Ko e tangi fai mei he ate

Conceptualising deliberate self-harm amongst young Tongan women in Auckland, New Zealand

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Abstract

The words of my ancestors bring to light the heart of this research, *Ko e tangi fai mei he ate*. *Tangi* means to cry and *ate* is a plant that is often seen of no significance and importance. The *ate* prefers to grow in isolated areas and conditions. The spirit of *Ko e tangi fai mei he ate* is a cry from a concealed place'. The cry is usually in isolation, concealed, silenced, suppressed, and entails pain and suffering where no-one has access, apart from the person crying.

This study focuses on deliberate self-harm, a global phenomenon and increasingly a concern in Aotearoa New Zealand. Deliberate self-harm is often a hidden behaviour within Pacific communities. Aside from the immediate and potential physical harm it can cause the body, the psychological, social, and cultural consequences associated with deliberate self-harm deserve attention, especially the effects on young people and their families. Studies showed that Pacific peoples are three times more likely to be at risk of behaviours associated to deliberate self-harm. This increases their risk of poor mental health with links to deliberate self-harm and suicide.

Much has been debated about the term deliberate self-harm and other terms used interchangeably, and the inconsistency can be problematic in gaining a clear understanding of the issue. Studies demonstrate that there are cultural differences in understanding deliberate self-harm and its influencing factors need to be understood to develop effective intervention.

There has been no research to explore a Tongan perspective of deliberate self-harm. Current knowledge about factors influencing youth deliberate self-harm is limited. While studies have recommended focusing on the voices of youth, this has not been done. I decided to focus this study on the Tongan population and on the experiences of female youth. This research applied a non-clinical perspective within a community sample. Research questions for this study were:

- What are young Tongan women's experiences and understanding of deliberate self-harm?
- What cultural factors impact deliberate self-harm and how?
- What strategies can help prevent deliberate self-harm behaviour and acts?

This study captured the voices and deliberate self-harm experiences of young Tongan women between the ages of 16-30 years living in Auckland, New Zealand, and the voices of practitioners in the field. A qualitative methodology of phenomenology was used, guided by the *Kakala* research framework and the cultural method of *talanoa*. Findings revealed that there was a deepened understanding of deliberate self-harm from a cultural perspective grounded in the young women's Tongan culture. Tongan language and concepts were directly distinguished in their descriptions of the internalisation of harm and externalising of harm. Some of the risk factors for deliberate self-harm were influenced by tensions within participants' Tongan worldview and the

daily New Zealand world they live in. I suggest that clinical implications to practice involve frameworks and models responding to cultural needs, with an invitation to practitioners to rethink through cultural lenses their practice and engagement with young Tongan women who are at risk to deliberate self-harm.

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Glossary of Tongan words

akonaki	to teach, to give instruction or counsel (of moral, and religious teaching or values)
anga fakatonga	Tongan behaviour, Tongan customs, Tongan manners
'api	home/ family
'atakai	environmental
'atamai	mind, understanding, intelligence
fale	house, family
fa'e	mother
fahu	one's father's eldest sister, may take great liberties with one's belongings
faitotonu	*doing the right thing*
fāmili	family
fakafe'iloaki	round of introductions
fakalelei	to mend, repair or improve
fakamā	causing shame
fakamamahi	to cause pain or sorrow
faka'apa'apa	respect
fakalilolilo	secretive or mysterious
fakasesele	mad
fatongia	duty of care
fa'u	to bring into existence, construct, to put together
fofola e fala	rolling of the mat
fonua	land, country, place, territory
hiva	song, music
kakala	sweet smelling flowers, garland of flowers
kātoanga	festival, celebration
koloa	wealth, riches, possessions
koloa 'a e Tonga	given treasures of Tonga
kolo	village, town, or city
kumi	to look for, to seek
lavea	to be wounded, injured, or damaged
laumālie	spirit, soul, mood, essence of, wellbeing (chiefs)
lilo	hidden, unseen
loto	mind, heart, desire
lotu	to pray, to worship, religion, church, devotion, service
luva	to gift, to give away proudly, to garland someone else

mafesi	to break or be broken
makafetoli'aki	to make use of one another's possessions
mala	misfortune, bad luck, or suffering as a result from wrongdoing
mamahi	to be painful, to hurt, to suffer pain
mamahi'i me'a	to remain loyal
me'atokoni	to share a meal, food
me'a'ofa	present, gift, reward
mālie	a movement of warn current that energise the process of *māfana*. A process that can enable Tongans to transform their psyche (subconscious, and inner self) and thinking
māfana	warm, warmth, being moved, spiritually moved
mamahi'i me'a	commitment, devotion, deep sense of loyalty
mamani	global
nofo 'a kāinga	the dwelling together of Tongan families
ngāue	to work
ngāue fakataha	working together
ngāue fetokoni'aki	mutual helpfulness
ongosia	to be tired, exhausted, or weary
ouau 'o e loto	appurtenance of the heart
'ofa	love, kind, fond of, compassion, generosity
'ofa fonua	love of country
'ofa kihe tu'i	love of King
'ofa 'Otua	love of God
pele	especially beloved or favoured
pelepelengesi	sacred
punake	poets
potungaue talavou	youth group of a church
sino	body
taautaha	individual
ta'anga	poetry composition
talanoa	to talk, to converse, to speak, to tell a story
talaloto	a 'testimony of constructed knowledge or lived experience'
talangofua	obedience
tala e fonua	story of the land
tala-tukufakaholo	Tongan histories from stories, tradition, culture, and genealogies
tauhi vā	relationships
taumu'a	goal, intention, or purpose
tautea	punishment

tauhi vā	to maintain relationships, to preserve duties reciprocally
tā	to hit, strike, beat
teu	to prepare, to get ready
toli	to pick flowers, to pick fruits, to harvest
tuku fonua ki langi	A God given land
tui	to thread, to make by threading
ʻulu	head
ʻulungaanga	behaviour
vahevahe	to share between two or more
vā	distance between, distance apart, relationship, towards each other
veitapui	to keep away from each other, sacred relationship

Glossary of non-Tongan words

kaupapa	principles and ideas which act as a foundation for action
koha	a gift, or donation
mea'alofa	gift, or a principle of gifting
rangatahi Māori	Māori youth
Te Ao Māori	Māori worldview
wairua	essence, spirit
whānau	family
whakawhanaungatanga	making connections
whakamārama	to enlighten
whakapiri	to engage
whakamana	to empower

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 acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed:

‘Aulola He-Polealisi Fuka Lino

Dated: 15/03/2021

Dedication

To Edward George ‘Apeli He Lotu Lino, you are the rhythm that beats my heart. This thesis is a product of hope, one day you will understand the sacrifices we have made as a family. May you continue this legacy so that you inspire your children and grandchildren to change lives through education.

To the man who works quietly and tirelessly behind the scenes, the one who make ends meet at home while I get every opportunity to write. My rock and husband – Sifa Lino. This work is as much yours as it is mine. You have fulfilled your promise to my dad, we did it!

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To those whom I may have missed, please accept my humble apologies and accept a big *mālō ‘aupito e tokoni.* May God continue to bless you always!

‘Ofa atu mo e loto hounga’ia mo’oni.

In loving memory of Catherine ‘Ofa Finau

‘A hoto napa’alilo ē
‘Ete manatu atu’
‘A e fiefia kuo mole
‘A e taha kuo alu’.

Ko koe ‘a e fungani ‘o e fāmili’ mo e motelolo ‘o e feohi’, ka kuo vaetu’ua he tafenga vai ‘o taimi’. ‘Oku tupulaki pea ‘ā’āsili ‘a e ‘ofa, neongo e puli si’o fofonga’. Ko’eni kuo tauala ‘a e feingā, pea ‘oku ta’inasi ‘i hono melengā’, he ko e tapuaki ia mei ma’ananga ‘o fakakakato he tama tauhala’. Toka ā si’oku ‘ofa’anga, kae hoko atu si’eku fononga’. Ko e siate folau ia ‘a e ongo laione mahanga’. Ko koe mo au na’e sila’i pea fakama’u ‘o toki fetaulaki ki he ‘alofi ‘o e hau.

Finding my voice has been a journey of self-discovery, wish you were here to hear it!

Ethics approval

The ethical approval reference number 17/335 for this research was granted by Auckland University of Technology Ethics Committee (AUTEC) on the 31st October 2017. Amendments to this ethics application was also granted on the 9th June 2020.

Chapter 1: Introduction

Background of the study

In 2015, my Master's thesis concluded that Tongan youth (specifically women) engaged in deliberate self-harm leading up to suicide attempts (Fuka-Lino, 2015). The same year, a national study explored the post suicide experiences of bereaved Tongan families who reflected, in hindsight, concerns that their loved ones had thought about and practiced self-harm before their suicide (Tiatia-Seath, 2015). Youth suicide had been a concern since my time in practice as a registered social worker in a clinical Mental Health team. I saw an increased number of young women coming through the doors post deliberate self-harm. Some Tongan women experienced mental health related issues motivated by psychosocial circumstances. What caught my attention was their family associating deliberate self-harm with attention seeking. In addition, my interest was influenced through my engagement in the Pacific community. Tongan young women secretly shared with me their struggle and suffering relating to deliberate self-harm.

I knew my research had to continue. It did not take me long to determine three questions for this PhD thesis. 1) What are young Tongan women's experiences and understanding of deliberate self-harm?[1] 2) What cultural factors impact on deliberate self-harm and how? 3) What strategies can help prevent deliberate self-harm behaviour and acts?

Deliberate self-harm is a common, yet misunderstood behaviour and is of serious concern for families, communities and for the provision of health services worldwide (Evans et al., 2005; Hawton et al., 2006; Long Manktelow & Tracey, 2013). Aside from the immediate and potentially permanent physical damage that deliberate self-harm can cause to the body, the numerous long-term psychological, social, and cultural consequences associated with deliberate self-harm deserve attention, particularly the effects on youth, their families, and communities. Deliberate self-harm refers to infliction of bodily harm, this will be discussed later in this chapter.

The international prevalence of deliberate self-harm in Europe indicates that one to four percent of adults engage in deliberate self-harm at some point in their lives whereas 13 to 24 percent of young people would do so (Nock, 2010). Similarly, deliberate self-harm trends and patterns continue to be an issue young people face in Aotearoa New Zealand (Clark et al., 2013; King et al., 2009; Ministry of Health, 2015). For example, official data provided by the Ministry of Health (2015) reported over 3,000 deliberate self-harm hospitalisations in Aotearoa New Zealand. Of these figures, approximately two thirds were female. The New Zealand youth survey (Clark et al., 2013) found that Pacific youth are more at risk of engaging in deliberate self-harm behaviours. While there is minimal qualitative research that generally shows Tongans are an at-risk group to

[1] *Young Tongan women refers to female in the age range of 16 – 30 years old.*

deliberate self-harm (Sinisa, 2013; Tiatia-Seath, 2015), women and vulnerable groups such as Rainbow youth and those associated with low mood and suicide attempts have higher rates of deliberate self-harm. Many of this group would not have sought help (Teevale et al., 2016).

Muehlenkamp and colleagues (2012) proposed in their systematic review that there may be cultural differences in understanding the phenomena of deliberate self-harm, including influencing factors to develop effective intervention. Further, it was suggested that a Pacific understanding of at-risk behaviours, including deliberate self-harm, may differ from a Western perspective (Beautrais et al., 2005). Most recently, studies have recognised the value of cultural knowledge and factors such as spirituality and cultural obligations as being integral to understanding deliberate self-harm (Government Inquiry into Mental Health and Addiction, 2018; Kingi, 2018; Dash, 2015; Mendiolla, 2011; Farrelly & Francis, 2009). In sum, current knowledge of deliberate self-harm is limited; further, current knowledge does not account for the views and voices of Tongan youth, more importantly, for Tongan young women. The field of deliberate self-harm is well researched, but a large proportion of the deliberate self-harm literature is from a medical perspective that is often treatment-orientated in focus (De Leo & Heller, 2004; Hawton et al., 2006). Therefore, this research will be focused on a cultural view, currently absent from the literature.

A major challenge to research is the interchangeable terms used to describe deliberate self-harm, because this inconsistency can be problematic in gaining a clear understanding of the issue. Terms vary, especially in the approaches undertaken to treat deliberate self-harm (Fortune, 2006; Latimer et al., 2013; Lundh et al., 2007). The available studies provide multiple perceptions, conceptualisations, and constructions of deliberate self-harm, many connected to psychiatric conditions and treatment within psychiatry and psychology (Fortune, 2006; Gratz, et al., 2002; Greydanus & Shek, 2009). There is a gap in the views and/or perspectives of those who do not access medical or psychiatric services. There is a need for knowledge and understanding from a non-clinical/non-medical perspective.

While attention within policy and strategies is given to suicide, deliberate self-harm is acknowledged within the literature to be distinct from suicide attempts, although it has been identified as a potential suicide risk factor (Muehlenkamp & Gutierrez, 2007; Plener et al., 2009). Deliberate self-harm will have its own causal factors and effects, which may or may not relate directly to suicide.

Theorising deliberate self-harm

There are several theories that describe deliberate self-harm which are relevant for this thesis. I discuss first the constructivist theory, then the psychodynamic theory, and finally, the biological reinforcement theory.

The constructivist theory describes how the individual learns through observation and experience. Deiter and Pearlman (1998) proposed that deliberate self-harm is associated with traumatic experiences shaped by cultural and social contexts. The individual's capacity to maintain a sense of connection with others as a result, influences their affect regulation and self-worth. For example, a young woman had experienced punitive, verbal, physical abuse. She starts to constructively develop a feeling of low self-worth. The outcome is she may not learn to develop and/or internalise love for others and may not learn a sense of connection to others. The individual reverts to deliberate self-harm, feeling unworthy and isolated.

The psychodynamic theory suggests that deliberate self-harm can be described as 'acts with unconscious meanings, communications that convey in action repressed thoughts, feelings and fantasies that cannot be allowed into consciousness or put into words' (Yakeley and Burbridge-James, 2018, p.39). For example, an individual may have negative childhood experiences and may not be able to communicate his/her feelings. There might be fear of abandonment. Deliberate self-harm is used to express these tensions. In deliberate self-harm, the body is used as the instrument for communication. It is seen as a map for marking the internal dynamics of relationships with self and others.

The biological reinforcement theory shows that most individuals who deliberately self-harm are dysphoric, depressed, and they are usually sad (Crowell et al., 2008). Feeling sad is associated with low serotonin, which is the chemical in the brain that assists us with our mood, feelings of wellbeing and happiness. When there is low serotonin, there is a likely increase in depression, anger, and in self-harm behaviours (Evans et al., 2000). Cutting increases endorphins, for example, just like someone who runs marathons experiences the runner high. Similarly, when people cut themselves, they also feel this high because the natural endorphins in our body release the good feeling. For some, the cutting reinforces feeling better.

Positioning

Locating myself within this research is important. I have decided to open with Konai Thaman's poetry, "The choice of my parents". The choice of my parents introduces the importance of identity, aspirations, and cultural duties:

> You come clad in your fine mats and tapa cloth
> Your brown skin bursting with fresh perfumed oil
> YOU, the choice of my parents.
> You will bring them wealth and fame
> With your Western-type education
> And second-hand car.
> Yet you do not know me, my prince
> I fit your plans and schemes for the future.
> You cannot see the real me
> My face is masked with pretence and obedience

And my smiles tell you that I care
I have no other choice

The priest has left the altar now
And the dancing has begun;
I see myself dying slowly
To family and traditions;
Stripped of its will and carefree spirit,
Naked on the cold and lonely waters
Of a strange family shoreline
Alienated from belonging truly.

I love as a mere act of duty
My soul is far away
Clinging to that familiar ironwood tree
That heralds strangers
To the land of my ancestors.
I will bear you a son
To prolong your family tree
And fill the gaps in your genealogy.
But when my duties are fulfilled
My spirit will return to the land of my birth
Where you will find me no more
Except for the weeping willows along the shore.

(Thaman, 2000, p. 13)

My name is ‘Aulola He-Polealisi-Fuka Lino. I am a Tongan woman born to Tongan parents who migrated to Aotearoa New Zealand. At the age of seven, my parents, grandmother and two of my siblings arrived here in pursuit of better opportunities. I am the second eldest of seven children, four (including me) were born in Tonga and three were New Zealand-born. We were fortunate and blessed to be raised by our grandmother, who continued to ground our behaviour and experiences in the Tongan way of life through exchanges of narratives on the mat and by attending church and family events.

The move to New Zealand was very challenging, especially trying to understand and fit into the culture and new ways of being. Like other migrant children I knew, I encountered constant battles in my childhood and adolescent years, inside and outside of the home, in pursuit of trying to find my place as a Tongan-born woman. On reflection, I was convinced that the suffering was influenced by pressure to fulfil my family’s aspirations of leaving home, Tonga, and settling successfully into this new place for the betterment of our family. At that time, I was clouded with all the negativity of life and blamed those close to me for all the struggles, tensions, conflicts I felt, and for living in poor conditions in comparison to the rest of the population. I found myself being angry at everyone else and at the world and blamed anyone when things were going bad in my life. These experiences heavily shaped my growth and development as a young person and became the many signposts I chose to get to a particular destination. The tensions undertaken in my journey became the motivation for choosing a career in social work practice, with the intent

to work with those who had similar experiences and to bridge the differences between youth (in particular, women) and their families.

In my professional capacity as a Social Work practitioner in Mental Health, I had the opportunity and privilege of working with Pacific women who inflicted physical pain -deliberate self-harm- on themselves as a way of coping with emotional pain. There were those whose emotional pain was to the forefront and recognisable, and who accessed the services available. On the other hand, there was a group of Pacific women, specifically Tongan, who were not known to services, and whose emotional pain was based on feelings of hate towards the self, and keeping the pain hidden from other people. The sad and disheartening reason for keeping their emotions hidden centred on not wanting to burden parents and those whom they loved. They felt they were not deserving of help. Their focus was to help others.

Even though exposure to the infliction of pain was common in my professional capacity, deliberate self-harm was not discussed openly, especially in the personal spaces I navigated. This was very complex and was very different for each individual, as it was often camouflaged in underlying suffering. I started to see that the model of care and frameworks used to work with those at risk of deliberate self-harm did not align culturally. During this time, I was fortunate to attend a conference hosted by the Health Research Council. Dr Mason Durie gave the opening address, focusing on the theme of transforming communities with research. He introduced me to three concepts, *whakapiri* (to engage), *whakamārama* (to enlighten) and *whakamana* (to empower). Durie highlighted that communities held their own solutions to address the discourses and disparities of health. As a result, I found the courage to think about exploring perceptions and experiences of deliberate self-harm.

My interest in the field of deliberate self-harm and the desire to gain a Tongan women's perspective grew while completing my Master's fieldwork. I was also influenced from practicing in the field of Mental Health, and I had found that if Tongan women were not heard and listened to, this contributed to increased risk and vulnerability to hurting themselves (Fuka-Lino, 2015). Results from the Mental Health and Addiction inquiry 2018, reported Pacific communities highlighting that the current medical system and frameworks are not addressing the culture needs of vulnerable Pacific people (Government Inquiry into Mental Health and Addiction, 2018). Moreover, other studies recommended the central importance of including young people's voices in planning, improving, and evaluating services in the field of deliberate self-harm (Fox & Butler, 2007; Worrall-Davis & Marino-Francis, 2008). Additionally, the gaps identified within the literature and through ongoing discussions with colleagues within the field of Mental Health, Education, Justice, and amongst the Tongan community, youth, parents, and academics, reinforced the importance and significance of this research. These discussions emphasised a lack

of knowledge and understanding about cultural factors, which might impact on reducing deliberate self-harm strategies, making it hard to find ways to address this issue.

The place and meaning of culture

This research integrates cultural understanding associated with Tongan young women's experiences of deliberate self-harm. It seeks to uncover how these cultural understandings have impacted on Tongan women living in Aotearoa New Zealand experiences of deliberate self-harm.

Culture has multiple meanings and can be described and interpreted in various ways. For many, culture is conceptualised from different lenses across disciplines and ethnicity (Jahoda, 2012). In my practice, I am always curious and interested about how people see and understand culture and what stories and ideals have shaped their realities and the way they see themselves in this world. People often reference their understanding of culture with words such as: religion, language, dance, art, gender, ethnicity, food, music, and so on. However, there are always those who consider that they believe culture is much more than that. They emphasise that culture is also about the things that we cannot see, like beliefs and values. Culture embodies the things we see as well as the intangible things.

UNCESCO (2011) described culture as the shared beliefs, values, and characteristics of a group. These characteristics encompass the spiritual, intellectual, and emotional elements of that group, and their systems and traditions. Culture also covers laws, customs and the guardianship of any territory attained by a member of society. Edgar Shein suggested that culture is learned, shared, dynamic, systemic, and symbolic (Coghlan, 2021).

Geert Hofstede referred to culture as 'software of the mind'. The mind "carries within him or herself patterns of thinking, feeling, and potential acting which were learned throughout their lifetime" (Hofstede, 1991, p.4). Similarly, Senge (1990) argued that culture is a way in which individuals and groups secure themselves into a particular way they view the world. People are coded to act or behave in specific ways, just like a computer. There are conscious and unconscious learnings over time, which turn into beliefs that can modify or control behaviour.

Kroeber and Kluckhohn (1952) proposed that culture is a learned behaviour, containing blueprint characterising symbols, behaviours, and ideas. Swidler (1986) saw the value of culture being learnt through social interaction, as a result from observation, sharing and participation in ceremonial events, stories, and traditional practices.

Keesing (1974) linked culture to the importance of heritage and people's identity in any given society. The role of identity in cultural beliefs, particularly with regards to local customary idioms such as social systems, is essential to maintain (Sahlins, 1999). Culture may also embrace spirituality (Kozymka, 2014). Culture is not static, it is a dynamic process that evolves in time

and space (Bourdieu, 1989; Nash, 1990; Vygotsky, 1978), as in Bronfenbrenner's (1979) ecological model.

For this research, I use UNESCO's definition of culture, due to its inclusion of spirituality:

> Culture comprises the whole complex of distinctive spiritual, material, intellectual and emotional features that characterize a society or a social group. It includes not only the arts and letters but also modes of life, fundamental rights of the human being, value systems, traditions, and beliefs (Voi, 2000, p. 217).

