. It was really traumatic for me just watching them. But I just thought, all that conversation was lost in translation, and there was no one to translate for my parents."*

The participant's perception towards counsellors using technical jargon drew some hesitancy from the participants to seek further help. Almost the entire respondent's indicated that it was more effective for professional therapists to use plain non-confusing language.

"I've experienced doctors using medical jargons on me, and I just look at them blank…and go ok?"

"…y'know sometimes they go on and on with the big words, then when they sum up the problem, they say I've got a broken bone…that's all I need to hear. They just need to speak plain English so that I can understand."

"You know those words like bipolar and schizophrenia…what's that in Samoan?

Summary

A selection of different types of language emerged across a range of concerns for the Samoan female students. Issues of body language included unspoken communication such as personal space, eye contact, and facial expressions. Discussions of destigmatising language included discrimination towards people with mental illness and the fear of being seen to associate with a counselling facility. Participants argued that there should be more public awareness to destigmatise perceptions and educate society about such illnesses.   Regarded highly, was the agreement amongst the Samoan students who placed competency and fluency in Samoan speaking as very important to the breakthrough of communication barriers. Finally, the use of technical language and jargons emerged from the research with suggestions from the students to keep the communication language plain and less confusing.

Summary of Findings

This chapter presents the results of data analysis. A total four themes and 16 sub-themes emerged from the responses of six Samoan female undergraduate and postgraduate students interviewed, and one focus group consisting of nine Diploma of ECE Education students interviewed at an Auckland university. The themes and sub-themes mostly

reflect participants' understanding and attitudes toward seeking professional counselling, factors affecting participant's decision whether or not to seek counselling, feelings and expectations related to seeking counseling.

The findings also included respondents' previous counselling experiences and the effect of their experiences on their attitudes toward seeking counselling and their willingness to access these services if professional help is needed. The majority of the participants reported preferences to see a Samoan or Pacific Island counsellor, or a counsellor who will understand their cultural background. The findings maintain that family and friends a major source of support for the participants, but more importantly, it was their faith in God and their strong spiritual beliefs that helped them through some difficult times.

Most of the participants were aware of and demonstrated a degree of understanding about the key characteristics they perceived to be important components of a successful counselling session, while issues of trust and confidentiality dominated the participant's discussion.

Chapter 5

DISCUSSION

The aim of this study was to use qualitative inquiry to explore the opinions and attitudes of Samoan female students', in a New Zealand university, towards seeking professional counselling. There were three research questions guiding this investigation: 1) What are the perceptions and attitudes of Samoan female students' toward seeking professional counselling? 2) What concerns do the Samoan female students' have in help-seeking decision making? and 3) What expectations do students' have in a counselling session?

Snowball sampling was utilised to recruit self-identified Samoan female students, at a New Zealand university, of at least 20 years of age. To accomplish this task a semi-structured interview was used. Individual interviews were conducted with a total of 6 Samoan women and one focus group consisting of nine Samoan women.

As a result of an inductive analysis of the data originating from the interviews, four themes emerged: Support Systems; Communication, Barriers to Help-seeking, and Language. These themes captured the range of opinions, perceptions, and feelings held by Samoan female students in terms of professional counselling, their own expectations of a counsellor and the counselling sessions, and what motivates the students' decision to seek professional help. The following sections will summarise and discuss the study results in three areas: 1) attitudes toward seeking professional counselling; 2) factors discouraging professional help-seeking; 3) Expectations for counselling and counsellors

Attitudes toward seeking professional counselling

The attitudes of Samoan female students toward seeking counselling were diverse in this research study, particularly in their beliefs about the effectiveness of counselling. Almost all the students believed that counselling would be useful, if they had a severe psychological problem or disorder that needed serious attention. Still, other participants

doubted the helpfulness of counselling, especially when they viewed issues such as emotional and financial stress, academic and career struggles caused by heavy work and course loads. However, participants who believed that counselling would be helpful had positive counselling experiences or had faith in mental health professionals who were perceived as having more expertise in their field, than the lay person. These attitudes may be credited to participants' lack of knowledge about the effectiveness of counselling; they neither had their own counselling experience nor seen others in their family or social network seek counselling.

Consistent with previous findings, studies have indicated that women tend to have more positive attitudes regarding seeking professional help (Fischer & Farina, 1995). Furthermore, Cook (1984) found that female university students had great potential interest in counselling than males, while a study by Greenley and Mechanic (1976) found that being female affected generalised help-seeking behaviours of university students. Specifically among students, female students tend to be more accepting, than male, to seek psychotherapy (O'Neil et al., 1985). Although this finding is generally robust (Cook, 1984; Dadfar & Friedlander, 1982), it is not universal (Hale & Tyson, 1978; Webster & Fretz, 1978).