Significance of this study

This research has significant value for several reasons. Firstly, this research deepens and enhances understanding of deliberate self-harm from a youth perspective, specifically the voices of Tongan young women. Exploration of the phenomena of deliberate self-harm provides insight and assists with identifying factors that are important in understanding deliberate self-harm. Further, recognising constructs of deliberate self-harm among Tongan young women can contribute to positive engagement and intervention, which can lead to positive consequences.

Secondly, this research applies an ethnic-specific approach and cultural understanding (Puna, 2013; Tiatia, 2003; Tiatia-Seath, 2014; Vaka, 2014). Literature highlights the importance of gaining a cultural perspective of deliberate self-harm (Dash, 2015; Farrelly & Francis, 2009; Mendiola, 2011). This research applies a cultural lens, drawing on the understanding that people do things for reasons that matter to them. These differing practices may be differently interpreted within different cultures, and differently lived. Hopefully, the research findings can contribute to ensuring that deliberate self-harm prevention, interventions and postvention support are culturally responsive.

Thirdly, this research identifies elements that may contribute to the development of a cultural framework and/or tools to recognise and address at-risk behaviours among Tongan young women and offer a cultural perspective that continues to optimize Pacific Health and Wellbeing in New Zealand (Turia, 2014). This will add to the existing body of knowledge and literature that is predominantly epidemiological investigation from a mainstream perspective. The findings will inform policy and practice (Beautrais et al., 2005).

Defining deliberate self-harm

Definitions of deliberate self-harm are presented comprehensively in Chapter 3, the Literature Review. Prominent researchers (Hawton et al., 2006) defined deliberate self-harm to include any act of self-injury or self-poisoning regardless of motivation or intent to die. Favazza (1998) described deliberate self-harm as socially acceptable. Gratz (2001) argued that it was socially unacceptable to damage one's own tissue without the intent to die (Gratz, 2001). Deliberate self-harm can be viewed as unacceptable in nature because society deems this as not the norm.

The behaviour of deliberate self-harm can be seen as intentional because there is a reason for the individual's engagement in this behaviour. Research shows that there are multiple and complex reasons but understanding the phenomenon can be quite difficult because the focus tends to be on the behaviour as opposed to the underlying issues (Magnall & Yurkovich, 2008). Some people become fearful of self-harming behaviours because they are not able to understand them. When we don't understand something, it is natural for humans to have fears. Our fear and our reaction also impact on the people experiencing deliberate self-harm and can further isolate them.

Deliberate self-harm encompasses many different behaviours: cutting, burning, scratching, picking at scabs which do not heal properly, putting objects under the skin. For the purpose of this research, I will use the definition of deliberate self-harm as outlined by Dash (2015):

> Deliberate self-harm is an intentional act of inflicting harm to the physical, mental, or spiritual self that serves separate functions from suicidal intent. Deliberate self-harm behaviours can include both direct and immediate self-injury as well as direct forms of self-harm causing long-term negative consequences. These behaviours include alcohol and drug misuse, gambling, self-starvation, and risk-taking behaviours. Additionally, deliberate self-harm includes intentional harm to the spiritual or the mental self, including deliberate disconnection from spiritual faith and holding negative self, cultural and life perspectives (p.119).

Overview of thesis structure

This thesis comprises of a further nine chapters. In Chapter 2: Context - Tonga the homeland and Tongans in the diaspora, I present information central to a Tongan worldview, highlighting customary ways and practices. This chapter provides insight and understanding to social structure, systems and behaviour that is practiced by Tongan diaspora in New Zealand.

In Chapter 3: Literature Review, I interrogate the existing literature using my three research questions. This chapter is organised into three sections, drawing on literature describing the understanding of deliberate self-harm; the factors that contribute to deliberate self-harm, and strategies to prevent deliberate self-harm.

Chapter 4: Research Methodology and design discusses the use of qualitative phenomenology and *talanoa* as research methodologies, using the *Kakala* Research Framework. In this chapter I reflect on the strengths and weaknesses of the use of focus groups and interviews in my fieldwork and consider any challenging ethical issues.

Chapters Five, Six and Seven contain the findings from the focus groups with Tongan young women, as they specifically address the three research questions in this thesis.

Chapter 8: Findings 4 – Practitioner's voice, is organised into three parts. The first part focuses on the understanding of deliberate self-harm. The second part draws on practitioner's perspectives

on factors that contribute to deliberate self-harm. Finally, the chapter surveys practitioners' views on strategies and interventions that assist in the recovery from deliberate self-harm practices.

In Chapter 9, the discussion chapter, I present my interpretation of the Findings chapters, drawing on the voices of the young Tongan women and practitioners, in themes that relate the findings to the literature, to theories of deliberate self-harm and cultural understanding from the Tongan worldview.

Chapter 10: Conclusion contains comments on the limitations of this research, and recommendations for further research.

Summary

Chapter One has outlined my interest in this topic, positioned as a Tongan woman, but also as a social work practitioner who had previously worked with Tongan young women who had engaged in deliberate self-harm. Theories of deliberate self-harm have been introduced with the definition that will be used in this research, along with a brief discussion on culture and the definition employed to conduct this study.

In the following chapter, I discuss Tonga the homeland, and Tongans in the New Zealand diaspora, to give insight into the Tongan worldview and how this is enacted in Aotearoa New Zealand.

Chapter 2: Context – Tonga the homeland and Tongans in the diaspora

This study aims to explore Tongan young women's understanding and experience of deliberate self-harm. It is important to set the context and *fofola e fala* (rolling out of the mat) to locate the *anga fakatonga* (Tongan customary ways and practices) and the shifts in thinking pre- and post-migration. The rolling out of the mat is an invitation to see and understand the many cultural strands that weave through the daily life experiences of Tongan women and girls. Further, it positions Tongan women participants in relation to who they are, where they have come from, and the principles and values they hold dear.

Durie's words heighten the purpose of this chapter: "The ways in which people think and feel are often a reflection of the culture within which they have been raised" (Durie, 2002, p,19). Equally important, I strongly believe that young Tongan women's understanding, and experience of deliberate self-harm are influenced by their environment and social context. Therefore, it is important to understand the cultural background and knowledge that gives meaning to my participants' lifetime journeying.

This chapter is presented in two parts:

- The first part focuses on the homelands of Tonga, a Tongan worldview and the values and practices which underpin the *anga fakatonga*.
- The second part reviews some of the available data about the experiences of New Zealand's Tongan community, including what is known about deliberate self-harm.

Part One: Tonga *koe fonua anga'ofa* (Friendly Isles)

The Kingdom of Tonga is known to most as the Friendly Islands. This name was given by Captain James Cook in later 1773 because it resonated with the spirit of the Tongan people which he believed to be based on their *'ofa kihe tu'i* (love of King) and *'ofa fonua* (love of country). The Kingdom of Tonga is located in the South Pacific, alongside the neighbouring countries of Fiji, Samoa, Wallis and Futuna, New Caledonia and Vanuatu, and 2000 kilometres northeast of New Zealand. Tonga is the only constitutional monarchy in the South Pacific region and has an estimated population of 105,812, the majority of which are young people (Tonga Statistics Department, Ministry of Health, 2018). Tonga has experienced a high level of out-migration, largely to New Zealand, Australia, and the United States of America.

Tongan people are well known for their Tongan heart as reflected in their popular proverb, *Tonga mo'unga ki he loto* which translates as "the mountain of Tongan is within their heart". Translated, this means that everything can be overcome by Tongans because of their strong heart. For the

purpose of this thesis, I refer to *Tonga mo'unga ki he loto* as 'a Tongan's strength lies within one's heart'.

Tuku fonua ki langi – A God given land

Tongans have a profound love, loyalty, and commitment to their spiritual faith. To understand this, one must travel back in history to realize the place and value of faith in their daily life and the influence of faith on the *anga fakatonga*. The act of '*tuku fonua ki langi*' signalled a momentous era in Tongan history, namely a sacrificial act made by King George Tupou I at Pouono, Vava'u in 1875. By this act, King George Tupou I uplifted and dedicated Tonga and its people to God to be the protector and guardian of its people. *Tuku fonua ki langi* is what bought Tongans together and unified them as one (Fusitu'a, 2015). The well-known Tongan proverb: "*Koe 'Otua mo Tonga ko hoku tofi'a*" translated as "God and Tonga are my inheritance" originated from this day, as he took a handful of soil and made this declaration.

Tala-Tukufakaholo 'o Tonga (Histories, stories, traditions)

Behaviour and ways of being are learnt and passed on within our families. The term *tala-tukufakaholo* refers to Tongan histories as told through our stories, traditions, culture, and genealogies, as in the term *tala e fonua* (story of the land) and through the perspective of people (Latu, 2017). These stories mark our genealogy.

Tala 'o e fonua encompasses the social constructs of Tongan society including behaviours, practices and systems that are shaped and influenced by the *koloa 'a e Tonga* (given treasures of and values of Tonga). The concept *koloa* means treasure (Taufe'ulungaki, 2015), I have used the term *koloa* here to stand for the core beliefs, values and thinking that are central to, and underpin, a Tongan worldview. As described by Taufe'ulungaki (2015), aspects of the Tongan worldview are reflected in knowledge, work, and history, each of these being celebrated in Tongan *ta'anga* (song/ poetry compositions), which are about the Tongan language, people, land, ocean, and faith in their God(s). Woven together these separate elements give meaning to what it means to be a Tongan.

Fuka-Lino (2015) sums up *tala 'o e fonua* as the way of being and/or ways of becoming that merit *tapu* (sacredness) together with the interconnectedness of all things. *Tala 'o e fonua* gives prominence to the importance of people, family and community, and relationships. Each of these key concepts will be discussed because they give meaning to the understanding and experiences of being Tongan.

Importance of people

All peoples have a creation story that explains their beginning, existence and lineage, and ancestral connections. In sum, the Tongan worldview tracks back to *ko hai au*? Or who am I? The

Tongan creation story can be told in different ways depending on whether one is looking through a pre or post Christian lens. Even though the church has a significant place in defining what is truth and right today, prior to Christianity Tongans believed in the existence of spiritual beings who held customary knowledge that was central to their culture (Havea, 2015). The Tongan worldview acknowledges the sacredness of how things are connected and related to each other. It is the sacredness of people and their relationship with the Gods, which is conveyed also in the relationship between people, and with the monarchy, the nobles, and the commoners. Tu'itahi (2009) described the concept of a sacred relationship as:

> Maintaining a sustainable, harmonious, and balanced relationship with nature and one's fellow human beings, both at the individual and collective levels, illustrates the spiritual dimension of fonua. Since the introduction of monotheistic religion, Tongans re-conceptualized the spiritual dimension of fonua to include God, the creator of the universe (p.14).

Family and community

Fāmili (family) and community play a critical role in the Tongan world. The term *fāmili* is a direct translation from English and refers to the immediate family. It is common for Tongans to use the term *kāinga* when referring to the extended family. Members of the *nofo 'a kāinga* (the dwelling together of Tongan families) can consist of family, blood-related or those affiliated from the same village, or purely connected through being Tongan. For example, I remember my brother living in Japan and every Tongan he encountered during his stay he referred to as his *kāinga*. My brother's interpretation functions on the belief of relationship and connection to Tonga as the *fonua* (land). This example reinforces to me the idea that the Tongan society is socially and culturally constructed. Also, that this focus is based on the collective, on the good for all as opposed to the individual good. Tongan thinking operates on the belief that when the family is looked after, so too is the individual. In my view, the *anga fakatonga* highlights and emphasises the paramount importance of *fāmili* and *kāinga* in the Tongan society.

The value of tauhi vā (relationships)

The *vā* is literally known as the social spaces or relationship among people (Ka'ili, 2005; Thaman, 2004). Tongan people use the term *tauhi vā* to explain the process and practice of caring for and protecting these spaces and the relationships embodied in these spaces. My study acknowledges that the concept of *tauhi vā* (relationships) is at the heart of the Tongan worldview and the kinship structure. *Tauhi vā* outlines patterns, connections and how people relate to one another within spaces (Ka'ili, 2005). Similarly, Samoan researcher Wendt (1996, p.5) stated that the *vā* is "not space that separates but space that relates, that holds separate entities and things together in Unity-that-is-All, the space that is context, giving meaning to things". Therefore, as applied in my research, *vā* is the interconnected spaces that link one's knowledge, beliefs and being.

The *fonua*

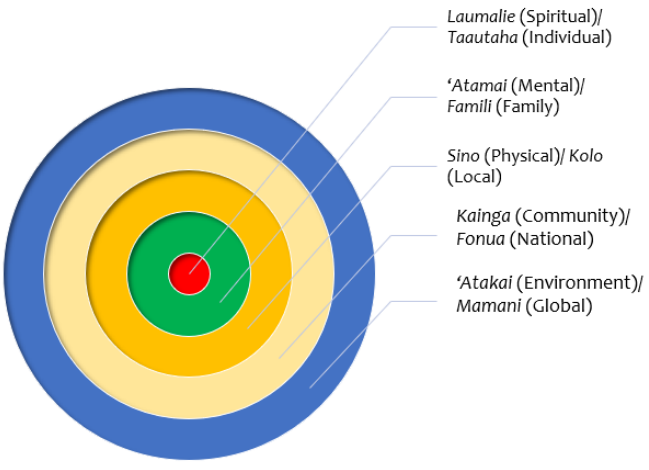
The concept of *fonua* is key to the Tongan world, its elements are important to Tongan people and their culture (Tu'itahi, 2007, 2009). *Fonua* has been interpreted in several different ways. For example, as described by Fuka-Lino (2015), *fonua* refers to land, country and territory, and the people of the land. *Fonua* can also mean *fa'itoka* or grave and can refer to the placenta or the afterbirth of a new-born. Finally, *fonua* can mean land and people but most critically, the ongoing relationship between them (Ka'ili, 2005; Manu'atu, 2005; Tu'itahi, 2005).

The *fonua* model, developed by Sione Tu'itahi (2009), is used in the health sector to define the concept of wellbeing through a Tongan lens. Tu'itahi proposed that Tongan wellbeing consist of five dimensions: *Laumālie* (spiritual)/ *Taautaha* (individual); *'Atamai* (mental)/ *Fāmili* (family); Sino (physical)/ *Kolo* (local), *Kāinga* (community)/ *Fonua* (national) and *'atakai* (environment)/ *Mamani* (global) (see Figure 2.1).

In the Tongan world, values and beliefs influence *'ulungaanga* (behaviour) and social organisation. The *fonua* model highlights two major points, both relevant to this research. Firstly, the Tongan world is holistic, and decisions made consider the relationship between the mind, body, and soul. Secondly, the *fonua* model gives central importance to the good for all as opposed to the individual good.

Figure 2.1

Fonua: A model for Pacific health promotion



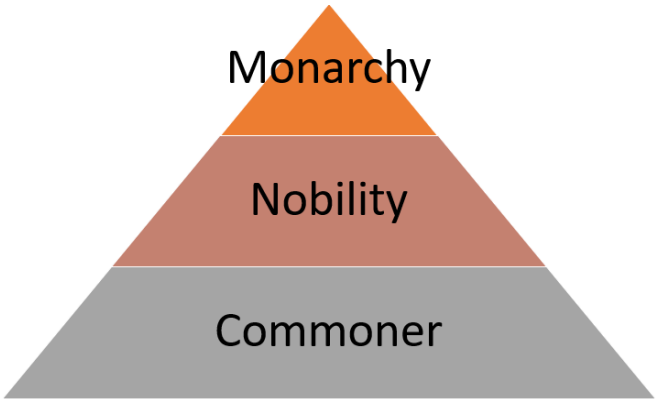
Note. From Tu'itahi. (2009)

Tongan social structure

The Tongan social structure underpins family and community and emphasises appropriate behaviour and how relationships are reinforced. Traditionally, and today, the Tongan social system is hierarchical, and contains three layers ascribed by birth (Fuka-Lino, 2015). The first layers are for the *Tu'i mo hono fale* (King and his house or Monarchy). The second layer is allocated for the *hou'eiki* (nobles), and the third layer refers to the *tu'a* (commoners) (see Figure 2). This pattern of social stratification is unique and defines in turn how actions are undertaken including the way people relate to each other (Kalavite, 2010). For example, the language used when addressing the monarch is different to that used when communicating with a noble or a commoner. These communication systems firmly delineate expectations within the *anga fakatonga*, including things which can be said or talked about and things that cannot be said.

Figure 2.2

Tongan traditional social structure



Note. Adapted from Kalavite (2010).

Nofo 'a kāinga – social organisation

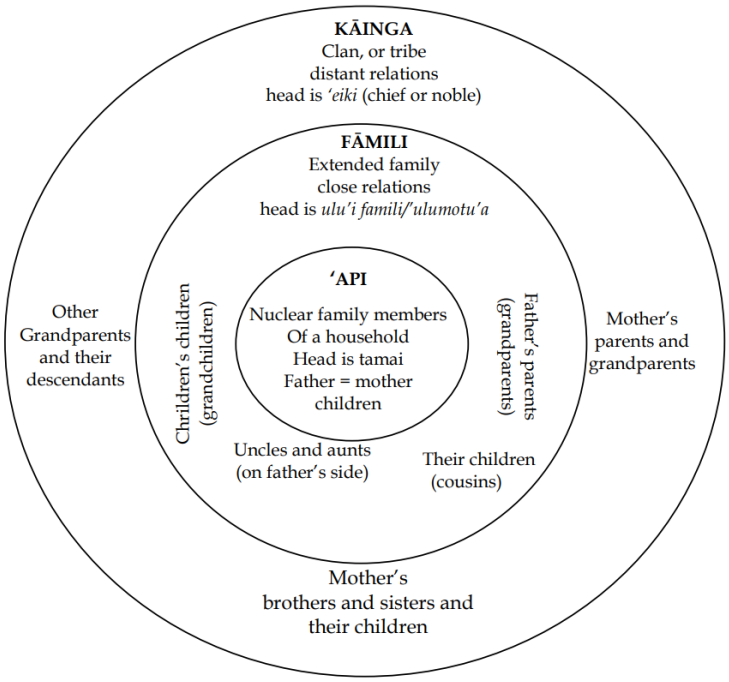
The *kāinga* is a concept that refers to the extended family and includes the in-laws. The *kāinga* is at the heart of the Tongan social organization. Traditionally, a phrase commonly used in society is '*koe nofo pe 'a kāinga*' (the dwelling within the family or the core of the kinship circle). This phrase signifies that the *nofo 'a kāinga* is at the core of the Tongan social organisation and of the *mo'ui fakatonga* (Tongan life). The *nofo 'a kāinga* is culturally aligned to the *anga fakatonga*. Within the *nofo 'a kāinga a* context, individuals are born into their place and socialised into their roles in society from birth. It is within the *nofo 'a kāinga* that people's *fatongia* (one's duty or obligation) (Churchward, 1959, p.143) are ascribed by gender, age and status (Fuka-Lino, 2015). For example, women have defined roles, as do males.

The core element within *nofo ʻa kāinga* is the *ʻapi* (nuclear family members of a household). Roles and responsibilities attached to each member of the *ʻapi*, *fāmili* and *kāinga* are set in accordance to rank, gender, and age. The *nofo ʻa kāinga* embodies a complex set of kinship rights and obligations, as well as deep emotional connections between kin (Morton-Lee, 1996).

As seen in the Figure 2.3, the father is usually the *ʻulu ʻo e ʻapi* (head of the nuclear family). His duty is to provide care and protection for family members. The father is in a leadership role which has control and authority. This division of role by gender is reflected as well at a national level, where males, royalty or nobles, are the ones who inherit titles and lands (Campbell, 1992).

Figure 2.3

Nofo ʻa kāinga



Note. From Crane (1978)

Role distribution and expectations

In reference to the roles as shown in Figure 2.3, it is important to note that, traditionally, these gender separate roles influence decision making. The father, known as the ʻ*ulu* (head) of the family, has the responsibility for making decisions that will ensure the family is functioning well. A mother's role is to look after the day-to-day management of the home, to ensure that the children are looked after and that the meals are prepared. There is an expectation also that the mother is responsible for providing moral advice to children.

In a traditional Tongan *'api* (home), parents are expected to raise their children in a Godly environment. In fact, children are described as '*koe tofi'a mei he 'Otua'* (children are treasures from God). In the '*api*, a first teaching children learn is to honour and respect their mother and father in accordance with the Bible. Of high interest is that when a child is obedient and does well, the community admires and praises the parents and the rest of the *kāinga* But when a child performs in an ill-behaved and disrespectful manner, it is the mother who gets the blame (McIntyre, 2008). Therefore, it is the mother who engages in *akonak*i (to teach, to give instruction) with the children (Latukefu, 1980).

In the Tongan social structure, women are recorded to be superior and of higher rank in comparison with males. The status of women in the Tongan culture and within *nofo a kāinga* is grounded in the *vā* between the brother and sister. For example, within the Tongan social structure, the sister of the father is of higher rank than the father. This practice derived from the *Tu'i Tonga* (first Tongan King) and it is aligned to matching an equivalence principle in the brother-sister tapu (sacred) relationships. Tongan tradition described the biological sister of *Tu'i Tonga* as *Tu'i Fefine,* and *Tu'i Fefine* was seen to be higher in status than *Tu'i Tonga*. The oldest daughter was known as *Tamaha* (sacred child) and recognised as the highest chief of the Tongan society and *fahu.* Therefore, although the Tongan society may be described as patriarchal, it is important to understand the place and role of the Tongan women. Latukefu (1974) described *fahu* as the person who is the father's sister, who has authority over cultural protocols such as naming her brother's children, and is presented with cultural gifts during birthdays, weddings, and funerals. The role of *fahu* is instrumental in the *nofo 'a kāinga*, and influential in decision making within the family. For example, when I was not able to get permission from my father to do certain things, I knew I could go to my grandfather's sister (my father's *fahu*) for her to advocate on my behalf.

In the *anga fakatonga* the expectations and parenting practices of girls are different from those of males. For example, parents are very protective of girls and will go over and beyond doing their utmost to protect them from factors that would cause them harm. Parents often report that protecting their daughters from harm is much better than allowing them to make ill decisions which harm them.

The heart to the *anga fakatonga*

The key values and beliefs are fundamental and underpin the *anga fakatonga*. They give guidance to the Tongan ways of being (Morton-Lee, 1996). The core values of the *anga fakatonga* form the foundation of moral standards for Tongans (McIntyre, 2008, p.21).

As proposed by Queen Salote, there are four key values that underpin the Tongan culture. These are: *Faka'apa'papa* (respect), *anga fakatokilalo* (humility), *tauhi vā* (maintaining and looking

after relationships) and *mamahi'i me'a* (loyalty). During her open address to the Tongan Cultural and Heritage Society in 1964, Queen Salote stated that *'ofa* (love) connects all these values together (Latukefu, 1980). For the purpose of this research, the values of *faka'apa'apa*, *tauhi vā* and *'ofa* will be explored.

Faka'apa'apa

Faka'apa'apa means 'to do homage or obeisance, to show deference, or respect, or courtesy' (Churchward, 1959, p.128). Within the Tongan world, *faka'apa'apa* is more than just being courteous, it defines how one navigates within the *nofo 'a kāinga* social organisation. The practice of *faka'apa'apa* is demonstrated by verbal and non-verbal interactions (Johansson Fua, 2007) and is necessary for the various day-to-day activities of life. As refined in church teaching, *faka'apa'apa* encapsulates the belief that children should obey their parents and honour thy father and mother as the first commandment (Cowling, 2005). These behaviours are practiced within the *'api* (home) where *faka'apa'apa* is connected to the *talangofua* (obedience). Children are being taught at a young age to be respectful in their interactions and ways of relating to people, as it is vital to maintain sacredness and harmony within the relationships. The practice of f*aka'apa'apa* also has a hierarchical connotation within the Tongan social system, where greater respect is given to people of high status.

Sacredness, according to role, is an important element of *faka'apa'apa*, and can place restrictions on, or hinder, the way interactions are carried out. For example, a young person answering back to parents or someone older is seen as being disrespectful and not honouring the relationship. *Faka'apa'apa* can also dictate how roles are carried out, as seen in the father-children relationship. For example, as the father is the head of the family, there are limited interactions or things children can share with their father, because he is the head of the family and must be respected.

Tauhi vā

As mentioned, *tauhi vā* is pivotal to the maintenance and nurturing of relationships within the Tongan worldview. *Tauhi* means to 'tend, look after, take care of or to minimise, to keep safe, preserve, observe, to carry out one's duties (Churchward, 1959, p.463). *Tauhi va* is associated with *fatongia* (roles and responsibilities) and the way Tongans live their lives. The action of *tauhi vā* is about doing due diligence in caring for the relationships, even though this may prioritise and /or endanger the individual need over the collective communal need. The reciprocal spirit underpinning *tauhi vā* ensures wellness within the relationship. For example, the wellbeing of the community is measured by contextualised and acceptable behaviour and actions that are meaningful, worthwhile, and beneficial to others (Taufe'ulungaki, 2004).

'Ofa

'Ofa is nurtured in the relationships practised within the *nofo 'a kāinga*. Churchward (1959) defined '*ofa* as 'to love, be fond of, be kind to' (p.562). However, Kavaliku (1961) emphasised that within the Tongan society, *'ofa* is the underlying philosophy of Tongan behaviour, customs and ceremonies. In contrast, Mafile'o (2006) proposed that *'ofa* exceeds 'feelings and emotion and implies a self-sacrifice for the benefit of another' (p.153). Further, Mafile'o (2006) located *'ofa* as being compassionate, with holding interest of the collective at heart, as opposed to an individual gain.

'Ofa entails *ngāue fetokoni'aki* (mutual helpfulness), *ngāue fakataha* (working together), *faka'apa'apa* (respect), *tauhi va* (looking after relationships), *lototo* (humility), *mamahi'i me'a* (loyalty), *fevaheahe'aki* (sharing), *fatongia* (obligation and responsibility), the foundations of which are *'ofa* (love) and *faitotonu* (doing the right thing). All these actions are interrelated and together keep the *nofo 'a kāinga* well and healthy. From a young age, children and young people learn these concepts and their values and guiding principles as well as their place. It is these values and beliefs that Tongans take with them when they migrate overseas, and which connect them back to the homeland of Tonga.

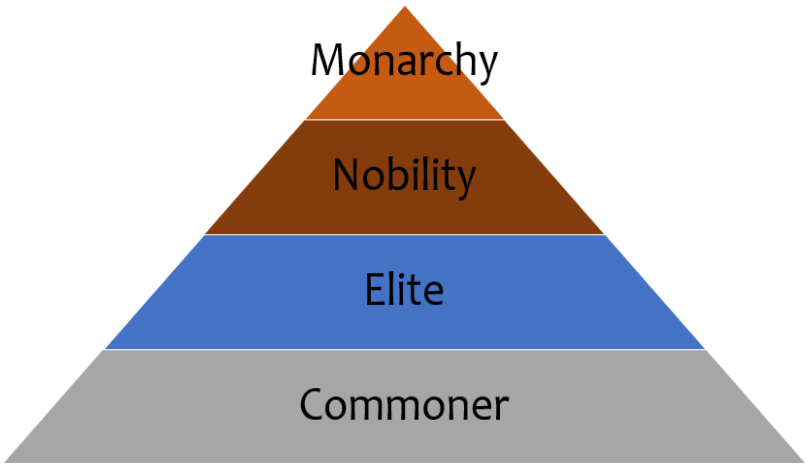
Changes within the homeland

With the impact of education, travel, rapid technological changes, and the effects of increased globalisation, it is extremely difficult for Tongans to separate their homeland experiences from the external influences today. A UNICEF report (2006) highlighted issues that Tongan young girls faced, such as teenage pregnancy, early school dropout, drug and alcohol abuse, and youth suicide. A 2013 documentary showed that while Tonga may not be threatened by internal strife, young people are deported back to the homeland, bringing with them skills from the 'university of crimes' that they have learnt and been involved in abroad (Tonga the last place of earth trailer, 2013).

Another change was noted by Kalavite (2010). She proposed the emergence of an elite class in the Tongan social structure by which commoners such as government ministers, church ministers, wealthy and educated people can claim 'higher' space 'by virtue of academic achievements' (see Figure 2.4).

Figure 2.4

Tongan Social Structure with adapted and modern social structure



Note. Adapted from Kalavite (2010).

Part 2: Tongans in New Zealand

The 1960s saw a huge influx of Tongan people migrating to Aotearoa New Zealand, in response to the employment shortage in the New Zealand labour market. Since that time, an increasing number of Tongans have journeyed to New Zealand in search of better education and improved options for livelihood security (Mallon et al., 2012; McKenzie et al., 2013). Remittances from migrant Tongan workers continue to be an important source of income to support extended families in the Tongan homelands. This is in line with the *anga fakatonga,* which is reciprocity and sharing, and focuses on the wellbeing of the collective.

The Statistics New Zealand Census (2018) indicated that the Tongan population in New Zealand has increased by 19 percent (60, 366) in the three years since the 2015 census. Tongans are the third largest group of Pacific Peoples living in New Zealand. They are also an extremely youthful population, the median age being 19.4 years. Furthermore, due to intermarriage, 59.8 percent (almost two thirds) of the Tongan population were New Zealand born. The number of extended families of Tongan descent were reported to be higher than for the general New Zealand population. That 77 percent of Tongan (46,971) resided in Auckland was a major factor in my choice of Auckland as the focus for this research.

Endurance of customs

The church, the family and the Tongan language are the three main and enduring points of custom for Tongans living in New Zealand (Taumoefolau, 2006).

Significance of the church

The church plays an important role to the *anga fakatonga* in Aotearoa New Zealand. Initially, the church was described as the village where the *kāinga* could come together and connect. However, with the introduction of contemporary church practices in recent years, the role of the church has slightly shifted for young Tongans. It is important to note that in 2018, the New Zealand census reported that 88 percent of Tongans living in New Zealand are affiliated to a religion. However, of this group, the New Zealand-born Tongans were less likely to affiliate with a religion (Statistics New Zealand, 2018).

Family – Roles, responsibilities and obligations

The Tongan families living in Aotearoa continue to play an important role in the wellbeing of their families in the homelands, as evidenced through the remittances sent over. Fa'alau (2011) has recognised that this is similar to the Samoan families who maintain strong links with their homelands and transnationally. This reflects the strong connection within families and extended family units. The *fatongia* (responsibility) of parents is to ensure that their children receive education, and, in return, the children are expected to look after their parents.

While this act of reciprocity is positive, in economic downturns it invariably places pressures on the kinship ties and *nofo a kāinga*, including further expectations on roles and responsibilities (Asiasiga & Gray, 1998). In this situation, young Tongans begin to question their *fatongia* (roles and responsivities) to helping others. There are views that the value of reciprocity, as practised in the New Zealand context today, has begun to focus on the nuclear family as opposed to the extended family. In this process, some of the cultural parenting styles are being compromised, including the parent-child relationships (Kalavite, 2010; Latu, 2009).

The place of lea faka-Tonga/Tongan language

The Tongan language is a major factor tying Tongans to their homeland. For Tongans living in New Zealand, the Tongan language is considered to be a key identity marker (Taufe'ulungaki, 1992; Taumoefolau, 2006;). The Tongan language is pivotal in the function of the *nofo 'a kāinga*. The language embodies culture, ways of being, and an understanding of one's place within the Tongan social system (Taumoefolau, 2006). Initially, families that migrated to New Zealand preferred their children to be fluent in English, so they would be successful in school. However, for example, in 1996, 63 percent of the Tongan population reported they spoke Tongan (Statistics NZ, 1996).

Data show that in 2018 Tongan was the second most commonly spoken Pacific language in New Zealand, at 53 percent (30,807 speakers). The 2018 census also reported an increase in the establishment of bilingual Tongan pre-schools in the Auckland area, which was considered to have contributed to the retention of the *lea fakatonga* (Statistics New Zealand. 2018).

Intergenerational conflict

Pacific youth in New Zealand face a conflict with their parents and elders, largely due to a lack of understanding and/or miscommunication between their aspirations and the more traditional expectations that Pacific parents hold for their children. At a consultation *fono* in 2011, Pacific youth spoke of their pride in their cultural identity whilst, at the same time, they shared negative thoughts about the different aspects of their culture (Ministry of Health, 2008). Youth described having to work twice as hard, sometimes living two lives, struggling to satisfy the cultural requirements associated with their family and the Pacific community, within the reality of their daily life experiences in New Zealand.

The negative issues that Pacific youth experience in their relationship with their parents are commonly labelled as a 'generational gap' (Afeaki, 2004) and have been described as a battle between two worlds (Hanifan, 2010). This conflict shapes how youth are viewing their world and manoeuvre within it. More importantly, this state of mind moulds their ability to imagine how their situation might be changed, and whether such changes would be feasible or desirable.

New Zealand- born Tongan young women experience cultural fragmentation that can arise from a desire not to disappoint their parents. In this situation, many engage in at-risk behaviours as coping mechanisms. At-risk behaviours include excessive alcohol consumption, truancy, teenage pregnancy, criminal activity, attempted suicide, and deliberate self-harm (Schoone, 2010). Several studies have highlighted intergenerational conflict as a risk factor for Tongan young women, resulting in trying to balance the multiple identities and the cultural restrictions that have been placed on them (Tiatia-Seath, 2016). The gendered expectations are another added struggle that impacts on Tongan women (Fuka-Lino, 2015). It is important to note that the struggles Tongan young women experience impact on their wellbeing.

Summary

This chapter has highlighted the heart of the *anga fakatonga*, the expectations associated with the *nofo 'a kāinga* and the place of women and girls within the Tongan family and the kinship based social systems. This chapter has also drawn attention to some of the challenges that act as both a constraint and an enabling influence for Tongan young women and their families, as they try to make sense of their daily life experiences in New Zealand. For many, there is a lack of correlation between the expected behaviours and norms they have learnt from their parents and wider Tongan community and the ways of living and knowing which they are experiencing in the New Zealand society. There is little doubt that any tension which may arise between the New Zealand ways and the *anga fakatonga* have the potential to impact in turn on Tongan young women's feelings of cultural identity and identity security. The main question raised in this chapter is how Tongan

young women navigate their place within and outside the home. It has been proposed that this question has its beginnings in the parenting practices experienced by these young women.

The next chapter focuses on reviewing the literature on deliberate self-harm.

Chapter 3: Literature Review

In this chapter I provide a critical review of the current national and international literature concerning deliberate self-harm setting up the context for my research. The three research questions are:

1. What are young Tongan women's understanding of deliberate self-harm?
2. What are the factors that contribute to deliberate self-harm and the forms of deliberate self-harm?
3. What are the strategies that help reduce deliberate self-harm?

I start the literature review with discussing the historical and global understanding of deliberate self-harm. I continue with exploring what deliberate self-harm means for Pacific Peoples and more specifically for Tongan people and for (Tongan) women. Tongans are an immigrant group to Aotearoa New Zealand, and considered to fall as indigenous, and literature concerning both indigenous and immigrant group populations perspectives on deliberate self-harm specific to women was considered to be of relevance. The outline of this chapter is presented in themes that address the research questions and highlight the significance of the research to Tongan women.

The literature was sourced largely via online databases such as EBSCOhost, CINALHL, Scopus, PsychINFO, Index New Zealand, JSTOR and Google Scholar, using the expression *deliberate self-harm* (DSH)* as the main keyword with other relevant words such as Pacific, Tonga, indigenous, migrant, women, youth, and so forth. The literature sourced was deliberately recent, between 2010 to 2021. There was very little literature found on Tongan understandings of deliberate self-harm, a fact that strengthens and highlights the need to research this important area to inform health care practice and policy development in minimising the risks and impact of deliberate self-harm. The search also included examining literature that underpins a cultural understanding of deliberate self-harm from a Tongan lens.

Historical context

Deliberate self-harm derives from the concept of self-harm (SH), drawing from the same schools of thought. Historically, studies highlighted self-harm as an act inflicting harm on the body. This can be a form of cutting similar to an act of atonement, as described in the Bible. The concept of atonement is an action performed by a person to amend or correct wrongdoing (Steggals, 2015). From a different perspective, self-harm can be deemed a sin, an obstinate practice to deliberately punish the self spiritually, to feel remorseful (Meconi, 2019). For example, in the Gospel of Mark 5:1-5, there are references of a man who deliberately cuts himself with stones:

> "And they came over the strait of the sea, into the country of the Gerasenes. And as he went out of the ship, immediately there met him out of the monuments a man with an unclean spirit, who had his dwelling in the tombs, and no man now could bind him, not

> even with chains. For having been often bound with fetters and chains, he had burst the chains, and broken the fetters in pieces, and no one could tame him. And he was always day and night in the monuments and in the mountains, crying and cutting himself with stones" (Gospel of Mark 5:1-5 cited in Steggals, 2015, p. 17).

Later, in 1846 (Turner, 2002) self-harm was mentioned in a report of a depressive woman who extracted her own eyes because she felt that they were causing her to desire men, enticing her to live in sin. Similar cases at that time formulated the beginnings of self-harm theory discussions. In 1938, Menninger added a clinical focus to the self-harm theory, by referring to the neurotic and psychotic forms of self-mutilation behaviours. From a psychiatry background, Menninger named the phenomena of self-harm as 'wrist-cutting syndrome'. In his view, cutting was an effort to cope with negative feelings as opposed to wanting to die (Menninger, 1938). During these early times, self-harm theory focused on the acts of wrist cutting performed by unmarried women.

The distinction between self-harm and suicide continued to be an area of vigorous debate (Gardner & Gardner, 1975), where the 'concept of self-harm' was struggling to free itself from the category of 'suicide' and gain meaning of its own. This was largely due to the unwillingness of the Psychiatry discipline of that era to consider a concept of 'intention' as part of the diagnostic criteria (Henderson et al., 1979; Morgan, 1979). It was during that time that the term deliberate self-harm emerged.

Another stage in conceptualizing self-harm involved a new school of thought through merging cross-cultural interest with clinical psychiatry. Psychiatrist Amando Favazza claimed that some self-harm acts were religiously, culturally, and socially accepted. His preferred definition was that self-harm is a "purposeful, if morbid, act of self-help" (Favazza & Conterio, 1989, p. 283). Later, the field of psychiatry was to take more account of self-identity and orientation, leading to a general desire to work with subjective experiences and private mental states that may associate with self-harm (Hortwiz, 2003; Shorter, 2005).

The integration of the biological and behavioural influences as contributing factors in self-harm theory facilitated a change of interpretation when describing and accounting for deliberate self-harm (Hawton et al., 1981). Favazza described deliberate self-harm as a morbid form of self-help, that temporarily alleviates distressing symptoms in an attempt to heal and to attain some measure of spirituality, thus establishing a sense of personal order. This burgeoning awareness, although limited in scope, spread rapidly, leading Favazza (1998) to suggest that it had "come of age". In the 1990s, public knowledge of deliberate self-harm began to rise, and it became more commonly used in books, films and television shows, magazines, newspapers, and other media. Several celebrities came out and admitted to having harmed themselves and discussions about deliberate self-harm were common among teenagers (Alder & Alder, 2007).

My research will be considering concepts from this historical overview in relation to deliberate self-harm, from a cultural lens providing a holistic perspective that includes spiritual, psychological, and physical characteristics.

Defining deliberate self-harm

There are many definitions for deliberate self-harm. Phillips & Alkan (1961) defined deliberate self-harm as "measures carried out by an individual upon himself (herself) which tend to cut off, to remove, to maim, to destroy, to render imperfect some part of the body" (p. 421). Further, Gratz (2001) highlighted that the injury causes severe damages to the tissue (e.g., scarring). Psychologists later progressed the shift from the act of deliberate self-harm to its reasons. Chapman and colleagues (2006) argued that deliberate self-harm is a maladaptive strategy for escaping from uncomfortable or distressing internal experiences in the form of thoughts, feelings, or somatic sensations that is often associated with emotion regulation, interpersonal stress, and victimization (Chapman et al., 2006). Alder and Alder (2007) claimed that from a sociological perspective, deliberate self-harm is a coping mechanism that is used by those who feel down, struggle with pain and frustration and feel out of control, in order to lessen their pain and in the process to empower themselves. In a similar vein, Favazza (1998) suggested that deliberate self-harm is an act that aids the reason of healing oneself and restoring a sense of power and control.

An important aspect when defining deliberate self-harm is the intention behind carrying-out the damaging actions. Prominent researchers in the field defined deliberate self-harm as any act of self-injury or self-poisoning, irrespective of apparent motivation or intent (Hawton et al., 2006). Currently researchers are increasingly using the term Non-suicidal Self-Injury (NSSI) referring to deliberate self-harm. The Diagnostic Systematic Manual 5 (DSM-5) defines NSSI as intentional self-inflicted damage to the surface of the body that is likely to induce bleeding, bruising, or pain (e.g., cutting, burning, stabbing, hitting, excessive rubbing), with the expectation that the injury will only lead to minor or moderate physical harm (i.e., there is no suicidal intent) (American Psychological Association, 2020).

Cultural understanding of deliberate self-harm

Favazza (2011) proposed an understanding that deliberate self-harm factors, cultural norms and values can be seen as either positive or negative. He explained that cultural understanding includes rites of passage, such as the female genital cutting or mutilation (FGM) found in countries of Africa, Asia and the Middle East. He asserted that these practices can be associated with cultural ideals, ancestral obligations, and respect, attaining spiritual balance, healing of diseases, all bringing about a sense of order in the self. It's astounding that a gendered assault, often on babies, can be characterised in that way. In other cultures, the skin is used as the means for communication between the internal and external self, relating beliefs in sacrificial acts and

tattooing (McAllister, 2003). In this context, deliberate self-harm can be seen as an expression of internal emotional states illustrating values and beliefs.

Research by Farrelly and Francis (2009) amongst the Aboriginal people of Australia reported cultural elements that underpin the understanding of deliberate self-harm. From their perspective, deliberate self-harm includes cultural acts such as hair cutting as a form of mourning ritual marker for the individual and others. In their description, some people would participate in special rituals such as "teeth extraction, cutting of arms, chest and abdomen, then filling the wounds with ashes to prevent infection and encourage a raised scar" (p. 186). Of interest is the expression of grief associated to particular areas in Australia where people engage in ceremonial practices to mitigate a sense of loss: "women striking their heads with stones, or on the ground or with other hard implements, and cutting, particularly the self-infliction of 'sorry cuts'" (Farrelly & Francis, 2009, p. 186).

A qualitative study by Mendiola (2011) examined the functions of deliberate self-harm in *rangatahi* Māori (Māori youth) within a kaupapa Māori methodology. Mendiola discussed the topic of deliberate self-harm with whānau (family) of *rangatahi* Māori clients and with clinicians at a Community Mental Health Centre in Auckland. Her findings proposed that the functions of DSH for *rangatahi* Māori relate to communicating distress and seeking help; to punish someone else; to get relief from a distressing emotional state; as a result of others' influence; as a response to feeling overwhelmed by stressful circumstances; precipitated by social isolation. A notable finding, she argued, was that deliberate self-harm can be seen as an act of Matakite. In her explanation:

> Matakite is a cultural phenomenon that has been loosely translated as clairvoyance. It may involve seeing or hearing spirits or being able to see the future or past. In general, Matakite is an accepted part of Te Ao Māori (Māori worldview). There are also those who embrace Matakite and those who are distressed by it (Mendiola, 2011, p. 69).

Kingi (2018) used a mixed-method approach informed by principles of Kaupapa Māori to explore how *rangatahi* Māori and whānau define and experience self-injury in Aotearoa. Kingi argued that the current understanding of *rangatahi* Māori self-injury is substantiated by knowledge and models and grounded by a worldview that differs from the cultural fabric and make up within *Te Ao* Māori (Māori worldview). Kingi contended that these Western understandings fail to recognise and acknowledge the unique and diverse experiences of *rangatahi* Māori who self-injure. Her study found *rangatahi* Māori and whānau understanding of self-injury were extensive and included harm to the *wairua* (essence, spirit). Reviewing the results of this study, Kingi (2018) concluded that the most common functions of self-injury for *rangatahi* Māori were related to the expression of emotional pain, to communicate distress and to maintain a sense of control over their lives. Further, she promoted the importance of knowing who you are and where you come from as a tool in overcoming the struggle that often leads to self-injury.

Only one study by Dash and colleagues (2017) has explored Pacific people's understanding of deliberate self-harm from the perspective of a Pacific health professionals in New Zealand. Practitioners in the study defined deliberate self-harm as intentional self-inflicted harm to three elements that are central to Pacific people: body, mind, and spirit. In their view this was different from suicidal intent. Dash et al. (2017) extended deliberate self-harm to include both direct self-harm and indirect self-harm, which includes alcohol and drug misuse, gambling, self-starvation, and risk-taking behaviours. Aligned with all the spiritual aspects described in related indigenous literatures, deliberate self-harm is considered to be an intentional harm to the spiritual wellbeing of the individual, marking a disconnection from people's spiritual faith and holding adverse perspectives and worldviews. This study recommended that the present clinical deliberate self-harm diagnosis criteria should include Pacific definitions of deliberate self-harm, and that best-practice clinical treatment guidelines should accordingly be reviewed to incorporate treatment that encapsulate deliberate self-harm behaviours relevant to Pacific people. Finally, researchers need to adopt operational definitions that reflect Pacific conceptualisations of deliberate self-harm when conducting studies with Pacific communities in New Zealand.