The attitudes of the Samoan female student's toward professional counselling were also represented in their acknowledgment of needs for seeking counselling. Typically, the students in this current study had never sought previous counselling - nor did they feel that they needed counselling, but said that they would only seek counselling for serious problems. Pride for some participants was the root of why they might not access counselling, as there is a belief that one can solve their own problems. The result of this finding is consistent with various studies that report that for clients, it is common to try a variety of things to resolve their problems before seeking counselling (Howard, Cornelle, Lyons, Vessey, Leuger, & Saunders, 1996; Saunders, 1993; Wills & DePaulo, 1991). Bohard and Tallman (1999) asserts that people will try to 'self-heal' using methods similar to the things that counsellors might suggest as homework, to solve their problems (Saunders, 1993).

Although Samoan female students in this study typically reported a lack of need for counselling themselves, they were not entirely against seeking professional help. Whilst several respondents stated that they were undecided about whether or not to seek counselling even if they thought they needed help, others reported being willing to access counselling if they had serious issues that they themselves could not solve. Many of those who reported being willing to seek professional counselling believed that counselling would help. Even the participants who stated that they might question the effectiveness of therapy were willing to try counselling if needed. The reports that support this finding indicated significant unmet need for individuals with mental disorders, with only 39% of people with a mental disorder visiting health services over a 12 month period. Some people with mental health issues saw the problem as fixing itself (New Zealand Mental Health Survey, 2006).

Reportedly, the support systems of the Samoan female participants enabled the students to positively cope with the challenges in their private life as well as their university life. Although the participants spoke very highly of the support of their family and friends, all the respondents agreed that it was their faith in God and their strong spiritual beliefs that helped them through some difficult moments. Some of the participants reported how they considered their strong sense of spiritual wellbeing contributed to their sense of being internally steadfast, and that it was a crucial factor which enabled them to deal with different challenging situations or pressures. The young participants reported that spiritual health was just as important to them as psychological health, as they agreed that both play an active role in maintaining good health. This finding is consistent with Mokuau (1990) who states that spirituality is a core value among the health beliefs of Pacific Islanders. Having a personal relationship with God through prayer was more meaningful to some respondents, as they saw this as having a one on one counselling session with Him (God). This is consistent with Culbertson (2007) who states that prayer as a dialogue with God is often the first port of call for a family or individual in need of pastoral care.

Concerns and factors discouraging professional help-seeking

Samoan female students spoke about a variety of concerns (e.g. shame and stigma) and factors (e.g. cost and time), that would influence their choice about whether to ask for counselling or not. For some of the participants the most frequently stated motive for avoiding psychological help were issues around the shame and stigma associated with going to counselling. Since research focusing on the mental health of the Samoan and Pasifika population is limited, the statistics for hospital admission support the view that Pacific people delay or avoid seeking treatment from mainstream psychiatric services. One reason for this delay is that the values inherent in the 'western' mental health system may be viewed negatively by Pacific people. Deane and Chamberlain (1994) supports this finding, describing social stigma as the fear that others will criticise a person negatively if she or he sought help for a problem, therefore is regarded by others as less socially acceptable (Vogel, Wade, & Haake, 2006).

The participants who expressed their fear of being labeled 'ulu valea' or 'mental head' expressed that the name-calling was more hurtful and embarrassing to them than accessing the professional services. Being labeled and taunted were identified features that affected the way some participants perceived themselves. One student in particular said that the impact of negative labeling in her childhood often left her raging and unable to cope. This finding is supported by researchers who have found that being labeled a "former mental hospital patient" led to greater social rejection than was true for someone with no such label (Link, Cullen, Frank & Wozniak, 1987). Sartorius (1998) also stated that for people with mental illness, stigma is the largest single obstacle to improving their quality of life.

Language and cultural concerns were highlighted by the participants as another obstacle to seeking help. Several of the students stated concerns about communicating in English especially when trying to articulate and describe complex feelings. Thiede (2001) states that language barriers often go hand-in-hand with cultural differences, posing additional problems and misunderstandings in various environments. Some participants who speak

little English also found that trying to communicate with English speaking professionals such as doctors and lecturers can be intimidating and frustrating (Thiede, 2001).