Pacific young people who are of Samoan background have defined acts of harm along a continuum of severity from 'superficial lacerations to considerable lethality, where there may often be some doubts about the absolute intent of death by the person at the time of the event' (Tiatia, 2003, p. 11). By way of contrast, Pacific clinicians' views of deliberate self-harm are that it is an intentional act inflicted not only on the body and mind, but also on the spiritual self. The spiritual self and the relationship between the body, the mind and the spiritual self-aspects are considered central in the Pacific worldview and will be explored in this research.

Although these studies have identified cultural factors associated in defining the meanings of deliberate self-harm, the literature lacks a youth voice from a Tongan perspective. Cultural trends will be discussed later under factors of deliberate self-harm. A key point from these studies is the element of spirituality within a Pacific worldview, which is assumed to align with the Tongan youth understanding of deliberate self-harm, Tongans being very strong in their spiritual beliefs (Tu'itahi, 2007; 2009).

Terminologies

Diverse terminologies can further complicate the description of deliberate self-harm within the literature. The definitions of deliberate self-harm vary with many terminologies used interchangeably within the literature. Non suicidal self-injury (NSSI) is a common clinical term used within deliberate self-harm literature and registers the condition as a mental health disorder (American Psychiatric Association, 2013). Other terms used are self-injury (Brausch & Gutierrez, 2010; Muehlenkamp & Gutierrez, 2007), self-wounding, para-suicide (Alderman, 1997; Walsh, 2007) and self-mutilation (Favazza & Conterio, 1988). Fliege and colleagues include self-

poisoning as deliberate self-harm, as a form of intentional ingestion of more than the prescribed dose of drugs including the ingestion of non-ingestible substances and objects (Fliege et al., 2009). Central to this study is the importance in recognising the distinction between deliberate self-harm as defined by Western clinicians and the socially and culturally accepted self-injurious behaviours (Suyemoto, 1998; Turp, 2002; Walsh, 2012; Walsh & Rosen, 1988). Some authors have included eating disorders such as anorexia nervosa2 (AN) and bulimia nervosa3 (BN) behaviour in their definition of deliberate self-harm (Claes et al., 2007; Favaro, et al., 2008; Zila & Kiselica, 2001).

Other classifications of deliberate self-harm include 'reckless behaviours' such as carelessness with cars and trains, jumping from heights and overuse of illicit drugs (Farrelly & Francis, 2009; Latimer et al., 2013; Lundh et al., 2007). Hawton et al (2002) referred to deliberate self-harm as risky behaviours such as getting into fights. Studies have included destructive behaviour as term used to refer to deliberate self-harm. These destructive behaviours include smoking tobacco use, eating disorders and piercing of the body (Hawton et al., 2006, Lundh et al., 2007).

It is important for this study to recognise the diverse terminologies and their influence in providing a broader understanding to deliberate self-harm, and, significantly, how the terminology can contribute to appropriate and suitable intervention and preventative treatment. Previous studies (Dash, 2015; Farrelly & Francis, 2009; Kingi, 2018; Mendiola, 2011) have not included a cultural terminology explicit to Pacific Peoples (and most importantly Tongan), which is crucial to this research.

Deliberate self-harm and suicide intent

The association of deliberate self-harm with suicide intent is important to the understanding of deliberate self-harm (Latimer et al., 2013; Muehlenkamp et al., 2012). The intent of suicide within deliberate self-harm behaviours continues to be debated among clinicians and researchers alike, with those who argue that suicide intent is excluded in deliberate self-harm (Dougherty et al., 2009; Hawton et al., 2006) and those who continue to contest that it is irrespective of intent (Muehlenkamp & Gutierrez, 2007; Skegg, 2005). Deliberate self-harm irrespective of intent paradigm has been adopted by researchers and clinicians in the United Kingdom, Australia, New Zealand (De Leo et al., 2004; Skegg, 2005).

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2 Anorexia Nervosa is also known as anorexia, an eating disorder associated with low weight, fear of gaining weight and a strong desire to be thin, with food restriction. Those who suffer from anorexia sees themselves as overweight even though they are underweight. They are do not see themselves as having a problem with their weight (APA, 2013).

3 Bulimia Nervosa is known bulimia and an eating disorder relating to binge eating followed by purging (APA, 2013).

Some researchers proposed that deliberate self-harm is not the same as attempted suicide but emphasise that the high risk among individuals who deliberate self-harm should not be ignored (Muehlenkamp & Gutierrez, 2004). Others believed that deliberate self-harm is the same as attempted suicide (Walsh, 2012). According to Kerkhof and Arensman (2001), vulnerability to suicidal behaviour may be an underlying latent trait in many people. However not all are prone to acting on or considering suicide even in the face of the most extreme life circumstances. It is also argued that those who deliberately self-harm do so in order to avoid killing themselves (Babiker & Arnold, 1997; Connors, 1996; Pembroke, 1998), and further, that deliberate self-harm relieves the intensity of emotional despair providing temporary reprieve from emotional anguish as opposed to wanting to die. Favazza (1998) suggested that suicide becomes more apparent in cases of chronic and enduring deliberate self-harm where individuals may find it increasingly difficult to manage negative emotions post-deliberate self-harm with suicide becoming a more likely option. Laye-Gindhu and Schonert-Reichl (2005) claimed deliberate self-harm to be different from suicidal thought, which to them clearly outlines a suicide plan and may contain suicide attempts. They found that the self-conscious emotions of shame, guilt, and disgust increase after an episode of deliberate self-harm (Laye-Gindhu & Schonert-Reichl, 2005).

It is noteworthy that several New Zealand deliberate self-harm reports and studies include all acts of self- harm with non-fatal outcomes, regardless of intent or purpose (Fortune, 2006; Fortune et al., 2005; Hatcher et al., 2009; King et al., 2009; Latimer et al., 2013; Ministry of Health, 2015). The Pacific perspective refers to deliberate self-harm as "non-suicidal in intent" and having "emotion-regulation functions and other non-suicidal motivations" (Dash, 2015, p. 1). Therefore, for the purpose of my research, deliberate self-harm will not be related to suicide.

Prevalence of deliberate self-harm

Comparison of prevalence rates across research is problematic given the diverse assessment methodologies and the scales and the population assessed. Prevalence rates are consistently higher amongst adolescents than amongst adults. According to Nock (2010), a critique of several studies among community samples in the United Kingdom suggested that approximately 13-45 percent of adolescents reported having engaged in deliberate self-harm at some point in their lifetime. Briere and Gil (1998) found that deliberate self-harm rates are considered higher among in-patient samples, with rates almost three times greater. Additionally, they found that the prevalence rate for the history of deliberate self-harm over a six-month period was four percent for a community sample and 21 percent for an in-patient sample. High rates of deliberate self-harm amongst in-patient populations may be because deliberate self-harm is used as a diagnostic characteristic of certain disorders (e.g., Borderline Personality Disorder – BPD) (Soloff et al., 1994). Additionally, known correlates of deliberate self-harm such as depression, anxiety and substance abuse are

more prevalent amongst psychiatric patients than amongst the general population (Carr & McNutly, 2006).

Deliberate self-harm amongst females

Much of the existing research on deliberate self-harm has focused largely on females (Muehlkamp & Gutierrez, 2007; Ross & Heath, 2002) and has revealed that deliberate self-harm is more prevalent amongst adolescent females than adolescent males (Evans et al., 2005; Straiton et al., 2013). Earlier studies found deliberate self-harm to be more prevalent amongst females who range in age from middle adolescence to early adulthood (Darche, 1990; Favazza & Conterio, 1989; Suyemoto & MacDonald, 1995). A later study in Australia by De Leo and Heller (2004) also found that females are more likely to deliberate self-harm.

Hawton and colleagues supported this claim but identified that although female rates were higher than male rates, the males who engaged in deliberate self-harm appeared to do so at a more frequent rate (Hawton et al., 2006). A study by D'Onofrio (2007) claimed that females have significantly higher rates of deliberate self-harm than males, part of the reason being the over-representation of females in clinical population studies. Deliberate self-harm is viewed by some researchers as related to gender-bound socialization effects, where females learn to turn their anger inwards, towards themselves and males are encouraged to discharge their anger outwards, towards others. Farber (1997) attributed female deliberate self-harm prevalence to the fact that males use other means of expression such as becoming frequently involved in bar fights. O'Loughlin & Sherwood (2005) found that for females, there is reduced social tolerance for externalizing one's anger. Laye-Gindhu and Schonert- Reichl (2005) reinforced the notion that girls harm themselves while boys are expected to exhibit more risky behaviours as a form of deliberate self-harm.

Other clinical or sample studies argue that the prevalence of deliberate self-harm does not differ between the sexes (Briere & Gill, 1998; Klonsky et al., 2003). Amongst young adults and university sample, findings relating to sex differences have been mixed. Young et al., (2006) found no significant sex difference in the lifetime prevalence of deliberate self-harm among their sample of 18–20-year-old Scottish youth. In their sample of young New Zealanders assessed at age 26, Nada- Raja et al (2003) found that males were more likely to have engaged in deliberate self-harm in the past year. Amongst university students in the United States of America, Whitlock et al (2006) found that females were more likely to have a repeat rather than a single incident history of deliberate self-harm.

Deliberate self-harm in New Zealand

The Ministry of Health data collected from across four regions over a 12-month period highlighted 3,031 hospital admissions for deliberate self-harm (Ministry of Health, 2015). Of

these figures, approximately twenty percent were people who had engaged with services more than once (Hatcher et al., 2009). In a study by Fortune et al (2005), based on analysis reports on 100 cases of adolescents who presented to Community Acute Mental Health Services (CAMHS) in Auckland, almost 50 percent of those young people had deliberately self-harmed. This was recorded at the time of the initial assessment.

In the Youth 2000 survey of over 9,000 New Zealand secondary students, 20 percent reported deliberately harming themselves in the past year (Fortune et al., 2008). Approximately one third of 1,700 students participating in a recent longitudinal study reported deliberate self-harming thoughts in the month preceding the survey, with 20 percent reporting that they acted on these thoughts (Jose & Pryor, 2010).

Pacific youth and Deliberate Self-harm

Pacific Peoples (243,978) are the fourth largest major ethnic group in Aotearoa New Zealand, behind European, Māori and Asian ethnic groups (Statistics New Zealand, 2018). Pacific people are a youthful population, with a median age of 32 years in 2018, compared to the median age for the European NZ population of 41.4 (Statistics New Zealand, 2018). In 2006, Pacific people under 15 years of age made up 38 percent (100,344) of the total Pacific population, which is a higher rate than the 22 percent of under-15s for the NZ population overall (Tukuitonga, 2013). The socio-economic position of Pacific Peoples in New Zealand remains one of significant disadvantage. Over the past 20 years, there has been little improvement in their economic, social, and overall health status (Ministry of Health, 2008; Statistics New Zealand, 2013). The Pacific population is more likely to live in impoverished, low decile areas, to earn lower incomes, is less likely to be employed and has poorer health outcomes than the general population (Ministry of Social Development, 2016).

Research shows that Pacific people are three times more likely to hurt themselves, compared to the general population (Browne et al., 2006). The 2013 Youth'12 Survey Report revealed that one in four Pacific students reported to having engaged in self-harming behaviours in the previous 12 months (Clark et al., 2013). Furthermore, deliberate self-harm is common among adolescents and higher amongst females within vulnerable groups, such as Rainbow Youth, and amongst those who are associated with low mood (Teevale et al., 2016).

Tongan people and deliberate self-harm

Tongans are the third largest Pacific group in Aotearoa New Zealand, counting 82,389 people. It is a youthful population, with a median age of 20.5 years, characterised by an increase in New Zealand-born members (64.4 percent), and progressively multi-ethnic as a result of interethnic marriage. Over three quarters (75.7 percent) of Tongan people live in Auckland, which is the focus of this research.

Although available deliberate self-harm prevalence data does not disaggregate by ethnic-specific groups, other studies have confirmed that Tongan youth are at risk of hurting themselves (Tiatia-Seath, 2015; Fuka-Lino, 2015; Sinisa, 2013). It is notable the fact that Tongan people have high prevalence rates of mental illness and do not tend to utilise mental health services (Browne et al., 2006).

Factors associated with deliberate self-harm

The following section of this chapter will profile literature on the risk factors for deliberate self-harm among youth, including changing socio-economic conditions and disadvantage, globalization, and associated cultural changes. Data indicate that youth are especially vulnerable to these risk factors because of their struggle to find a place for themselves and their identity within a fast-paced and ever-changing social fabric. The ordinary tasks of adolescence are made more difficult due to the lack of stability in many contemporary families (e.g., high divorce rates) and peer support (e.g., high mobility). Globalization and the internationalized mass media mean that ideas are free flowing and easily accessible. Individuals around the world can easily learn about deliberate self-harm, either passively (e.g., as portrayed on television media) or actively (e.g., via online discussion forums). This exposure may foster deliberate self-harm in vulnerable youth.

Family and relationships

Studies highlight family problems as a contributing factor to deliberate self-harm (Abrams & Gordon, 2003; Harris, 2000; Rissanen et al., 2008). Numerous studies show that family relationships are significant in deliberate self-harm behaviour in adolescence (Buresova et al., 2015; Kvernmo & Rosenvinge, 2009; Laye-Gindhu & Schonert-Reichl, 2005; Ross & Heath, 2002; Tan et al., 2014) and recognise the family as central for the physical, cognitive, and emotional development.

It is important to note that parental emotional involvement as well as parenting styles can determine the overall climate and communication in the family, which in turn can contribute to risks of deliberate self-harm. The transient nature of relationships today, including parent-child conflict, male- female relationship issues, parents' marriage issues affecting their children, and parent separation or divorce are risk factors for deliberate self-harm amongst Pacific youth (Dash, 2015; Mendiolla, 2011; Puna, 2014; Sinisa, 2013; Tiatia, 2003). Familial discord, including difficulties between relationships with family and friends, dysfunctional and chaotic relationship dynamics, and high levels of family conflict are common factors that precipitate deliberate self-harm behaviours in individuals.

Trauma

Psychological factors associated with deliberate self-harm include traumatic events or traumatic experiences such as physical abuse, sexual abuse, or severe emotional abuse (Van der Kolk et al., 1996). Many sufferers or victims have connected deliberate self-harm to feelings of rejection, depression, or lack of control (Everall, 2000). These psychological characteristics and stressful life events are contributing factors to deliberate self-harm by young people. Hawton and colleagues considered the long-term impact of childhood abuse and its correlation to deliberate self-harm (Hawton et al., 2006). They found that physical abuse increased the likelihood of English adolescents having engaged in deliberate self-harm, as opposed to those who suffered from depression, anxiety, and low self-esteem (Hawton et al., 2006). Studies outlined childhood trauma as having a prominent place in deliberate self-harm and that childhood trauma can act as a catalyst and may exacerbate later in life (Gratz, 2006; Klonsky et al., 2003). Zanarini et al (2006) study showed that those who self-harmed as children presented increased self-harm incidents as they got older. For example, 32 percent first harmed themselves as children (12 years of age or younger), 30.2 percent as adolescents, and 37 percent as adults. Results from this study suggest that when harming begins in childhood, the impact of deliberate self-harm is impactful.

Inability to regulate emotions

Studies have shown the connection between deliberate self-harm and the inability to regulate emotions (Chapman et al., 2006; Fitzgerald & Curtis, 2017 Klonsky, 2007; Joorman et al., 2014). More specifically, a study by Langlands (2012) claimed that those who engage in deliberate self-harm do so often a result of negative emotions. These emotions are over clouded with adversities in comparison to others' emotions, and they experience greater challenges than others in regulating their emotions. In this study, participants were unable to express their emotions and deliberate self-harm was the only answer available to them. Thus, deliberate self-harm becomes a temporary solution to have control over the emotional agony (Groschwitz & Plener, 2012). Contrary, many of those who experience emotional tensions attempt to resolve these negative feelings by looking for something that can address the problem and break the cycle.

Literature by Gratz and Roemer (2004) claimed emotional awareness and willingness are compelling to the functional development of youth. According to them, it is during these adolescent years that the development of emotional regulation skills is critical. Relative to childhood, adolescents experience an increased need to regulate emotions to achieve long term goals (Steinberg, 2005) while experiencing several novel emotional situations such as working to establish their personal identity, beginning (and ending) romantic relationships, and increasing school pressure. Steinberg (2005) highlighted that puberty triggers heightened emotional arousal and sensation seeking, followed by maturation of the frontal lobes which underlies self-regulation in late adolescent years.

Desire to be heard

Global studies show that young people desire to be heard but this is not happening (Buston 2002; Fortune et al. 2008; Storey et al., 2005). A study carried by McLaughlin (1999) confirmed that while secondary school-aged pupils had a desire to be heard in school, what they experienced was feelings of not being listened to. Lynch (2000) had similar findings amongst upper teens and early 20s young people, who experienced not always being listened to by adults. More recent studies reported that many of these issues remain problematic for young people (Buston, 2002; Fox & Butler, 2007), and there has been no change in practice as a result of hearing children's and young people's views (Curtis et al., 2004; Fox & Butler, 2007; Worrall-Davis et al., 2008). Therefore, it is essential that if we are to meet the political agenda of involving young people in planning, improving, and evaluating services, it is imperative that we act on recommendations made by young people (Fox & Butler, 2007; Worrall-Davis & Marino-Francis, 2008). There appears to be a lack of studies that explore the voices of Pacific youth within the area of deliberate self-harm.

Silence and shame

Rosetto and Tollison (2017) emphasised the importance of understanding that silence can be a product of gendered oppression, which enables violence and at-risk behaviour of harm. Similarly, a study (Szlyk et al., 2019) amongst Latina teens found that there is a relationship amongst gendered oppression, silence and violence and suicide risk. Further, they noted that silence occurs when daughters struggle to uphold the integrity of the family, and not bring 'shame' into the home. The silence emerged to avoid the discovery of secrets such as sexual or physical abuse which could damage the family's reputation. The shamefulness of the activity for the victim adds to the ongoing silence.

Steggals (2015) described 'self-persecution' as self-injury. However, it is difficult to acknowledge it as an underlying motivation for harm. Self-persecution is significantly important in self-injury because self-persecution is "strangely underplayed, marginalized or even completely ignored by more objectivists representations and texts" (Steggals, 2015, p. 163). Importantly, self-persecution comprised judgement of the self, associated with a deep sense of a failed self. It relates to how individuals constantly must access and discipline the self to confirm to cultural expectations. However, there is no direct continuum to deliberate self-harm, but deliberate self-harm can be a manner of acting because of silence and shame.

Socio-economic status

Low socio-economic status, changing economic conditions, with socio-economic inequality on the rise increase the risk of deliberate self-harm (Chang, 2002; Lynch et al., 2000; Pearce & Smith, 2003; Skegg, 2005). Studies indicate that adolescents and young adults of low socio- economic

background are highly likely to experience psychosocial and environmental risks that create vulnerability to deliberate self-harm (Luthar & Latendresse, 2005; Pearce & Smith, 2003). Furthermore, poor living conditions, lack of opportunity and other stressors are also contributing to the risk of deliberate self-harm. A study examining deliberate self-harm behaviours amongst Chinese adolescents and young adults found that those who lived in poverty-stricken areas demonstrated a high level of risk to deliberate self-harm (Wan et al., 2011).

A combination of low educational achievement and lower-socio-economic status are also linked to deliberate self-harm (Kessler et al., 2005). Brunner et al., (2007) school-based study found that social background factors like school-related variables (e.g., school type and poor academic achievement) and family-related variables (e.g., health problems of parents and/or siblings) were important concomitants of occasional deliberate self-harm but were not related to an increased likelihood of repetitive deliberate self-harm. Dash (2015) found that low socio-economic status, financial hardship, and poverty are associated with vulnerability to deliberate self-harm. Low socio-economic factors can predispose many Pacific people to engage in deliberate self-harm behaviour.

Social media

Media may be a contributing factor to deliberate self-harm amongst youth. Deliberate self-harm has a contagion effect (Rosen & Walsh, 1989). The portrayal of deliberate self-harm on television (e.g., in 'Hollyoaks', a television soap opera about characters aged in their late teens to early twenties who attend a community college), in magazines depicting celebrities (e.g., deliberate self-harm by Princess Diana, Johnny Depp, Amy Winehouse, etc.), and on the internet, means that youth are increasingly exposed to such behaviours. Walsh (2007) categorised the media influence as one of four factors that influence deliberate self-harm; these include deliberate self-harm in the general media, celebrity deliberate self-harm, and discussion of deliberate self-harm in online chat rooms, message boards, and blogs.

Strategies and interventions to reduce deliberate self-harm

In this section, literature and preventative programs relating to strategies and interventions have been explored to provide context in service provision of addressing deliberate self-harm. Some of the findings have highlighted some barriers to access of services, the place of deliberate self-harm within the Suicide Prevention Strategy, cultural appropriate programmes and support, and treatment strategies.

Youth experiences of deliberate self-harm

Literature relating to young people's perspectives of deliberate self-harm and available services is limited. A study in the United Kingdom (McAndrew & Warne, 2014) highlighted the

significance of young people sharing their experiences, which can contribute to raising awareness and to a better understanding of deliberate self-harm. Other international studies emphasised that the inclusion of youth voices contribute to better engagement and treatment options (Clark & Moss 2011; Curtis et al., 2004; Roose & John 2003).

Barriers limiting youth seeking help

Studies have promoted the idea of listening not only to young people's experiences but also to their views of how services can better inform and address prevention and intervention efforts (Fortune et al., 2008; Storey et al., 2005). Fortune and colleagues used a school-based survey to explore sources of help and barriers to seeking help before and after episodes of self-harm. They collected data from 5,293 15–16-year-olds in the UK and found that professionals are not listening to what the young person has to say (Fortune et al., 2008). Further, they found that negative perceptions and understandings of self-harm were seen as a spontaneous act, and not important enough to warrant serious consideration. A significant finding was that youth participants in the study believed that they should be able to cope on their own. Fear that seeking outside help might create more problems, being labelled as 'attention seekers', not knowing whom to ask for help, and exposure to self-harm in their peer group and among their sex all impacted on their ability to ask for help (Fortune et al., 2008). Friends were found to be the main source of support with few adolescents seeking help from formal services (Fortune et al., 2008). In a focus group organized by Roose and John (2003) youth participants asserted that face-to-face was their preferred option for receiving services.

Deliberate self-harm in the Suicide Prevention Strategy 2019-2029

In Aotearoa New Zealand, deliberate self-harm receives minimal attention. The Government has made efforts to respond to the issues surrounding deliberate self-harm, by rolling-out the Suicide Prevention Strategy 2019-2029 with the 'Every life matters' framework. This includes the Suicide Prevention Action Plan 2019-2024 to identify actions to achieve the vision of the strategy. The Strategy clearly focuses on 'reducing the suicide rate' and 'wellbeing for all' by "building stronger systems that supports wellbeing and respond to people's needs" (Ministry of Health, 2019, p.2). If the purpose of the strategy is to provide direction and scope to enhance wellbeing, then deliberate self-harm warrants its own section in the strategy, so that intentional support and resourcing can be appropriately allocated.

Support services

The support services outlined in the Suicide Prevention Strategy 2019-2029 focus on suicide prevention. A couple of services focused on those who could be at risk to deliberate self-harm. Many of these support services were online, one-on-one and had time restrictions (Ministry of Health, 2019). The only family orientated services illustrated in the strategy was clearly targeting

suicide prevention: it is an education programme developed for Pacific communities by FLO Talanoa as part of Waka Hourua. However, in the Mental Health Foundation and Health Navigator websites, more and different services are listed, for example, information on specialised support groups, recovery and peer support, and family/ whanau support services throughout Aotearoa New Zealand.

Cultural appropriate programmes and support

Some community organisations, such as non-government organisations and churches, have recognised the struggles young people and their families face and have taken it upon themselves to find solutions from within their communities. *Taulanga U* Social Services in South Auckland offers workshops that are centred on the needs of the family. They run a family violence programme that is centred on faith-based and cultural interventions (Pacific Family Violence Support Service Providers, n.d.). Similarly, the *Siaola Famili Lelei* initiative has been given recognition by the Police in successfully addressing family violence abuse within their Tongan communities (Siaola, n.d.) Although these two services are running programmes focusing on family violence, they assist to build stronger and resilient families and develop strategies to address issues that may face someone who is at risk of deliberate self-harm. The *Toko* Collaboration group was formed as a result of a spike in Tongan youth suicides in 2012, responding to the call from the Tongan communities for a Tongan-specific response. The group has worked collaboratively with communities to deliver bilingual suicide prevention workshops to Tongan youth and their families. Their work has primarily focused on building resiliency for Tongan youth and families (Toko Collaboration, n.d.).

Treatment strategies

The lack of recognition of deliberate self-harm is reflected in the way data is calculated and strategies are formulated. The limited attention deliberate self-harm is given generates inadequate training, and screening tools and mental health resources for deliberate self-harm (Diamond et al., 2010). Literature reflects advanced understanding that deliberate self-harm behaviours relate to such areas as affect regulation, self-punishment, interpersonal influence and boundaries, dissociation, or sensation seeking (Peterson et al., 2008). However, recent literature on deliberate self-harm treatment has been limited to suicidal risk and treating injuries in emergency departments (Galletly et al., 2016). Despite the availability of suicide risk assessments and emergency treatment guidelines for acute care settings, there continues to be inconsistent assessment and management of young adult patients in the primary care setting. Many Primary Care Practitioners are excluding both the physical and psychosocial assessment needed to identify and prevent deliberate self-harm (Diamond, et al., 2010).

Significant reviews have outlined how the treatment for youth who deliberately self-harm comes from an evidence-based perspective (Glenn et al., 2015; Klonsky et al., 2011). The reviews directly indicate the importance of three factors: 1) treatment approaches are centred on the interpersonal relationship, core to this is the familial relationship that recognises that family participation is key in the treatment plan; 2) treatment and approaches include training components; and 3) treatments need to be intensive and focused on the reduction of behavioural outcomes and must target other maladaptive behaviours or risk factors such as substance abuse.

Treatment for most cases involves talking therapies such as cognitive behavioural therapy (CBT), dialectical behavioural therapy (DBT) and mindfulness-based therapies. Research shows that CBT has been successful when dealing with deliberate self-harm. Dolenc (2020), found that CBT addressed behavioural skills such as problem-solving skills, and improved how young people related to others and the relationships they engaged in. Her findings also showed that when young people finished their treatment, they had less deliberate self-harm behaviour and thoughts. A meta-analysis by Leavey and Hawkins (2017) found that CBT can help with symptoms of depression and anxiety, also reducing symptoms of depression and anxiety. After treatment, those engaged in deliberate self-harm were seen to be more positive with better emotion regulation and improved problem-solving skills than those who had not engaged CBT treatment.

Miller et al., (2007) reported that DBT is grounded on a biosocial theory, with assumptions which rely heavily on the relationship between an individual and their environment. They argued that a person who is highly emotionally dysregulated is very sensitive to their surroundings. In addition, Marsha Linehan, founder of DBT, highlighted that this treatment is usually targeted at those who suffer from Personality Borderline Disorder, anxiety disorders, depression, and other emotional-regulated issues. Linehan reported that there are no significant differences when carrying out DBT on individuals, compared to groups (Linehan et al., 2015).

Dialectical behaviour therapy (DBT)[1] evolved from Marsha Linehan's efforts to create a treatment for multi-problematic, suicidal women. Linehan combed through the literature on efficacious psychosocial treatments for other disorders, such as anxiety disorders, depression, and other emotion-related difficulties, and assembled a package of evidence-based, cognitive-behavioural interventions that directly targeted suicidal behavior. Initially, these interventions were so focused on changing cognitions and behaviours that many patients felt criticized, misunderstood, and invalidated, and consequently dropped out of treatment altogether.

Mindfulness-based therapies help individuals to be in the present moment. Miller et al., (2007) reported that mindfulness is incorporated into DBT. Lundh et al., (2007) discovered that when adolescents engaged in mindfulness, their deliberate self-harm was significantly lower in comparison to those who did not engage in mindfulness. Roemer et al., (2009) found that

mindfulness is associated to positive emotion regulation. They suggest the promotion of mindfulness is likely to improve emotion regulation skills.

Summary

In this chapter, Western literature on deliberate self-harm, and the overlap of the literature on self-harm and non-suicidal self-injury were presented. I have outlined the journey of the deliberate self-harm concept, referring to the biblical understanding of acts that could be seen as deliberate self-harm. I have presented the prevalence rates, correlates, predictors, and the dominant theories about why people deliberately self-harm. I also stressed that the literature regarding cultural understanding of deliberate self-harm is limited. What this has highlighted is that there are behaviours in other cultures that are analogous to deliberate self-harm as it is experienced by young Tongan women today. It also showed that within other cultures there are stories of behaviours likened to deliberate self-harm. The existence of different definitions of deliberate self-harm across cultures emphasises the need to understand behaviours through the lenses unique to each culture, as this has considerable implications for the manner in which health practitioners engage with people of different ethnicities for treatment. In the next chapter, I will be outlining the methodological framework and approach to explore the understanding and experiences of young Tongan women and practitioners regarding deliberate self-harm.

Chapter 4: Research methodology and design

Introduction

The aim of this research is to explore the experiences, understandings, and conceptualisations of deliberate self-harm (DSH) amongst young Tongan women. To achieve this aim, a qualitative and interpretive phenomenological research methodology was used. This was underpinned by a Pacific worldview that was guided by the *Kakala* Research Framework. A *talanoa* method was employed to a mix of individual and group talanoa with young Tongan women and health practitioners. The previous two chapters (Context and Literature Review) explored and critiqued previous research undertaken in the field of deliberate self-harm. In this chapter, I will explain and discuss how previous literature in this area has informed the research methods chosen, and how I used these methods to answer the three research questions:

1. What are young Tongan women experiences and understandings of deliberate self-harm?
2. What are the factors that contribute to deliberate self-harm and how?
3. What are the strategies that can help prevent deliberate self-harm behaviours and acts?

This chapter is organised into three parts: the first part considers the research design, the methods, and the research framework. The second part outlines the fieldwork process that was carried out. Finally, the third part is my reflection on the strengths and weaknesses of the research process, including my learnings.

Part one: Research design

Qualitative

I selected a qualitative methodology for this research, for various reasons. Firstly, qualitative methodologies have been used with good results in studies exploring sensitive issues and experiences of vulnerable youth (Fa'alau, 2011; Fuka-Lino, 2015; Puna, 2014; Tiatia, 2003). A qualitative study enables the researcher to build a holistic4 picture, focusing on the whole person, including cultural factors, and the mind, the body, and the spirit, and analysing in detail participants' views (Creswell, 2007). This is in line with the Pacific worldview, which is central to this study and will be discussed later. Therefore, a qualitative design helps to understand deliberate self-harm from an adolescent perspective (Vaismoradi et al., 2013). Furthermore, a qualitative approach ensures the validity and authenticity of the research:

4 Holistic comes from the word holism which the Concise English Dictionary defines as a philosophical theory 'that a system may have properties over and above those of its parts and their organization' and as a medical approach that treats 'the whole person, rather than just the symptoms of disease' (Dictionary, 2006, pp. 781-782).

> Qualitative research methods have been around for thousands of years, as long as people have shared ideas and traditions orally, interviewed others, and so on. Only in the past 25 years have these methods received attention as a legitimate tool for understanding behaviour and answering important social and behavioural science research questions (Salkind, 2013, p. 213).

Secondly, I wanted to explore the experiences and understandings of Tongan young women and to draw on their real-life thoughts and feelings. Therefore, it was deemed appropriate to appeal to the voices of Tongan young women, describing their experiences. Qualitative research has been used extensively in the field of social sciences (Creswell, 2007; Patton, 2002; Salkind, 2013). More importantly, qualitative methodologies have been employed in other deliberate self-harm studies (Brown, 2009; Coggan et al., 1997; Garisch, 2010; Klonsky, 2007; Sinclair & Green, 2005).

Thirdly, qualitative research acknowledges that peoples' reality is socially constructed, and social experiences are created through real-life experiences (Denzin & Lincoln, 2011). Creswell (2007) described qualitative methodology as enabling, with in-depth details enhancing the understanding of the study focus. Qualitative techniques utilise more appropriate approaches and methods to draw out knowledge that is culturally embedded in the lives of people and the relationship they engage in (Myers, 2010). More qualitative research is needed in this area, because despite deliberate self-harm being common in young people (Ministry of Health, 2015), there are limited in-depth qualitative studies on this phenomenon and on efficient types of interventions and support (Townsend, 2015).

Phenomenology

Given the sensitivity of the topic, this research will use a phenomenological approach as the appropriate paradigm for this research. Phenomenology in this research project is about exploring participants' experiences of deliberate self-harm, how they describe it, the way they feel about it and how they make sense of it all, as they share their experiences with others (Patton, 2002). Edmund Husserl, the founder of phenomenology, argued that focusing on the person's ways of being-in-the-world helps uncover experiences and reflection which may have not been intended, or even realised. Patton (2002) explained:

> Initially all our understanding comes from sensory experience of phenomena, but that experience must be described, explicated and interpreted. Yet descriptions of experiences and interpretations are so intertwined that they often become one. Interpretation is essential to an understanding of experience and the experience includes interpretation. Thus, phenomenological focus on how we put together the phenomena we experience in such a way as to make sense of the world, and in doing so, develop a worldview (p. 106).

Denscombe (2003) claimed that phenomenology is about gathering deep information and perceptions through inductive, qualitative methods such as interviews, discussion, and participant observation. Phenomenology also acknowledges the complexities of human experiences,

recognising the multiple realities constructed by people (Denzin & Lincoln, 2008). A phenomenological approach provides opportunities for deeper investigations (Zahavi, 2003). Grbich (2007) endorsed:

> Phenomenology is an approach that attempts to understand the hidden meanings and the essence of an experience together with how participants make sense of these. Essences are objects that do not necessarily exist in time and space like facts do, but can be known through essential or imaginative intuition involving interaction between researcher and respondents or between researcher and text (p. 92).

A phenomenological approach is likely to facilitate a safe space where Tongan young women can share the uniqueness and the diversity of their experiences. In these ways, phenomenology enables and reinforces a locating of self, a revealing of one's beliefs, values and practices that shape people's lives, including what is of value. Kovac wrote:

> Self-location anchors knowledge within experience and these experiences greatly influence interpretations. Sharing stories and finding commonalities assist in making sense of a particular phenomenon, though it is never possible (nor wise) to generalise to another experience (Kovac, 2009, p. 111).

Pacific worldview

The Pacific worldview provided the ontological lens by which this research explored, explained and documented Tongan young women's experiences and understanding of deliberate self-harm. As is it well argued, carrying out research ethically with Pacific peoples requires the consideration and understanding of Pacific knowledge systems and specific conceptual frameworks, philosophical values, and beliefs (Tukuitonga & Finau, 1997). Enabling Pacific knowledge and understanding was essential to this research. As Pacific people view health as a holistic concept that includes spiritual, emotional, mental, physical, and social wellbeing, the emphasis was on the total wellbeing through holistic understanding (Turia, 2014). Johansson Fua (2014) talked about this in his work:

> When conducting research in a Pacific context, we have for too long relied on Pacific people's generosity with their time and their knowledge and have neglected to re-examine our behaviour as Pacific researchers. If we want to value Pacific knowledge, it is important that as Pacific researchers, we apply a more rigorous standard in ourselves and others who choose to do research in our region (p. 59).

The Pacific worldview, from a Tongan perspective centre on three elements: the sacredness within all things (Tu'itahi, 2009), the priority of people, family, and community (Taufe'ulungaki et al., 2015; Taumoefolau, 2013; Vaioleti, 2006) and the relationships between these elements as fundamental to how people live and relate to one another (Mafile'o, 2005; Ka'ili, 2005; Manu'atu, 2005). The sacredness of peoples' relationship with the Gods transfers to the sacredness of the relationship between people, within a hierarchical context including the monarchy, the nobles, and the commoners.

My research is framed and carried out through the application of a Pacific worldview. As Asiasiga (2007) advised, to understand the Pacific worldview means that:

> …one has to have an in-depth understanding of Pacific knowledges, which implies an awareness of Pacific cultures. Pacific cultures and therefore Pacific knowledges have absorbed practices, beliefs, values and ideas from other dominant discourses and ideologies and made them part of their own (p. 54).

The Pacific worldview encapsulates the values and beliefs underpinning the way Pacific people view and understand the world (Gegeo & Gegeo, 2001; Sanga, 2004). Family and community, rather than the individual constitute the central part of the Pacific worldview. While acknowledging the commonalities, we must also consider that there are differences between the Pacific cultures. The Pacific worldview from a Samoan perspective, values a spiritual and communal understanding and acknowledges the collective as the source to maintain and sustain wellbeing. This is reflected in the words of Tui Atua Tamases Ta'isi:

> I am not an individual; I am an integral part of the cosmos. I share divinity with my ancestors, the land, the seas and the skies. I am not an individual, because I share my tofi (an inheritance) with my family, my village and my nation. I belong to my family and my family belongs to me. I belong to my village and my village belongs to me. I belong to my nation and my nation belongs to me. This is the essence of my belonging (Tui Atua, 2009).

Furthermore, the Pacific worldview reflects an understanding that incorporates elements combined from the spiritual, social, and natural realms, authenticating things that are important in life. Du Plessis and Fairbairn-Dunlop (2009) highlighted that:

> …what sustains people and what connects them to particular places and spaces is crucial to their identity. Spirituality or the sacred is fundamental, people are carriers of the lifeblood of future generations and have complex responsibilities to their physical environment and other living things. In Pacific communities, knowledge is communally made, sanctioned, shared and used with the aim of achieving the good life for all members (p. 111).

The Tongan-centred approach in research

Similar to a Pacific worldview, the Tongan-centred approach to research means that the research processes, design, and guidelines are underpinned by Tongan values, principles, and practices, to ensure that the data collected acknowledges Tongan people's views of their experiences (Health Research Council of New Zealand, 2005). Many Tongan academics have applied Tongan-centred research practices several times. The doctoral thesis by Fehoko (2020), Tupou (2018), Vaka (2014) are successful examples of research conducted from a Tongan-centred approach.

I use a Tongan-centred approach because I strongly identify as Tongan. To me, research has been always about giving back to my Tongan community and being accountable to my own people. Therefore, weaving and applying Tongan cultural values and beliefs that are central to the *anga fakatonga,* was paramount in building accountability to the educational institution, research

processes and participants in my research, and in extending this accountability to participants' families and their wider community.

Because this research focused on Tongan young women, it was important that Tongan ideals such as reciprocity, relationships, respect for one another and behavioural practices that are essential to the Tongan worldview and social organisation, were incorporated in the research design. Furthermore, it was important to include ideals of what is sacred and not sacred (Taufe'ulungaki et al., 2015). For example, sacredness in relationships sets appropriate interactions and behaviours with one another. As Mafile'o (2005) wrote, "Tongans are entwined within a matrix of multiple and complex inter-relationships, which govern the operation of inter-relationship and which in turn constituted wellbeing within a Tongan worldview perspective" (p. 135).

According to Tu'itahi:

> Maintaining a sustainable, harmonious and balanced relationship with nature and one's fellow human beings, both at the individual and collective levels, illustrates the spiritual dimension of fonua. Since the introduction of monotheistic religion, Tongans re-conceptualized the spiritual dimension of fonua to include God, the creator of the universe (Tu'itahi, 2009, p. 14).

The Tongan worldview is community and people-focused and for the good of all; it gives less attention to the individual, because the individual is part of the collective. Gender roles are fundamental to the Tongan worldview. The Tongan worldview also includes a relationship element of mind, body, and soul, as represented in the fonua concept. The Tongan worldview emanates in sharing and mutual exchange for the benefit of the collective (Tu'itahi, 2005). These aspects of knowing and believing are captured in the *Kakala* research framework.

Kakala research framework

The *Kakala* research framework has been chosen as a research framework for this study. *Kakala* is well known among Tongans as a garland, which is used in ceremonial occasions. Initially, Professor Konai Thaman developed the *Kakala* Framework to assist her students to understand the different stages of the research process5. Thaman (1998) named these stages as *toli* (data collection), *tui* (data analysis) and *luva* (dissemination of data). In 2006, the *Kakala* Research Framework has been refined, in consultation with Professor Konai Thaman, and academics such as Dr 'Ana Taufe'ulungaki and Dr Selu'ula Johansson Fua. Three extra research process stages from the work of Dr Linita Manu'atu have been added, these being the *teu* (preparation stage), *mālie* (research process is meaningful) and *māfana* (research process is transformative) concepts (Johansson Fua, 2014; Manu'atu, 2000; Kailahi, 2017).

5 This special lecture was organised by the Vakatele Pacific Research Network and was held at the South Campus of Auckland University of Technology on the 30th of November, 2016.

In my Master's fieldwork, I used the *Kakala* framework to allow for certain cultural processes to be fully examined and considered, ensuring that the appropriate protocols and questions were conducive to the research. I found that the stages of *mālie* and *māfana* were not seen as distinctive stages within the *Kakala* but were woven in from the beginning to the end (see Figure 1). *Mālie* and *māfana* were points of reference to measure the completion of each stage. Therefore, adopting the *Kakala* research framework to explore understanding, experiences, and conceptualisations of deliberate self-harm among Tongan young women was considered essential to a culturally rigorous research process.

Teu – preparation/ recruitment

The *teu* phase in *Kakala* (garland) making is one of significance, where the *Kakala* maker is expected to know the *taumu'a* (goal, intention, or purpose) of the *katoanga* (occasion) the *Kakala* is designed for. This stage involves laying the groundwork of preparation, planning and being thoughtful about the design and about how the *Kakala* would be received. Aligning to a research conceptual framework, this is similar to investigating why the proposed research is necessary and needed. This phase involves reviewing existing literature and identifying gaps in knowledge, formulate the research problem, and devise how it can be addressed. The research problem is grounded on the previous work that has been done, with the aim to continue this work. Therefore, the previous knowledge acquired in the field assists with the framing of the research process. For example, it may offer different methodological ways and views building upon existing work, that will explore new, transformational, and innovative knowledge. Significantly, this stage emphasises the ethical appropriateness of the research, including its cultural relevance and application.

Toli – data collection phase

After accomplishing the *teu* phase, the skilful *Kakala* maker must know where to search for and locate the most exquisite flora. Timing is of an important element when picking some of the exquisite plants in Tonga. Their colour, elegant display and aroma only emerge at particular times during the day, or throughout the year. It is said that a competent *Kakala* maker can extricate the precise qualities such as texture, maturity, colour, fragrance, and locations of *toli Kakala* to be used in the garland (S. Fuka, personal communication, 10 January 2015). The *toli* phase is associated to the data collection stage in the research process. The skilful *Kakala* maker selects the most appropriate plants, the essential aim of the data collection phase is ensuring that the information collected is rich, reliable, and ripe for analysis. The researcher follows on the *Kakala* maker steps, making use of appropriate data collection techniques, to gain participants' experiences and insight.

Tui – data analysis phase

This phase refers to the process of *tui Kakala* (weaving together of the garland). Thaman (1998) associated this phase to the data analysis step, where data input, transcription and analysis happen. *Tui Kakala* can be the sole responsibility of one person or more. The expert *Kakala* maker identifies which flowers, leaves and fruits are used, the most appropriate flora that can be weaved together, as the scented, perfume and aroma of some may not compliment the others. The artistry and creation of the *Kakala* design sits with the *Kakala* maker's artistic style, with the goal of meeting the purpose of the *Kakala*. It is important to note, that within this phase, the *Kakala* maker embraces traditional knowledge, methods, and design to incorporate in her *tui* (weaving process). The *Kakala* making is a women's tradition. This framework is significant personally, and for my research with Tongan women. As in the weaving of the *Kakala*, the data analysis significance sits with the researcher exploring and extracting the most meaningful information collected in the research.

Luva – presentation

The *luva* phase is about the presentation of the *Kakala*, after its *tui* (weaving). The *Kakala* is ready for the occasion it was planned for, and it is presented to people by the person who is wearing it. The *luva* phase is envisioned to be the same as the dissemination stage in the research process, where it is crucial to transfer the knowledge and the research findings to people and communities. Equally important to the goal of the *Kakala,* is the gifting of the knowledge back in its intended purpose.