Although students in the current study were aware of the free counselling service on campus, it was the lack of money that students reported as a deterrent to future psychological help-seeking. The participants reported that the effect of direct and indirect costs (travel expenses, and loss of wages due to time off work) were genuine considerations for decision making and accessing the health care facilities. This finding is consistent with Mahoney's (1997) finding that the most common reason for reluctance to seek professional help was concern about the financial investment. The anxiety for most of the students was the affordability of psychological counselling in general.

Expectations for counselling

Cultural competency was an important issue of discussion among the Samoan female students. Participants reported that to be culturally sensitive one cannot generalize everything, and expect a Pacific person to fully understand the ways of another culture, and vice versa, because it is not a one-size-fits-all type outcome for the individual. Research supports that there is sometimes a conflict between the value of some minority cultures and the values that are intrinsic to counselling (Root, 1985). For instance, some cultures hold a value that the best way to cope with problems is to avoid thinking about them or dwelling on them (Cheng, Leong, & Geist, 1993). Supporting this, cultural values, beliefs and norms can affect the perceived barriers to using professional services. Seeking professional help may be viewed as inconsistent with certain cultural values (Diala et al., 2000).

A greater awareness of the respondent's debates about culture, background and bias allowed the participants to report their past experiences to understand something new. It was when the meaning of the message changed that participants felt the communication process was interfered with, thus compromising cultural competency. Sue (1998) defined cultural competence as "the belief that people should not only

appreciate and recognize other cultural groups but also be able to work effectively with them" (p. 440).

All of the participants reported that having a skilful therapist will help to improve interpersonal relationships. Participants listed a description of features to describe attributes they thought a good counsellor should possess. These include: good rapport, confidential, engaging, patience, helper, advisor, mentor, guidance, trusting, available, friendly, professional, empathic, non-judgmental, understanding, genuine and sincere, and accessible.

Bachelor's (1995) work has contributed to the understanding of the therapeutic relationship from the clients' perspective. There is association between client perspectives and existing theoretical components of the therapeutic relationship. Bachelor (1995) was able to show, for instance, that clients differentiated the factor of counsellor empathy into the variables of listening and understanding. These were described as a quality of felt presence, genuine interest, and a sense of the counsellor being absorbed in their world. Understanding was experienced as an accurate identification or interpretation of meaning. Both listening and understanding were key components in the experience of empathy and warmth from a client's perspective (Bachelor, 1995). Therefore, we can conclude that new and valuable information results from research, which focuses on the client's perspective.

Limitations

The first limitation is the sample size. While the sample size is appropriate for this exploratory study and providing an opportunity to gain insight and better understanding of perceptions and attitudes of Samoan female students at a New Zealand university does not allow for broad generalizations to be made. However the themes and elements identified by the respondents may provide a starting point for further exploring the perceptions and attitudes of other students from ethnic backgrounds dissimilar to the dominant palagi culture of the university environment.

Secondly, the fact that this study was researched and completed at one university was also a limitation. While all universities in New Zealand will have many features in common and will tend to reflect the main socio political environment, this does not necessarily mean they have the same wider institutional practices and processes. There may be differences in levels of support available to Samoan or Pasifika students and although it can be assumed, like all students they will have to undergo a period of adjustment, the experiences associated with this may be different.

Third, the study is limited to the degree that it is based on one set of data obtained by one researcher. Even though the main researcher tried to account for her biases and expectations throughout the process of data collection and analysis, it is possible that her interests and perceptions uniquely influenced the aspects of investigation, such as the formulation of the interview protocol which in turn may have affected the data collected.

Fourth, although participants reported that using English did not restrict them from communicating their opinions and ideas, three respondents stated that if they spoke Samoan, their expressions would be more vivid. It is possible that using English instead of Samoan affected the richness of the language and the robust results, given that the qualitative data is about words.

Future Research

Several openings for future research are presented through the findings of this study. Initially, this study was to explore the perceptions and attitudes of Pacific Island students towards seeking professional counselling. When the researcher approached the participants for this study, the Pasifika women said yes immediately. However, the Pasifika men were reluctant to be interviewed (as soon discovered when three men failed to show up for their confirmed time of interview). Therefore, it would be interesting to explore Samoan or Pasifika men and their perceptions and attitude toward counselling.

Both qualitative and quantitative research can contribute to this topic. For example, qualitative studies may help to gain in-depth understanding about the similarities and differences between international and New Zealand student views and experiences related to seeking counselling. Quantitative study can examine the group differences between international (or Pasifika) and New Zealand student needs for types of counselling services or perception of the effectiveness of services provided by their university counselling centres. Quantitative can also generalize to a larger population. Furthermore, while doing qualitative research, future studies may use the traditional Talanoa methodology, which is a popular and preferred means of communication that captures the traditions and protocols of the Pacific Islands.