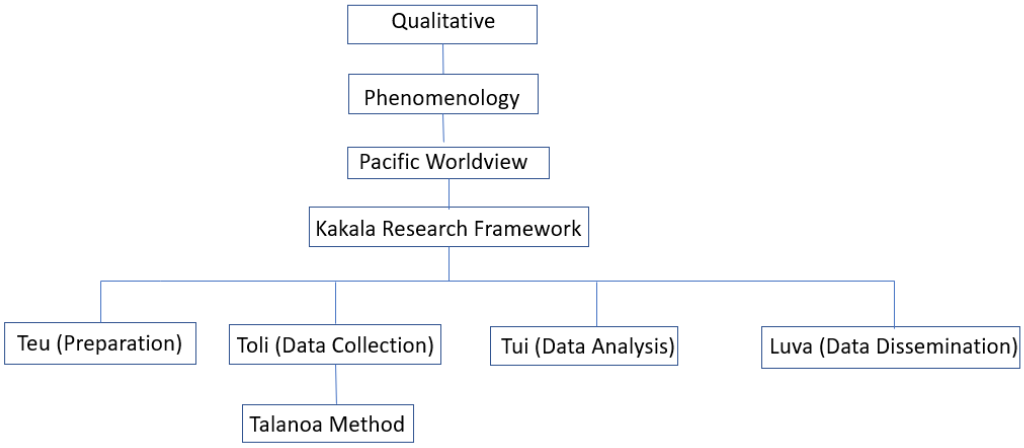
Mālie (relevancy and worthwhileness) and Māfana (transformation and sustainability)

Mālie (relevancy and worthwhileness) and *māfana* (application, transformation, and sustainability) are essential elements of the *Kakala* research framework, as proposed by Taufe'ulungaki et al., (2007), based on Manu'atu and Kepa (2001) argument. In this research, *mālie* and *māfana* are not additional stages in the process of *Kakala* making, but, critically belonging to every stage as the 'relational force that motivates people involved as well as dictating the quality of the *Kakala*' (Kailahi, 2017, p.75; Fuka-fLino, 2015).

Figure 4.1 outlines the selected research process as explained in Part A.

Figure 4.1

Research Process



Talanoa – Data collection method

It is important that the research method undertaken resonates well within the philosophical paradigm chosen. Furthermore, it is vital that the research method encourages and motivates participants, particularly the most vulnerable youth, to feel safe, be connected and have a sense of belonging, so that they can share the most authentic information. *Talanoa* has been chosen as the appropriate data collection method for these reasons.

Firstly, *talanoa* is a traditional method of story sharing and information gathering; within a research perspective, the data collection becomes 'a conversation, a talk, an exchange of ideas or thinking' (Vaioleti, 2006, p. 23). As described by Vaioleti (2006), the *talanoa* method acknowledges the historical platform for communication within a Tongan worldview. The *talanoa* is generally exercised through *nofo 'a kāinga* (the dwelling together of Tongan families), in social settings, from the informal context, such as talking between friends, to formal settings, such as a *kava* reception. The *talanoa* enabled in-depth exploration of the experiences of Tongan young women in a way that I would not have been able to achieve with any other method.

Secondly, the *talanoa* enabled me to stay true to the Tongan young women voices, because it is centred on relationships and communal ideals such as respect for one another, reciprocity, working together and sharing (Havea, 2010). Understanding of *talanoa* moves away from the literal translation of 'talking about nothing'. It is the cultural appropriateness of *talanoa*, that made it a suitable method for data collection because of its capacity to providing a safe space for sensitive topics to be shared.

Thirdly, *talanoa* is the most suitable method of inquiry for conducting research with Pacific people because it derives from a philosophical base that is 'collective, orientated towards defining and acknowledging Pacific aspirations' (Violeti, 2006, p. 26). Significantly, the *talanoa* method provides an interpretive approach similar to that of phenomenology (Fehoko, 2020).

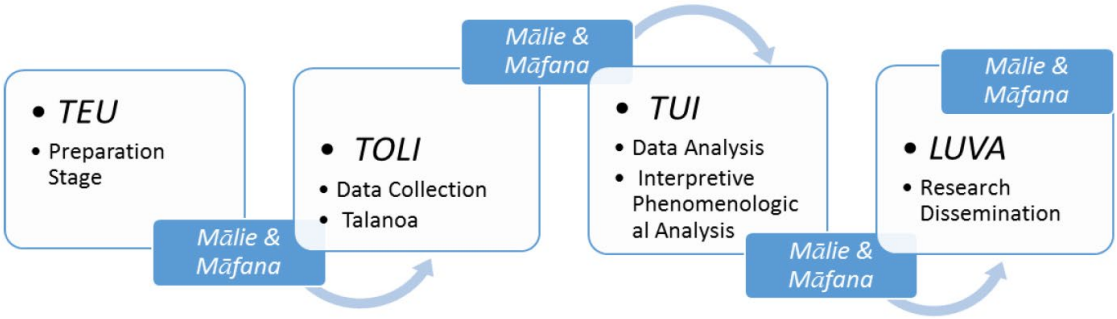
A fourth point is that *talanoa* enables both the researcher and the participant to activate a state of interconnectedness, that is fundamental to the relationship (Vaioleti, 2006). The *talanoa* method echoes a spirit which strengthens *tauhi vā* (relationships), that is vital within a Tongan worldview (Ka'ili, 2005). In addition, it allows for mutually empowering experiences and for a process that accepts diversity and difference (Vaioleti, 2006). My knowledge of the Tongan language and culture enhanced the smooth progress of the *talanoa*, when researching Tongan young women's experiences and understanding of deliberate self-harm.

Part two: Fieldwork

In this part, I use the *Kakala* research framework as a guideline for my data collection. The Figure 4.2 below provides step-by-step guidance in accordance with the research process that I have undertaken (see Figure 4.2, which illustrates a pictorial diagram of the *Kakala* research framework application)

Figure 4.2

Kakala research framework in fieldwork



Phase 1 – *Teu* (preparation)

Talanoa process and pilot study

I decided to carry out a pilot study as a preliminary trial, with the aim to evaluate components of my research process, especially the research questions, to see whether they were appropriate and useful. It was important for me as a researcher to have confidence in the key steps I needed to undertake when carrying out the field work, from recruitment to the questions asked and to the interpersonal skills used when engaging with the participants, so to avoid losing time and resources. Additionally, this was also done to ensure my safety with participants, as I saw the

relationship with the participants fundamental to the Pacific worldview. I was able to select a sample of six participants for my pilot study: four of these participants self-identified as Tongan women between the ages of 16–30-year-old. Participants in the pilot study were intentionally selected to include both those who could speak and those who could not speak the Tongan language for the purpose of piloting how the talanoa was going to interchange between the Tongan and English language. Two participants who had a history of deliberate self-harm were included in this selection to gage how the talanoa might to be managed if recruitment were to include those who had history of deliberate self-harm. The two remaining participants of the pilot study were Pacific health practitioners, with experience of working with vulnerable youth and with research background.

There was constructive feedback provided by the participants in the pilot study, such as the need to focus on enhancing the research design by looking more in-depth around the timings and the setting of the *talanoa*. I realised that the allocation of one - two hours may not be sufficient for the group *talanoa*. Therefore, I increased the *talanoa* time to three - four hours. The participants also felt that creating a warm and friendly environment was important to encourage future participants to feel safe and settled. Therefore, they suggested allocating time for *fakafe'iloaki,* a process similar to *whakawhanaungatanga* (making connections), to occur before the commencement of the group *talanoa,* especially when some of the participants would not be known to each other. I made amendments to the *talanoa* guidelines in accordance with the feedback received. As recommended by Van Teijlingen and Hudley (2001), engaging in a pilot study assisted me to improve the way I asked the research questions and to allow lead-in time for the *talanoa*, as well as giving me the opportunity to reflect and review my relational skills.

Ethical considerations

Prior to conducting this research, on 23 November 2018, I obtained the ethical approval (see Appendix A). An amendment to the Ethics Application approval was granted on the 9th of June 2020 to organise a *talanoa* with Practitioners (see Appendix B). According to Neuman (2011), ethical approval is required in research when working directly with human subjects. Ethics is designed to protect people regardless of their ethnicity, age, gender and religion group (Denscombe, 2010). Participants who engaged in the group *talanoa* (GT) and individual *talanoa* (IT), were given the participant information sheet (see Appendices C) before each session with verbal outline of what the research was about and expectations of the process.

In conducting this research, I made sure ethical protocols were followed and the ethics process was explained to participants before, during and after each *talanoa*. I ensured that all participants' rights to participate in the study were explained in detail, along with their right to withdraw from the study at any given time. All participants were informed that the *talanoa* was recorded as part

of the data collection process. Consent forms were given to each participant in their preferred language (see Appendices D)

It was important that all participants in this study understood that information and data collected were obtained in confidence. Assurance was provided that their anonymity would be protected by using pseudonyms to safeguard their identity. At first, most of the participants wanted to use their names to show their spirit of giving back to the Tongan community. With further explanation, they gained an understanding about the need to protect their identity. All participants preferred that I gave an appropriate pseudonym. Therefore, pseudonyms codes were used for all participants.

As this research was based on a sensitive topic and could bring up issues for participants, I had prepared to address any trauma, emotions like anger, anxiety, fear, shame, and other concerns that could have come up during the talanoa. I advised participants of the health and counselling services available at AUT University. I also provided a list of other services external to AUT that they could access.

For this research, participants were given $50 food voucher, and food and beverages were provided during *talanoa*. The concept of *me'a'ofa* or *koha* or *mea'alofa*, is important to Tongan peoples. (This practice is explained further later in this chapter). The process acknowledges and compensates for the time participants have given to contribute to this research.

Recruitment

To recruit participants, I presented information about this research to community groups, including youth groups and/or within church meetings. These forums were the starting point, because I considered community engagement as significant in sharing awareness related to deliberate self-harm within the Tongan community. Two factors influenced this decision: the need to move away from a clinical focus, which characterises many studies about vulnerability to deliberate self-harm, and reports that while many young Tongan may deliberately self-harm, they may not be accessing services and/or emergency departments. The following steps were undertaken:

- Access Permission

Research information was presented to members of the Auckland Tongan Ministers Forum of whom all Tongan church congregations within Auckland are members. The purpose of this presentation was to gain access permission for presentations to their *potungaue talavou* or *akoako* (youth groups).

- Presentations / Recruitment

Research information was presented to various groups; to protect participants' identity, I have withheld mentioning the names of these groups. Within these presentations, I extended invitations to participate in the research: group *talanoa* or individual *talanoa,* and I provided my contact details.

- Recruitment of practitioners

Practitioners were invited to attend an information session and to invite other practitioners who were working with young Tongan women who deliberate self-harm. At the information session, which was conducted via Zoom, practitioners were briefed about the study and invited to participate. The demographics of practitioners who participated is found in Chapter 8: Findings 4 – Practitioners.

Selection process

People who expressed an interest to participate in the research were informed that there were criteria they needed to meet: i) participants self-identified as female, ii) participants self-identify as Tongan, iii) participants reside in Auckland and iv) participants are 16-30 years old.

As identified in my Ethics Application, people currently engaged with Mental Health Services were excluded. This exclusion was necessary to ensure that relevant safety measures are being put into place and potential risks for people who are currently under treatment are alleviated. The focus of the research aimed to capture a community sample, considering that some Tongan young people are unlikely to be engaged in services (Fuka-Lino, 2015).

For efficiency reasons, I decided that the first participants who responded to the invitation and met all the criteria be given priority to participate in this research.

Participants

Participants who met the selection criteria were identified. However, it was evident that this was a diverse group and included New-Zealand-born and Tongan-born participants, and participants of mixed identity through inter-marriage, for example participants with both Samoan and Tongan heritage.

Initially I had opted for individual *talanoa* of up to 12 participants, thinking that this will result in providing rich data; it will also protect participants and keep them safe. However, recommendations from the University's Postgraduate Board suggested that I consider focus group as another method, to allow participants to feel comfortable and at ease to open up about their experiences. Bradbury-Jones et al., (2009) claimed that focus groups can be used in interpretive phenomenology for collecting sensitive data. Shaw et al., (2011) also emphasised that focus groups can create safe peer environments for participants, and they also prevent power imbalances that can occur between researcher and participant in a one-on-one interview environment. As a

result, I decided to conduct three group *talanoa* of up to six-seven participants: the first group *talanoa* (GTP1) included young Tongan women over 20 years old, the second group *talanoa* (GT2) comprised young Tongan women under 20 years old, and the third group *talanoa* (GT3) was formed of Tongan young women of mixed ages, from 16-30 years old (see Table 4.1). Ten individual *talanoa* (ITP1) were organised for those who were not comfortable to attend the group *talanoa* (see Table 4.2).

Phase 2 – *Toli* (data collection)

Fakafe'iloaki – round of introductions

The process of data collection commenced from the initial *fakafe'iloaki* stage (round of introductions) involving everyone who was key to the *talanoa* process. *Fakafe'iloaki* is similar to the *whakawhanaugantanga* process in Te Ao Maori, *faaulupega* in Samoan, where relationships are built through connecting with one another. In this instance, I was able to *vahevahe* (share) information about the research, including my personal interests in the field of deliberate self-harm. I introduced myself and the villages I affiliate with, as Tongan. This helped nurturing the *vā* (relational space) between the researcher and the participants. Essential to the data collection was the weaving into the *talanoa* of good interpersonal skills, such as the tone of the voice, the body language and the words used, so that all participants felt welcomed.

Talanoa

I chose the *talanoa* method to collect the research data. *Talanoa* was very valuable as it helped foster a safe space for me, as the researcher, and for the young Tongan women participants. Building and nurturing a trusting relationship within the *talanoa* was instrumental to strengthen a strong foundation, on which young Tongan women could share openly and honestly. For example, at the beginning of every *talanoa,* participants were invited to open in whichever way it made them feel comfortable and at ease. In all the *talanoa* sessions, participants requested to commence with a *lotu* (prayer) which was often carried out by participants themselves. I observed how the *lotu* invited us to settle into the *talanoa* space. I noticed participants who were slightly anxious at the beginning, becoming relaxed and feeling more at ease with each other after the prayer. The prayer enabled participants' openness and willingness to share experiences and understanding of self-harm, despite the sensitivity of the topic.

The skills used in the *talanoa* are pivotal in opening the mat for all to contribute. Therefore, a mix of probing, taking lead at times, following on what was important to participants, holding back, listening, and letting the conversations flow were used in the *talanoa* process. The *talanoa* was zigzagged, circular and often it involved a rolling process. The spirit in which we invite everyone to enter into the *talanoa* space stems from the notion of a caring heart which focuses on *'ofa*/ love and respect for ourselves, for each other and for those who we meet. This promotes an inclusive,

participatory, and transparent dialogue. By laying the groundwork, the nature of the *talanoa* became wide-ranging and constituted a workable process, allowing me to go forward and backwards, as necessary, to interpret the different perspectives of young Tongan women experiences and understanding of deliberate self-harm.

A *talanoa* schedule with indicative probing questions was used to guide the *talanoa* process (see Appendix B). This schedule was used in the pilot study and for both individual and group *talanoa* to maintain consistency of experiences and understanding of young Tongan women. Another *talanoa* schedule was designed for *talanoa* with practitioners (see Appendix B) to capture their practice experience in working with young Tongan women at risk of deliberate self-harm.

Timing

The timing to conduct the group and individual *talanoa* was critical, having to be appropriate to all of those who participated in the study (Beyea & Nicoll, 2000). Feedback from the pilot study motivated me to increase the allocated timeframe for the *talanoa*. The first group *talanoa* was the longest, taking over four-five hours, as this session entailed longer dialogue in navigating the terrains of deliberate self-harm. I offered participants the opportunity to inform me when they would like to take breaks. For the first group *talanoa*, two breaks of 15-20 minutes were taken to allow participants time to have rest from the emotional, in-depth sharing that occurred. The second and third group *talanoa* took between three and four hours, much lesser time, as I had integrated learnings from the first group *talanoa* that minimised the repetitive circular cycle of the *talanoa*. One break of 15-20 minutes was taken. The individual *talanoa* took between one and a half – two hours. All *talanoa* occurred in the evenings and during the weekends, when it was most suitable for participants.

Setting and location

Setting the scene was important in creating positive relationships with the participants, given the sensitivity of the topic that was going to be discussed. Researchers recommended that settings need to be carefully considered when conducting interviews, especially focus group interviews; they have to be familiar and accessible, as shyness may occur in unknown environments (Lucio, 2015; Neely-Barnes et al., 2010). Gibson (2007) emphasised that conducting discussions in a clinical setting may discourage the group to engage in these discussions, due to the potentially inhibiting patient-professional relationship.

The first and third group *talanoa* were carried out in South Auckland, in the evenings, in a classroom setting within an educational facility. This respected participants' request for the location to be easily accessible. The second group *talanoa* occurred in central Auckland, in a private location, as requested by participants, as they did not want to take the chance of anyone seeing them being a part of a group *talanoa*. Regarding individual *talanoa*, seven sessions took

place in South Auckland, within the University and two sessions took place in a private location in a public setting within the South Auckland community.

Note taking

The first set of data collection was the detailed field notes that were taken through researcher's observation and note taking. They captured some of the key nuances that participants expressed without words: a particular body language, periods of silences and emotive expressions during the *talanoa*. My field notes also included the environmental factors that could impact active participation, such as noises, heat and anything distracting.

The second set of data were my audio-recorded reflections that encapsulated my feelings and thoughts after each group and individual *talanoa*. I would enter into a process of deep reflections which often extended for one-two days following the group or individual *talanoa*. I transcribed these reflections and mapped the data against the talanoa transcriptions, to ensure that I had fully captured participants' experiences.

The third set of data were my audio-recorded group and individual *talanoa* that had taken place. I triangulated these data with my first and second set of data, to clearly locate participants' perceptions and experiences.

Transcriptions

All audio files of the group and individual *talanoa* were transcribed. I decided to transcribe each *talanoa* as it was vital to capture and interpret the Tongan young women's perceptions and experiences of deliberate self-harm. Lātūkefu (1968) advocated the need to interpret data through a cultural lens, in this context, through the *anga fakatonga*. Further, he argued that inability to interpret data accurately generates incorrect information.

Transcriptions of each interview occurred within 24-48 hours from the time they were concluded. Feedback from the Postgraduate Board during my confirmation of candidature phase highlighted concerns regarding my ability to turn this around at a fast pace. Therefore, I had to ensure that the group and individual *talanoa* were spaced appropriately, so that the transcriptions could take place within the given timeframe.

Given that I am Tongan and have a good understanding and command of the Tongan and English languages, and of Tongan protocols and processes I did not find the process of transcribing between the Tongan and English language complicated.

Me'atokoni/sharing of food

As planned, *me'atokoni* (sharing of food) was provided to participants. I felt that it was important to express my gratitude for their participation. Food was additional to the *me'a'ofa* (gifts), which

I will discuss later. The provision of food is a gesture illustrating the spirit of reciprocity, that when people are asked to give up their time, it is my responsibility and duty as a researcher to acknowledge them for their time. Engaging in the sharing of *me'atokoni* is well known to the anga *fakatonga* (Lātūkefu, 1968). For the group *talanoa*, sharing of *me'atokoni* occurred during the *talanoa,* at the request of the participants. I noted that not all participants opted to eat during the *talanoa*. Some decided to eat at the end of *talanoa*. The individual *talanoa* participants declined the offer of food but accepted beverages such as water, juice, and fizzy drinks.

Me'a'ofa or gifts

Me'a'ofa in Tongan, *mea'alofa* in Samoan and *koha* in Māori are culturally appropriate gestures of reciprocity, to show one's gratitude for giving up time to take part in the research process. From a Tongan lens, *me'a'ofa* is not just expressed through monetary value, it can be demonstrated through duty or through an extension of the self to others, in service (Tupou, 2018). For the purpose of this research, I decided to gift participants $50 Westfield Vouchers or grocery vouchers to acknowledge the sharing of their knowledge and experiences. I feel that the vouchers didn't truly equate the depth of sharing that the participants generously offered.

Me'a'ofa (gifting) is a contested argument in research, that can be misconstrued as an ethical issue, where people often regard gifting as influencing the level of contribution. It is important to note that participants were not informed of the vouchers prior to *talanoa*, to eliminate any indication of bribery to be a part of this research. In this research, the vouchers acted as a form of *tauhi vā* (nurturing relationship) and *faka'apa'apa* (respect), to acknowledge the sharing of knowledge and experiences.

Identifying the participants

At the initial *teu* and *toli* phases, all participants identified and situated themselves in relation to age, whether they were New Zealand or Tonga-born, where they lived, and if they spoke Tongan fluently. More importantly, they located themselves in relation to whether they thought about deliberate self-harm and/or engaged in deliberate self-harm. For efficiency, acronyms were used: GT refers to participants who were involved in the group *talanoa,* and IT includes participants who engaged in the individual *talanoa*. For example, GT1P1 refers to first group *talanoa*, participant number one, and ITP1 means individual *talanoa*, participant number one.

The following two tables present the participants who were involved in this research through group *talanoa* (see Table 4.1) and individual *talanoa* (see Table 4.2). As a result of the selection process, the participants have self-identified into three groups. The first group include participants who had direct association with deliberate self-harm, those who have indicated that they fit into both areas of 'thought about deliberate self-harm and 'engaged in deliberate self-harm. The second group include participants with indirect association with deliberate self-harm. It refers to

participants who have indicated they have 'thought about deliberate self-harm but have not 'engaged in deliberate self-harm. The third group include participants with no association, these are participants who have not thought about deliberate self-harm and have not engaged in deliberate self-harm. This framework will be described more in depth in Phase 3, together with the allocation of the pseudonyms.

Table 4.1

Group Talanoa

Participant	Age	NZ/ Tongan Born	Resides in	Thought about DSH	Engaged in DSH	Speaks Tongan fluently
GT1P1	18	NZ-born	Mangere East	√	√	X
GT1P2	30	NZ-born	Ellerslie	√	√	√
GT1P3	30	NZ-born	NZ	√	X	√
GT1P4	25	NZ-born	Manurewa	X	X	X
GT1P5	24	Tongan-born	Mangere	√	√	√
GT2P1	17	Tongan-born	Mangere	√	√	√
GT2P2	19	NZ-born	Onehunga	√	√	X
GT2P3	19	NZ-born	Mangere	√	√	X
GT2P4	19	NZ-born	Mt Roskill	√	√	X
GT2P5	19	NZ-born	One Tree Hill	X	X	√
GT3P1	17	NZ-born	Mangere	√	√	√
GT3P2	24	NZ-born	Manurewa	√	X	X
GT3P3	25	NZ-born	Onehunga	X	X	√
GT3P4	23	NZ-born	Manurewa	X	X	√
GT3P5	19	NZ-born	Mangere	√	√	√
GT3P6	24	NZ-born	Manurewa	√	X	√
GT3P7	19	NZ-born	Otahuhu	X	X	√

Table 4.2

Individual talanoa

Participant	Age	NZ/ Tongan Born	Resides in	Thought about DSH	Engaged in DSH	Speaks Tongan fluently
ITP1	18	Fijian-born Tongan	Parnell	X	X	√
ITP2	18	NZ-born Samoan-Tongan	Epsom	X	X	X
ITP3	18	NZ-born	Mangere	√	√	X
ITP4	18	NZ-born	Otahuhu	√	X	√
ITP5	20	NZ-born	Manurewa	√	X	√
ITP6	20	NZ-born	Mangere	√	X	√
ITP7	22	NZ-born	Mangere	√	√	√
ITP8	30	NZ-born	Mangere	√	X	√
ITP9	22	NZ-born	Mt Roskill	√	√	X
ITP10	21	NZ-born	Mt Roskill	√	X	X

Phase 3 – *Tui* (data analysis)

The *tui*/data analysis employed Interpretative Phenomenological Analysis (IPA), the focus of the research being to provide insight of how a person in a given context makes sense of a given phenomenon (Smith, 2011; Smith et al., 2009). IPA expects the researcher to interpret each nuanced narrative, carefully questioning and exploring similarities and differences across participants (Brocki & Wearden, 2006). The *talanoa* transcripts were analysed using the IPA tool in accordance with the published guidelines (Smith et al., 2009), recognizing their notable contribution to understanding experiences of illness in the mental health field (Smith, 2011).

Table 4.3

Inductive Coding Process

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
Initial read through text data	Identify specific segments of information	Label the segments of information to create categories	Reduce overlap and redundancy among the categories	Create a model incorporating most important categories
Many pages of text	Many segments of text	30-40 categories	15-20 categories	3-8 categories

Note. Inductive coding process adapted from Educational Research: Planning, conducting, and evaluating quantitative (p.226), by J. W. Creswell, 2002, Prentice Hall.

The IPA was carried out by an inductive coding process, with five concrete stages, as adapted from Creswell. I chose the inductive coding as I felt that it was easy to follow, and because it involved close reading of the text and consideration of the multiple meanings that are inherent in the text (Creswell, 2007) (see Table 4.3). The coding process involved formatting the data to enable each *talanoa* transcript to be identically formatted.

The inductive coding began with a close reading of the text and consideration of its multiple meanings (Creswell, 2002). Secondly, I identified within the data text segments that held meaning units (themes). I created a label for a new category to which the text segment was assigned. Additional text segments were added to the relevant category. At some stage, the researcher may develop an initial description of the meaning of a category, by writing a memo about that category (e.g., associations, links and implications). The category may also be linked to other categories in various relationships such as network, a hierarchy of categories, or a causal sequence. Throughout the process of coding and analysing the data, I referred back to the original questions, to ensure that data responded to the questions (Padgett, 2009).

Having carried out this process and considered the identification of participants in Phase 2, I was able to organise the participants into the three perspectives/categories that emerged: 1) direct association with deliberate self-harm, 2) indirect association with deliberate self-harm and 3) no association with deliberate self-harm (see Table 4.4). The pseudonyms that have been allocated to participants in Table 4.4 is how their voices will be presented in the findings.

Table 4.4

Participants Profiles and Pseudonyms

Direct Association (G1)		Indirect Association (G2)		No Association (G3)	
Participant	**Pseudonym**	**Participant**	**Pseudonym**	**Participant**	**Pseudonym**
GT1P1	G1P1	GT1P3	G2P1	GT1P4	G3P1
GT1P2	G1P2	GT3P2	G2P2	GT2P5	G3P2
GT1P5	G1P3	GT3P6	G2P3	GT3P3	G3P3
GT2P1	G1P4	ITP4	G2P4	GT3P4	G3P4
GT2P2	G1P5	ITP5	G2P5	GT3P7	G3P5
GT2P3	G1P6	ITP6	G2P6	ITP1	G3P6
GT2P4	G1P7	ITP8	G2P7	ITP2	G3P7
GT3P1	G1P8	ITP10	G2P8		
GT3P5	G1P9				
ITP3	G1P10				
ITP7	G1P11				
ITP9	G1P12				

Overall, 27 women aged from 16 to 30 years old participated in this study. Seventeen participants engaged in the three group *talanoa*, and ten participated in the individual *talanoa.* Twelve participants identified as having had direct association with deliberate self-harm, eight participants identified as having an indirect association with deliberate self-harm, and seven participants indicated they do not have any association with deliberate self-harm. This will be further elaborated in the Findings Chapters (see Table 5.1 in Chapter 5).

Phase 4 – *Luva* (dissemination/presentation of findings)

The *luva* phase constitutes the presentation of participants' voices and experiences. Within this research, *luva* will evolve across the next three findings chapters.

Part three: Reflections

My fieldwork stimulated some questions in my thinking about the research process and the learnings undertaken in relation to the Western research frameworks and expectations versus the Tongan cultural processes and framework. Durie (2015) highlighted that the purpose of research that serves community is the ability to engage, enlighten, and provide empowerment. In the next

paragraphs, I outline how the learnings accumulated throughout my research journey have empowered me, as a researcher.

Talanoa he lilo an emancipatory and transformational experience

The value and function of *talanoa* ignited the groundwork for connections to be created between myself as the researcher and the Tongan young women as the participants. The *talanoa* that occurred was more than just to 'offload' (Nabobo-Baba, 2007). In this context, *talanoa* was similar to an open dialogue where these young women could freely share from their heart (Halapua, 2003). The practice of *talanoa* seemed like what Naufahu (2018) described as *talaloto* a 'testimony of constructed knowledge or lived experience' (p. 15). The process of *talaloto* involves someone speaking without being interrupted, in an emotional way.

However, I felt that these women's hidden narratives provided profound insights to inner experiences that had been silenced or suppressed for some time, an experience that was deeply concealed. The *talanoa* allowed these women to share their most vulnerable experiences. This talanoa is known as *talanoa he lilo*. For these women, the *talanoa he lilo* was beyond reflecting on their lived realities. It commanded *māfana* (heart-felt warmth), an innate and emotional sharing between the researcher and those involved to re-ignite light in a dark place. Further, for some participants, it was about sharing an extension of themselves about things that they did not allow themselves to think about. It was safe.

Researcher's ethics of care

In reflection, as a researcher, I did not prepare myself as a doctoral student to face emotional hurdles, as I progressed in this journey. I had encountered several challenges in the research process that became quite overwhelming. Firstly, there were multiple deaths in my family in the last four years, and I had lost four key people that were instrumental in my life. The impact was critical and required me to ask for extensions of the timeframe allowed to complete this research. Whilst the approval for extensions helped, it was dealing with the emotional exhaustion that was significant. Having experienced these events, I have noted the importance of being prepared when unexpected events may arise during the research process. More specifically, it was important to consider my response to such events and to recognize that these tragedies may have exacerbated my experience and heightened my emotions (Fahie, 2014). Even though I may have been reminded about the importance to prepare for such eventualities, I found that being prepared emotionally was very challenging. On reflection, I also believe the cultural responsibilities that came alongside this emotional challenge were difficult. There were practical and cultural expectations and responsibilities required to follow through, whilst grieving and coming to terms with these significant loses.

Secondly, most parts of the narratives in this study were transformational to the young women who graciously shared their stories. Over time I started taking on board some of trauma that was shared during the *talanoa* sessions. Unconsciously in the beginning, I discovered more and more how I was feeling the heaviness of the narratives which transpired throughout the data collection phase. Unexpectedly, I felt more emotionally drained as I was analysing the data too. I felt embarrassed, because, in my eyes, I was meant to be the professional, and feeling vulnerable indicated that I was not upholding my role as a researcher, to protect the wellbeing of the participants and honour their experiences. Almost immediately, I came across work by Kavanaugh and Campbell (2014) that described how people involved in the research, such as the transcriptionist and the research team, can be affected emotionally, even though they may have not direct contact with the participants. Discussions during fortnightly peer supervision external of AUT enabled me to respond to this counter-transference experience.

Thirdly, I am a Pacific researcher, also a mother, a daughter, a wife, and a member of my community. *Fatongia* (my roles and responsibilities) within these spaces do not stop. In my PhD journey, I could not separate what was going on in my personal life from the obligations and responsibilities of this research. The support I received from supervision at the University was key to understand the research process as continuous learning and growing development, as a researcher. In my opinion, time was limited to be able to access further supervision that would have accounted for my psychological and emotional wellbeing. Therefore, mitigating the effectiveness of my own self-care was important, for example, accessing supervision external of AUT and also attending to my spiritual needs. Researchers from the field of sexual violence recommended several self-care strategies, including regular debriefing, supervision and spirituality, as helpful tools to ensure researcher's wellbeing (Coles et al., 2014; Herrmann, 2017). I believe that there should be an institutional obligation to cater for the wellbeing support needs of the researchers, similar to those catering to participants' wellbeing. For example, any students who are engaged in vulnerable research, should have additional external supervision available to cater for their emotional wellbeing, in addition to academic support.

Data collection during COVID-19

Remaining on track and keeping to deadlines required that I carried out the data collection with practitioners during the Covid-19 lockdown. Engaging in data collection during COVID-19 pandemic had its strengths and weaknesses. Although the research process may not have posed many restrictions at the time, in reflection, it had presented challenges in many ways, aside from the technical connectivity issues that came with zoom, as the platform for the *talanoa* to take place. One of the positive factors of having used the Zoom function to audio record my *talanoa* with practitioners was that it could transcribe verbatim, with the need to check for accuracy of Tongan words that may have not been captured by the transcription function. Again, the Zoom

platform enabled me to continue with data collection to meet the time expectations. The rush at the time meant that I did not carry out a pilot test of a virtual Zoom *talanoa* prior to the data collection, as I did before I started my face-to-face data collection.

Of note, capturing the availability of practitioners was challenging during the pandemic as they proved difficult to access, because they were responding and supporting people in crisis during this time. On reflection, one may argue that the selection process was biased, through recruiting only the few practitioners who were available. However, I had to proceed with those practitioners who were keen, interested and available during this time. All practitioners requested for the *talanoa* to occur after working hours.

Assessing practitioners' interpersonal cues via Zoom was very challenging. I quickly learned of Zoom fatigue, where, after being online for more than two hours continuously, I started developing headaches. Therefore, I had to weave in breaks into my Zoom *talanoa,* to enable a refresh and consequent focus. I learned to space out my Zoom *talanoa* by having a maximum of two talanoa per week. The application and functions of the *talanoa* process were not efficient during Zoom *talanoa*. I had to work three times as hard to nurture the *vā* between myself and the participant.

Post-Covid time enabled me to reflect on questions about the rigour and ethics of carrying out data collection when undertaking virtual *talanoa*. As I pondered, I wondered about the relationship between researcher and participant, and more importantly, about the safeguarding of privacy and confidentiality in a Zoom environment.

Summary

This chapter presented the methodology and methods used to achieve the objectives of this research on young Tongan women's experiences and perspectives in relation with deliberate self-harm. This chapter described the cultural considerations used while undertaking to meet the requirements of an ethical recruitment process. Furthermore, it detailed the data analysis process. Lastly, it provided a critical reflection on the challenges that I, as a researcher, experienced in the data collection process. The use of qualitative methodology and phenomenology to capture the lived experiences of deliberate self-harm for young Tongan women were beneficial to the purpose of the study. The application of the elements within the *Kakala* research framework in the fieldwork process enabled a culturally safe environment for all who participated in the study. The use of *talanoa* as a research method enabled the participants to *'talanoa he lilo'*, to converse from a hidden and concealed place. This enabled the young Tongan women to draw on sensitivities of a topic that is usually not explored within the Tongan community. Inclusion of practitioner's voice alongside the young Tongan women provided broader context and understanding in practice.

The next four chapters present the key findings from the qualitative data collected.

Chapter 5: Findings 1

What are Tongan female youth experiences and understanding of deliberate self-harm?

Introduction

The first findings chapter presents the voices of Tongan women (16-30 years old), as recorded within group and individual *talanoa*, addressing the research question: what are Tongan young women's understanding and experiences of deliberate self-harm? The young women's voices from the group and individual *talanoa,* whose similarity was noted*,* are presented together, to enhance the richness of the data and the depth of the inquiry. Where there are significant differences, such as in age, these differences are highlighted. Participants' responses are presented by mix of conversations in boxes. This chapter is structured in three parts. The first part highlights participants' understandings of deliberate self-harm, based on their interpretation of Tongan cultural concepts, such as *Loto*, *Mamahi* in the *Loto*, *Loto-lavea* and *loto-mafesi*, *Ongosia*, *Fakamamahi* and *Ta ke lavea*. The second part is focused on the forms of deliberate self-harm, based on participants' understanding of the clinical dimensions. The final section focuses on why Tongan women deliberately self-harm.

A random sample of twenty-seven young women responded to the invitation to be part of this study. Three groups emerged: participants in the first group had direct association with deliberate self-harm, participants in the second group had an indirect association with deliberate self-harm, and finally, the third group's participants had no association with deliberate self-harm. Participants' voices are organised according to these groups to highlight the significance of their understanding and experiences (see Table 5.1 below). In this findings chapter, direct association refers to participants who shared that they had experienced and/or were currently engaging in deliberate self-harm. Indirect association refers to young women who had thought about deliberate self-harm but had not engaged in the act. No association refers to participants who had neither acted nor thought about deliberate self-harm.

Of the twenty-seven participants, twelve had direct association with deliberate self-harm, eight participants had indirect association, and seven had no association. Of significance to the young women's experiences are their accounts on conceptualising the phenomena of self-harm. They often interchanged between the first and the third person when describing themselves. Further, it was very clear that some engaged in deliberate self-harm, but their responses often suggested that they are describing deliberate self-harm as a perception, as opposed to an experience.

I decided that it was important to include the experiences and narratives of those who had no association with self-harm, as it brought a good awareness and raised relevant discussions on the topic. But more importantly, even though this group told a story about a sister, friend, or someone they had known, rather than a personal story, their contribution was deep. Some of the sharing suggest either these young women are extremely good observers and empathic, or they know precisely what they are talking about, because it is happening to them.

Table 5.1

Participants Profiles and codes used in research

Group 1 – Direct Association (G1)	**Group 2 – Indirect Association (G2)**	**Group 3 – No Association (G3)**
G1P1	G2P1	G3P1
G1P2	G2P2	G3P2
G1P3	G2P3	G3P3
G1P4	G2P4	G3P4
G1P5	G2P5	G3P5
G1P6	G2P6	G3P6
G1P7	G2P7	G3P7
G1P8	G2P8	
G1P9		
G1P10		
G1P11		
G1P12		

The word ‘deliberate’ in deliberate self-harm

At the beginning, when participants were asked of their understanding about deliberate self-harm, it was noted that the majority were always referring to self-harm (SH) as opposed to deliberate self-harm (DSH). In the progression of each *talanoa*, there was greater reference to self-harm, common finding across the three groups. Some used the terms interchangeably throughout the *talanoa* and referred to ‘self-harm’ and ‘deliberate self-harm’ in the same way.

Understanding the word ‘deliberate’ in deliberate self-harm appeared to be confusing for participants, generating strong points of discussion across the three different groups. Common responses about the use of ‘deliberate’ were raised across the groups. Some participants agreed to the use of the term, while others did not agree due to their lack of understanding. Differences were

more likely to be shared amongst some who had direct association with self-harm, and who were in the under 20 years old age category, in comparison to participants who had indirect and no association with deliberate self-harm.

As participants engaged progressively in their respective *talanoa*, they spent some time unpacking the term 'deliberate'. There was a common struggle in their understanding of the term deliberate as shared by the responses from the following participants. G2P3 expressed:

> G2P3 I know what self-harm meant but not deliberate!

G3P6 grappled with a similar tension, when she referred to the term deliberate self-harm as being new to her too:

> G3P6 I've only heard about self-harm itself; I haven't heard the term deliberate self-harm before… Yeah so it's kinda new to me… I know that me and my sisters, we've never heard of it and a few other girls did hear about it but they didn't know what it was. Like they just kinda knew the word but didn't know the meaning, didn't know what it meant.

Further, G3P6 explained that although she has not come across the term 'deliberate' in self-harm, she feels that when 'deliberate' is put in front of 'self-harm', it means that there is purpose and/or meaning, and the actions are calculated:

> Ummm, to me deliberate [self-harm] is something that you know you are going to do it to yourself, and you are going to do it… you just want to do it to yourself just because you need to do… deliberate means there is no purpose, it is calculated…

Whereas G3P2's view appears to be a representation of those who have indirect and no association with deliberate self-ham, that it is a reflection on something that someone has thought about over time:

> G3P2 I think people who do this to themselves have thought hard and long about this. I mean they don't just wake up one morning and want to do this to themselves. They have spent time to carefully planning it.

By contrast, those who had direct association were emotional and upset during their sharing because they felt the use of 'deliberate' minimises the significance of their experiences and gives a negative message. This is illustrated in the emotional reaction by G1P1:

> G1P1 …I hate how people make it [deliberate] sound like that we do this without meaning… I know when people see my arms [points to both arms] they must think I am nuts and crazy… but I'm not!

G1P5 agreed that the word 'deliberate' gives the wrong impression of what happens to those who deliberately self-harm:

G1P5 You know, we don't just wake up one morning and say that we wanna hurt ourselves, because that's what I think people are saying when they are saying deliberate… Like we just wanna do it… no it's NOT!

Another insight offered by G1P11, who had engaged in deliberate self-harm, is about embracing and valuing the story behind the intent:

G1P11 It's not just intentionally hurting myself it is the reasons why I do it. So, it's not just about the cutting or wounding me or my behaviour. It is about my story…

Suicide and deliberate self-harm

Fourteen participants associated their understanding of deliberate self-harm with suicide attempts. Participants in all three groups mentioned this association during their talanoa. There were two distinct ideas that came up, particularly for participants who had direct association compared to those who had indirect or no association. Those who had direct association saw deliberate self-harm and suicide as two different behaviours. Participants who had indirect and no association saw suicide and deliberate self-harm as similar and did not differentiate between the two. G3P3 shared:

G3P3 Self-harming is just like suicide…

In the same manner, G2P5 spoke of self-harming behaviour being related to suicide:

G2P5 I didn't know what self-harm was. All I know about was 'cutting' and things which all came under suicide.

Similarly, G2P6 spoke angrily about her association of deliberate self-harm to suicide:

G2P6 [deliberate self-harm] is like committing suicide, are you still going to say taa'I mai moe laupisi [beat him/her up for being silly]… if you keep on hearing that… oh he's laupisi [silly]… ohhh koe laupisi [silly]… so if I go and commit suicide will you guys believe that I was going through something [making hand gestures of slicing something on her arm]…

G2P3 made connections of her friend's experience of self-harm to not wanting live:

G2P3 …my friend finally opened up [emotional – crying] about waking up in the morning and being mad… mad because she was still alive. She would talk about the pressure of fighting… through the pressure of self-harm which ended up in her many attempts in ending it all…

Some who had direct association viewed deliberate self-harm as being a critical sign of someone at risk of taking their own life. G1P2 provided an emotional account of her nephew's experience, where initially his motive was not to commit suicide:

G1P2 I think he was deliberately doing it because we saw like old wounds. I don't think he was doing it and meaning to commit suicide, but he was cutting himself to the point where you can see old scars, you know…

Further, G1P2 explained that her nephew ended up attempting suicide on a few occasions:

> …he's [nephew] been doing it for a while like the time we found him doing it had been two years since the car accident, but we thought he was well but obviously he wasn't, to the point where we found him actually trying to kill himself

G1P1 gave an example of her experience in high school, where a girl who attended her school committed suicide. She felt that this incident started off with self-harming behaviours which then led to suicide because she didn't see any way out, and the outcome was to end her life:

> G1P1 For me I was in high school as well the same situation where the girl committed suicide. I actually heard the term self-harm but I didn't know that sort of ways you can harm yourself. Self-harm and suicide… For them, not cutting but it's like the thought like wanting to and wanting to kill themselves.

There were strong views about deliberate self-harm not directly linked to wanting to die, identified by those who were under 20 years old (eight out of 12 participants), and having direct association with deliberate self-harm. G1P1, who had stopped deliberately self-harming only within the last year, considered that deliberate self-harm and wanting to die are very different:

> G1P1 A lot of the time when I do… when I did do this to myself [points to the cuts on her arms] people think it's about wanting to end my life… they don't really know [long pause], it's not that at all…

Likewise, G1P7 questions emphasised that there is a difference between deliberately self-harming and wanting to die:

> G1P7 Why do they think that dying and self-harm [deliberate self-harm] are the same?... some think it is the same thing… act… but it isn't. Why do people think that?

G1P9 was frustrated that people often treat *not wanting to die* with *wanting to die* as the same, because of the intention being to cause harm to oneself:

> G1P9 I get annoyed all the time… people say it is because she wanted to die… no the two are not the same. People have to understand that… one is not kill themselves and one is to end life.

Tongan Words associated with deliberate self-harm

Multiple Tongan words shared throughout the *talanoa* gave prominence to the young women's understanding of Tongan conceptualization that could explain and define deliberate self-harm. The large number of responses from participants drew from common understanding. Those who had practiced deliberate self-harm or had thoughts about deliberate self-harm reinforced their understanding through emotive words and expressions. In their sharing, the words harboured heartfelt emotions that were often negative, denoting a level of vulnerability. The deep emotions shared and expressed added to the visible cuts that could be seen. These emotions embodied

deeper meanings of their Tongan worldview, which was holistic, bounding the spiritual, mental, and physical. This is in harmony with how Tongan people conceptualise health, and how they encompass the whole person in his/her spiritual, physical, and mental being (Tu'itahi, 2007).

I introduce the words used from the most to the least frequent. Seven participants who engaged in the group *talanoa* confidently used these terms, as opposed to those who engaged in individual *talanoa*. From my observations, this was due to their ability to bounce ideas off each other and to exchange points of view in relation to similar and differing understandings.