More importantly, while this study provides a voice for Samoan women, the importance of these findings cannot be fully appreciated, unless the whole picture is revealed. In order to achieve this, the male and matua (elder) viewpoints and attitudes towards the current findings are suggested as necessary in order to do justice to the concept of seeking professional help.

<u>Conclusion</u>:

The aim of this small exploratory study was to gain an in-depth understanding of the opinions and attitudes of Samoan female university students toward seeking professional counselling. The study also inquired about factors discouraging professional help-seeking and participants' expectations for counselling.

The desire of these students to have their voices heard, radiated from the interviews as they identified events, people, and other factors in their lives that impacted on their perception or attitude towards seeking professional counselling. Four major themes emerged from this data. These were 'support systems'; 'Communication'; Barriers to Help-seeking' and Language. Each theme identified elements or sub-themes that typified these experiences and provided insight into those factors that they perceived as helpful, as well as the factors and influences that hindered or served as obstacles to seeking help. The main conclusions of this study are that:

- Participants were diverse in their attitudes toward counselling, particularly in their beliefs about the effectiveness of counselling.
- Participants who believed that counselling would be helpful had positive counselling experiences or had faith in mental health professionals who were perceived as having more expertise in their field.
- Participants reported that to be culturally sensitive one cannot generalize everything, and expect a Pacific person to fully understand the ways of another culture, and vice versa, because it is not a one-size-fits-all
- Language and cultural concerns were highlighted by the participants as another obstacle to seeking help. Several of the students stated concerns about communicating in English especially when trying to articulate and describe complex feelings.

The Samoan students willingness to engage in this study, illustrates the importance of incorporating the cultural values and worldviews of this community of students and

teaming together as partner in research to continue to explore their ways of thinking, knowing, and communicating. Respect, a core Samoan value that grounds Samoan people (and other Pasifika people) in their understandings of the world, saturated this study.

These findings are useful for university health professionals in terms of providing or promoting counselling services to Samoan students. The study also contributes to multicultural counselling literature by addressing a population that is understudied.

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Consent Form

AUT
UNIVERSITY
TE WĀNANGA ARONUI O TAMAKI MAKAU RAU

Project title: **The Opinions and Attitudes of Samoan Female University Students Toward Seeking Professional Counselling**

Project Supervisor: **Dr Marcus Henning**

Researcher: **Hana Asi-Pakieto**

○ I have read and understood the information provided about this research project in the Information Sheet dated 15 September, 2009.

○ I have had an opportunity to ask questions and to have them answered.

○ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.

○ I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.

○ If I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.

○ I agree to take part in this research.

Participant's Signature:..……………………………………

Participant's Name:...……………………………………

Participant's Contact Details (if appropriate):
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Date:

***Approved by the Auckland University of Technology Ethics Committee on** type the date on which the final approval was granted **AUTEC Reference number** type the AUTEC reference number*

Note: The Participant should retain a copy of this form.

Consent Form

AUT
UNIVERSITY
TE WĀNANGA ARONUI O TAMAKI MAKAU RAU

Project title: **The Opinions and Attitudes of Samoan Female University Students Toward Seeking Professional Counselling**

Project Supervisor: **Dr Marcus Henning**

Researcher: **Hana Asi-Pakieto**

○ I have read and understood the information provided about this research project in the Information Sheet dated 15 September, 2009.

○ I have had an opportunity to ask questions and to have them answered.

○ I understand that identity of my fellow participants and our discussions in the focus group is confidential to the group and I agree to keep this information confidential.

○ I understand that notes will be taken during the focus group and that it will also be audio-taped and transcribed.

○ I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.

○ If I withdraw, I understand that while it may not be possible to destroy all records of the focus group discussion of which I was part, the relevant information about myself including tapes and transcripts, or parts thereof, will not be used.

○ I agree to take part in this research.

Participant's Signature:...……………………………………

Participant's Name ....……………………………………………………

Participant's Contact Details (if appropriate):

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Date:

Approved by the Auckland University of Technology Ethics Committee on *type the date on which the final approval was granted* ***AUTEC Reference number*** *type the AUTEC reference number*

Participant Information Sheet

AUT
UNIVERSITY
TE WĀNANGA ARONUI O TĀMAKI MAKAU RAU

Talofa Lava, Kia Orana, Fakalofa Lahi Atu, Malo Lelei, Ni sa Bula, Taloha Ni

Dear _____

My name is Hana Asi-Pakieto. I am completing a Master of Health Science degree, at the Auckland University of Technology, in the Department of Psychology. I am interested in learning more about the beliefs and opinions of Samoan women at University in search of professional counselling.

I am inviting you and other Samoan women students at AUT to participate in this study and I would appreciate any assistance you can offer me. Participation is entirely voluntary and your free choice. If you do agree to participate in the study you have the right to withdraw at any time, without having to give a reason. There will be no costs to you for taking part in this study. There are also no financial benefits for you for taking part in this study.

The following questions and answers may help you decide whether you wish to be involved in the study. If you are interested in participating, you are requested to sign the enclosed consent form.

What is the purpose of this research?

The purpose of my research is to explore the attitudes and perceptions of Samoan female students at a university in New Zealand, towards seeking professional counselling and to understand more clearly the issues and beliefs among Samoan women towards specialised help.

How are people chosen to be asked to be part of this research?

I will personally approach Samoan women who are studying at AUT to see if they would like to participate in this project, and also ask if they know other Samoan women (20 years and over), who may be interested in taking part. Volunteering participants will be chosen for this research, providing they meet the criteria for the study.

What happens in this research?

There will be two parts to this research:
Part A: The study will begin by conducting individual interviews with the eight volunteers. The individual interviews will be conducted in a quiet room on the AUT Akoranga campus. The interviews will be conducted in English, and should take no more than half an hour. I will ask you open-ended questions that will allow you to talk as much or as little as you want about the topic. This interview is voluntary so you are free to leave at any time, and you have the right to withdraw any information up to the completion of collecting data.

Part B: One focus group with eight Samoan female students will follow two weeks after the individual interview. This will involve encouraging free sharing and discussion of your thoughts, feelings, attitudes and ideas on the themes that have emerged from the analysis of the individual interviews. It will also provide an opportunity for you to learn more about a topic or issue.
I will initially go through a review of the agenda, a review of goal of the meeting and ground rules. You will also be asked to introduce yourself to the group, followed by questions and answers, and finally wrap up.
In the focus group, you can talk as much or as little as you want about the topics. An audio tape will be used to record the focus interview. As with the individual interview your participation in the focus group is voluntary so you are free to leave at any time, and you have the right to withdraw any information up to the completion of collecting data.

What are the discomforts and risks? How will these discomforts and risks be alleviated?

The exposure of personal details in the interviews or focus groups may bring out some anxious emotions, which could pose emotional or psychological risks. You may also be known to each other, and issues of confidentiality will be addressed at the outset when you and other participants are selected and reiterated in the group at the start of each focus group meeting.
You will be encouraged to choose what level of disclosure you personally feel comfortable with, and are not obligated to answer any questions that you do not want to respond to
However if after participation you express the desire to access counselling you will be referred to the Health and Counselling Service within the university or Pacific Support Services, depending on your preference.

What are the benefits?

This research will be used to inform and provide educators, counsellors and the learning teams at AUT, with an understanding of the background and behaviour of Samoan students, thereby aiding them in guiding them towards higher achievement. I hope that you will enjoy the group experience and appreciate the opportunity to share of knowledge, ideas and experiences with each other.

How will my privacy be protected?

All the information you present in the interview and the focus group will be completely confidential, and your name will not be used in the research. In the focus group you will be asked to respect the confidentiality of the group. You will sign a consent form that includes a confidentiality clause verifying that your identity and any issues discussed will remain confidential.

What are the costs of participating in this research?

There will be no cost to you for taking part in this study, other than your time. Participation in this project should take no more than half an hour for each individual interview.

How do I agree to participate in this research?

If you are interested in participating, you are requested to complete and sign the enclosed Consent Form. Otherwise you can notify me on email: hana007@xtra.co.nz

Will I receive feedback on the results of this research?

Yes. All participants will be given the possibility of learning about the findings of the research. Results will be summarised and disseminated via a report to be written by the researcher.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Marcus Henning, m.henning@auckand.ac.nz, phone 373 7599 x 87392

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTEC, Madeline Banda, Madeline.Banda@aut.ac.nz, 921 9999 ext 8044.

Who do I contact for further information about this research?

Researcher Contact Details:

For further information regarding this research you can contact me via email: hana007@xtra.co.nz or mobile 021-251-2545.

Project Supervisor Contact Details:

Dr. Marcus Henning
Senior Lecturer
Faculty of Medical and Health Sciences
University of Auckland
Phone: (09) 373 7599 x 87392

Approved by the Auckland University of Technology Ethics Committee on _____

 AUTEC Reference number _____