Loto – matters of the heart

Loto can be interpreted and understood in many ways. In the Tongan world, the concept *loto* is central to a Tongan way of life and being. *Loto* is of great value and significant to the development and wellbeing of the *tangata kakato* (Tongan person) (Tu'itahi, 2009). *Loto* refers to the heart, its desire and purpose (Churchward, 1959). The essence of the *loto* contains truths and opinions about certain matters that are yet to be discovered (Halapua, 2003). The *loto* is strongly connected to emotions that are core to the heart and soul (Vaka, 2014). As described by Kailahi (2017), the *loto* is the appurtenance of the heart that activates motivation in learning and being. It also helps to guide and empower knowledge for positive outcomes (Ofanoa et al., 2016), as reflected in our famous Tongan metaphor "*Tonga mo'unga kihe loto*", translated as "the mountain of Tongans is the heart". The power of this metaphor suggests that the blueprint for Tongans is associated with the values and principles attributed to the heart.

Overall, across the three groups, the most common word that consistently came up in the *talanoa* was *loto,* which appeared to be important to participants' understanding of deliberate self-harm. The following quotes by G2P1, G3P3 and G1P3 highlight the value of the *loto* (heart):

G2P1 Self-harm [what the participant is really referring to here is deliberate self-harm] is about the loto… [inside]… 'i loto [places great emphasis about 'inside]… I mean the heart, the inner place where no one can see…

G3P3 Kapau te tau vivili 'o toe siosio lelei atu koe palopalema ni 'oku kamata ia mei loto, mei honau mafu, he 'ikai foki e lava ia 'o sio kiai, he 'oku toitoi ia mei he feitu'u 'oku pulia mo fufu mei he 'etau sio…pea kapau e fiema'u ke mahino'i 'e ha taha 'ae me'a ni…ummm…koe fakamatal ofi 'eni..

English translation

(If we try to search and look properly towards the problem [deliberate self-harm], it stems from inside, from their heart. There is no way to see this, because this is hidden within a place that is lost and concealed from our view… if anyone needs to understand about this thing [deliberate self-harm] … ummm… this is the close enough explanation…

G1P3 …It's about the heart, you know… the secret place in the heart… yeah, that's what it is…

Although responses were similar across the three groups, those who were under 20 years old, and engaged in the *talanoa* predominantly in the English language, did not clearly refer to the word *loto*. However, the meaning of '*loto*' unfolded as they engaged deeper into the *talanoa*. G2P6 spoke of her experience with a close friend and the attempt at trying to explain what deliberate self-harm means to her friend's family. What is interesting about her description is that she referred to herself in her sharing, instead of the friend's experience:

> G2P6 you know, it [deliberate self-harm] feels like [crying and points to her heart] … is ripped from my chest and there is a wide hole… inside is nothing… inside I feel nothing…

G1P10's expression resembled a similar struggle as she tried to locate the Tongan term to accurately explain her view. She denoted that deliberate self-harm is about the "inside", which is very 'delicate', she also associated this experience with being 'broken':

> G1P10 …you know, [deliberate self-harm] … it's very hard to explain… it's about…what's the word? [pause] sometimes when I think about it… I just want them to see it… see it for what it is… how fragile it is… it's like a glass… when broken very hard, to put it back together...

An emotional overwhelming commentary was provided by G1P6:

> G1P6 [deliberate self-harm] … is like a mirror of what is in the inside… because you can't see inside… so I think people have to show it in the outside [points piercing and tattoos] because they cannot get anyone to see it on the inside… yeah that's what I think…

Similarly, G1P4 added from her own experience that deliberate self-harm are things happening inside, being the bad and ugly:

> G1P4 When I went through these experiences [long silence] … my family could not understand. My sister told me to snap out of it and not be selfish. If only she could see how I was feeling… what was happening in me. I couldn't explain to her but if was… I was to tell her what this was [deliberate self-harm], I would say it's stuff inside, most the bad and ugly that you can't see…

Additionally, G1P7 gave an extension of deliberate self-harm being a hidden pain inside:

> G1P7 It is the pain hidden inside; I feel it in my heart… beyond my heart… nobody can see they… if I had to explain it… it is hidden... inside my soul.

In G1P7's response here, her narrative places her understanding external to herself, yet in some of her contributions she refers to her own experience, as someone who has deliberately self-harm:

> G1P7 …I know that they do it and nobody knows… I also feel like that deep down they want somebody to know what they are going through but they just don't know how to make their voices heard…

Mamahi in the *loto*: *Loto mamahi* – a grieved, saddened heart

As greater *talanoa* occurred, participants offered a close connection of *mamahi* to the *loto*, this being important to their understanding of deliberate self-harm. The word *mamahi* is a verb that describes 'to be painful or sore, to hurt; to suffer pain, to be in pain (whether physical or mental); to be sorry, to feel sorrow or regret; to feel hurt (take offence), to be annoyed or angry, to harbour ill feeling (Churchward, 1959, p. 328). The word *mamahi* is a well-known Tongan concept that is expressively used in Tongan *fa'u ta'anga* (poetry composition) and *hiva* (music) to associate feelings of pain and joy explicitly. It can be felt inwardly or outwardly. The numerous applications of *mamahi* are regularly used by Tongan *punake* (poets) in their compositions conveying strong messages of a persons' pain and emotion linked to the love they have for a person or something (personal communication with Kailahi, 2020). Morton-Lee (1996) describes *loto mamahi* as the internal pain that someone experiences, which is often connected to feelings of anger and sadness. Equally important is that *loto mamahi* is linked with feelings of *ongo'i 'oku tautea hoto loto* (my heart and mind, my inside feel punished). The greater impact of *mamahi* involves negative emotions (Morton-Lee, 1996).

Loto mamahi frequently came up across the three groups generating similar and impactful responses. An interesting view was provided by G3P2, particularly focusing on the idea that deliberate self-harm is a pain to the heart, that is hidden:

> G3P2 I feel that it [deliberate self-harm] is about the pain someone is feeling in their heart… pain in the body and the head is easy to fix… you just take meds... but the pain in the heart is the hardest to fix because… ummmm… hello… first, people hide it so well and you have to really look deeper to see it…

G2P7's narration acknowledged that deliberate self-harm is underpinned by a great sense of *mamahi,* primarily concentrating on a huge amount of "inner" sadness in the heart. There was an immense sense of despair in her description, that was evident in others' experiences as well:

> G2P7 Koe totu'a ia e mamahi 'ihe loto (that's the end result, the pain in the heart), it's a feeling… I can't explain it… it's deep… deep… deep inside… and something is done [directs to her right arm and uses a cutting motion as she continues] … so that you can see the pain… that's what it is.

Another portrayal of *mamahi* was given by G1P2, who associated deliberate self-harm to hurting inside, through an illustration of her nephew's experience:

> G1P2 …he kept saying… his loto [heart] is dark… and how he feels like he is dying a little every time he does it [deliberately self-harms] … we didn't get it; it was hard to understand it. But I get it now [crying heavily… long pause] … all he was saying is that his heart was really hurting.

Loto-lavea and *loto-mafesi*

Within a Tongan worldview, *loto mamahi* is often associated to *loto-lavea* and *loto-mafesi*. *Loto-lavea* means broken hearted, wounded in spirit, remorseful or under compunction (Churchward, 1959, p. 303). *Loto-mafesi* refers to the heart broken or contrite (Churchward, 1959, p.303). *Loto-mafesi* moves beyond a heart of regret. It is an extension of *loto-lavea*, from a heart that is broken to a heart being severely damaged. *Loto mafesi* requires the heart to be mended. Being in a state of *loto-mafesi* is about releasing experiences of hurt and pain that have been fused to the heart. *Loto-mafesi* is mounted to a great feeling of entrapment that generates a protective response, so that you do not feel as much. For example, someone can be locked in a prison cell yet feel they can walk around in the cell. In contrast, someone who experiences *loto-mafesi* may feel like being locked in the same prison cell, trapped and not being able to walk around the cell and may engage internally or externally in ways to be able to release from these pains (personal Communication, Tatafu, 2020). These feelings are noted in Queen Salote's composition titled *Leiola*, reflecting the Queen's sense of loss:

> *Loto kuo kāvea tōfā he mamahi* (Heart obsessed, dying of sorrow)
> *Fiu kumi 'a e hala ki he vaikau'aki* (Ever seeking the road to consolation)
> *Tautaufā pea lave ai 'a 'amanaki* (Groping in case there is hope)
> *He maomaonganoa fai 'ete uiaki* (I call amid the desolation)
>
> (as written and translated to English by Tuku'aho et al., 2004, p.173).

Queen Salote's words highlight a heart in pain, and hope, wanting to find the road to peace. In a similar light, G2P7 described a close friend's story, linking her friend's experience to *loto lavea*:

G2P7	Naaku 'ilo'i 'ae ki'I fefine ko [hingoa e ki'I fefine] na'e 'efihia he palopalema ko'eni…'a e me'a ko'eni 'oku fai kiai e talanoa. 'I he taimi ne 'ekea ai pe koe ha koā hono hingoa 'a e me'a ko'eni, na'e fuu fihi 'aupito hono feinga ke liliu faka-Tonga hono ui e me'a ni. Pea na'aku manatu'I pe talanoa he taimi koia mo e pehe pe fine'eiki. Koe me'a ni koe lavea 'aupito hono loto tupunga mei he ngaahi 'isiu pelepelengesi foki. Ne feinga ke fkpuliki e fakama na'e iai, pea ne fufu pe 'o si'I uesia pe 'o si'I kukuta pe 'I loto. Koe fakafuofua pe fakaofiofi e me'a ni koe loto-lavea.
	English translation
G2P7	I knew of a young girl [names the girl] who had problems like this [deliberate self-harm], the problems we are currently talking about. During this time, there was a lot of talk and questions about this problem [deliberate self-harm] and how people can understand this? There was a lot of confusion about Tongan words that could explain it. But I remember during this time about something one of the elderly women had said, she explained that [deliberate self-harm] is about the heart being broken immensely as a result from sensitive issues. Although she tried to cover the shame she was in but it impacted her because she was trying to hold it all in. Therefore, the closest she can understand [deliberate self-harm] is associated to loto lavea.

The issue of the heart and pain associated to deliberate self-harm was well articulated by G3P5 when she shared her thoughts. Those involved during that *talanoa* session seemed to agree with her comment, as they nodded while she gave the different Tongan words to support her view. She spoke of *loto-mamahi* [heart full of sorrow], *loto-lavea* [heart that is wounded] and *loto-mafesi* [broken heart] which she associated with her sister's struggle with deliberate self-harm:

> G3P5 When I learned about the things my sister went through, the only way I can think of to explain to my family about her situation is that she is loto mamahi. [deliberate self-harm is about] having a heart full of loto mamahi. She is sad, her sadness has made her do what she did. Mamahi, we know about mamahi, it can't be mended overnight. I know our mamahi when we lose someone, it takes a long time. They need to know that my sister's mamahi is going to take a long time. Her loto is lavea. When things are wounded sometimes the healing happens on the surface but really the healing on the inside does not happen. Loto lavea should make them understand the healing is not a quick fix and it may look healed but the matter of the fact is that it's not. And finally, loto mafesi shows that her heart is broken. The loto is important because the loto is the heart and if the heart is not properly working then all of a person doesn't work well… I mean her body and her mind are not working and when they are all not working well, her spirit is not working well. Yeah… I think this is the best way I can describe for those Tongans to understand.

Ongosia

The Tongan word *ongosia* refers to feeling tired, exhausted, or weary, sometimes meaning *to tire oneself with going*, to *trouble to go* (Churchward, 1959, p.395). *Ongosia* is fostered by experiences of sad emotions that are inherently felt inwardly. For some, a greater experience of *ongosia* is often expressed outwardly taking forms of an inability to cope with daily living, a change in the ways of doing things. For example, one may revert to wanting to be in isolation and keep apart from gatherings. The lack of sleep and change in presentation can also be signs of *ongosia*. However, another meaning of *ongosia* is often associated with hard work, which is generally seen in a positive light. This is not often externally expressed, because to show *ongosia* can take away the association with hard work (T. Tatafu, personal communication, 15 February 2020). The Tongan hymn presents an association to *ngāue* and its significance, which does provide room for feelings of *ongosia* associated to the heart:

> Ngāue tangata ngāue
> 'oka ha'u 'a e po
> 'oua 'e fakahaue
> 'oua 'e malolo
> O'i pe tangata o'i
> Hanga 'o nague leva
> 'a pe kei pongipongi
> 'oua 'e mo'u mohea

English translation

Work, get up man and work non-stop
Bring your heart because the night is near
Do not let yourself astray
Do not stop, no more rest
You can do it, man, You can do it!
Let your heart be in the work
You will reap the result
If your spirit is there!

Ongosia was identified by six participants who had direct and indirect association with deliberate self-harm. Some of these participants perceived deliberately self-harming as associated with feelings and experiences of *ongosia*. Despite the differences in age amongst the groups, all who shared experiences and spoke of *ongosia* had similar understanding and suffering. G1P9 initiated the discussion around *ongosia*:

G1P9 I reckon the word that is coming to my head is ongosia. Like that place where you feel like you're not yourself. For example, if you are drowning, obviously you are not feeling yourself - that struggle.

Notable emotions such as a lack of energy and feeling tense, and long pauses and silence were evident during the engagement with those who spoke about ongosia. G2P2 described deliberate self-harm as a feeling of exhaustion that is often heavy and amplified by an emotional burden:

G2P2 Yup… ongosia is about feeling exhausted [long pause and silence], everything in you has been sucked out of you [crying and others in the group were also getting emotional] ... when I hear about people harming themselves it seems like… no more energy… drained… yeah, that's the one…

Equally important, G1P8 referred to deliberate self-harm as feeling tired physically and, more important, mentally:

G1P8 Oh my God, this is exactly how I feel... that tired feeling too… when I used to think about… [deliberate self-harm] … I get tired [long pause and silence] … I feel tired not only in my body but my inside self… is there such a thing? I mean my inner self; I mean what I feel…

G2P3 spoke of her friend feeling overwhelmed as being instrumental to her understanding of deliberate self-harm:

G2P3 … yeah, ongosia hit close to home… I agree, when my friend try to explain to me it's she says it's too much… it's awful. She feels a lot of things in her head and it's too much. So, I think if someone doesn't know about [points to a cutting motion across her left arm – meaning deliberate self-harm], it's about feeling overwhelmed that it's just too much.

Fakamamahi

Fakamamahi refers to the feeling of distress and/or torment a person experience as a result of a tragic and/or sad event. From a religious view, during a time of *fakamamahi* one draws on the opportunity to strengthen the faith and reflect on the words and the gospel. As defined by Churchward (1959), *fakamamahi* means to cause pain or sorrow (p.71). As mentioned below, participants provided subtypes of *fakamamahi*. They expressed *fakamamahi kita* (causing pain to the self), *fakamamahi sino* (causing pain to the body), *fakamamahi laumalie* (causing pain to the spiritual wellbeing), and *fakamamahi* atamai (causing pain to the mind).

This concept surfaced in relation to feelings of grief and sadness and was commonly felt by participants across the three groups, predominantly by those that had direct and indirect association with deliberate self-harm. They agreed expressively on the word *fakamamahi* as best describing deliberate self-harm. As they progressively unpacked this term, G2P1 started the talanoa by saying that deliberate self-harm is equivalent to the *fakamamahi* period when she was in mourning for her grandfather. She described things around her as dark and numb. This time of mourning allowed her the time to reflect and grieve more on the things that she should have done while he was alive. She felt empowered during this time of reflection for her grandfather. Her response was profound and meaningful:

> G2P1 I think fakamamahi… that is the closest word… I remember when my grandfather died [silence] we had to put black material all around our house to show that we were grieving. It always seemed dark, even though there was daylight, it felt dark. It's funny but it was during this time where I felt closest to him. Even though I could not change time and bring him back but I was encouraged to think about him more during this time...I felt I was always in the dark… I was always fakamamahi. It was a time for me to feel bad, to grieve the horrible things that happened…

In the same talanoa, G1P3 added that in her view, *fakamamahi* cannot be in isolation, that it must be inflicted on something or someone. She said that deliberate self-harm is *fakamamahi kita*6, it is about the causing of grief to the self, in the sense that it was about honouring something to herself:

> G1P3 Fakamamahi kita [to mourn the self, to inflict pain and suffering to the self-] to show respect to the self…

G2P1 agreed and added a different dimension to G1P3's view of *fakamamahi kita*. She asked whether the act of *fakamamahi kita* is a similar act that her cousins, who are Catholics, go through during their lent season, as they have the same underlying message of depriving the self of pleasure in recognition of honouring and/or respect of someone:

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6 Kita means 'one, oneself, me, I, myself (Churchward, 1959, p.266).

G2P1 …I think this is the same as what my cousins do during pekia (Easter period) … they have to fakamamahi… give up things… food that they like… activity they usually do and enjoy, to remove their desire and enjoyment and showing their respect to God. I see my cousins who love meat… going without meat for over one month…

As G2P1 was sharing, the other three participants (G1P3, G1P2 and G3P1) nodded and agreed. G1P2 then questioned, "is this like a sacrificial act?". After a long pause, G1P3 then shared the following idea:

G2P1 …yea for me it is like… kalusefai ha'aku [sacrificing myself] for the everyone to get better… I mean to be safe…

Furthermore, G2P1 gave an extension about *fakamamahi* as being the expression of grief which can be shown in different ways. For example, *fakamamahi sino*7 is when people openly show that they are physically grieving. During her grandfather's funeral she neglected herself physically by not eating right, not showering, not sleeping, so that she could physically feel the pain, and to express her respect. In detail, *fakamamahi sino* to her means to mourn the body, to inflict pain and suffering to the body and to show respect to the body:

G2P1 I wanted to feel the loss of my Papa and I wanted others to see it too… I wanted them to see how I missed him so much. I would not eat meals for days and lived off fizzy. I purposely stayed awake and cried a lot. I told myself that by doing this I reminded myself of how much I missed him.

In this *talanoa* session there was a deep sense of agreement from all participants who had been actively engaging and sharing, with the exception of one participant who was under the age of 20 years old. It is noted that her limitation of the Tongan language probably impacted on her level of contribution. Although she did not participate actively in this part of the talanoa, she was present and listening, which was demonstrated in her body language through nodding and agreeing that *fakamamahi sino* is an accurate reflection of deliberate self-harm, for them and for others they knew who engaged in deliberate self-harm. This was illustrated by G3P1:

G3P1 When I think about it… about fakamamahi sino, it's what I see in the young people I work with. For them it's about the showing of it physically… wanting to feel the pain but also wanting to see it especially…

As the *talanoa* continued, G1P2 added her belief that deliberate self-harm is also known as fakamamahi laumalie8. In way of confession, she spoke of how her faith grounds her during challenging times. Attending church regularly and consistently enables her wellbeing to be taken

7 Sino is defined as body (Churchward, 1959, p. 430).

8 Churchward (1959) defines laumalie as soul or spirit (p.286).

care of. She claimed that when she wants to be in pain, she stops attending church and any related events that gives her spiritual wellbeing:

> G1P2 I never tell anyone but I wanna share with you all because I think it's important. When I am in pain or when I think about fakamamahi laumalie… there is an inner being that is within ourselves… like a spirit… I think the fakamamahi laumalie is hurting that inner self that no one can see…

G2P1 agreed and added:

> G2P1 Fakamamahi laumalie is like damaging your inner spirit. When things are not good, it is usually your inner spirit that you can count on to get you through some rough shit… you will feel tired physically, but it is when you feel maha 'I loto [feel empty inside] … I know some people who try to damage themselves inside, their inside self…

G1P3 further commented on the importance of *laumalie* to her:

> G1P3 …yeah that's right, I feel my entire being is lost… my laumalie is lost… gone… no connection. So, when you are hurting yourself, it means that there is no connection… it is a lost feeling. Self-harm is about the harm of not feeling connected to yourself and to others… people don't know how important the laumalie is… it is very important just like the body.

Finally, G3P1 contributed:

> G3P1 …and there is a kinda mamahi, the damage you can't see or touch… much more than just the feeling. For me that is what fakamamahi laumalie means… you carry this injury with you everywhere… people may not see it physically…

Interestingly, as the *talanoa* flowed and continued, G2P1 added another dimension known as *fakamamahi 'atamai*9. All participants who had been engaging in the discussion on the term *fakamamahi* contributed responses in harmony with each other. G3P1 replied "yes like tormenting of the mind", while G1P3's opinion was: "of course it is these hushed unspoken acts that Tongans need to understand". G1P2 captured the shared meaning in her statement:

> G1P2 When my nephew was hurting himself, I could see the pain he is suffering from in his mind. To my mum… his grandmother could not see the pain he was in but I felt it and at times could not see the positive things because he was too… obsessed in his mind…

G1P1 who had not been participating until now, was eager to share about her most recent experience that highlighted what *fakamamahi atamai* meant to her:

> G1P1 [Fakamamahi also happens] because you're hurting… hurting in the mind… having pain in the way you think. In my experience, it was like being caught in a net… a fishing net and trying to untangle myself. No

9 'Atamai means mind, understanding, intellect, intelligence, reason (Churchward, 1958, p.552).

matter how many times I tell myself over again about ways to undo the knots, I get tied up again by my thoughts...

Ta ke lavea

Two participants of the same group talanoa used a similar image of *ta ke lavea* as an expression of deliberate self-harm. According to G3P3, making the wound visible is important, that's why she felt that *ta ke lavea* is suitable, because you beat yourself until the wound can be seen:

> G3P3 [Deliberate self-harm] can be best understood as ta ke lavea [hit until there is a wound] because it shows you are not dying but hurting and have anger inside.

G2P7 communicated an experience with a close friend who shared a similar understanding of deliberate self-harm:

> G2P7 …is when you feel awful pain and not able to see it. So, you need to control that pain by physically seeing it. So, you beat or cut yourself just to see it which made my friend see her suffering. I think this is the same as the ta ke lavea you on about…

On the other hand, a comment provided by G1P6, who had deliberately self-harmed through tattooing and piercing, alluded to a similar understanding by referring to her tattoos being a representation of when she can actually see on her body the pain that she is enduring. Her description substantiated a level of hurting herself so that it is obvious:

> G1P6 My tattoos have a meaning… every time I got it ummm how do I explain it… there is a story… Oh, I loved the pain of it, I like setting my tattoos when I'm really angry. Every piercing I've gone [to get was when] I've been pissed off and after I get the piercing, I feel better. Ohhh, a new me and when I get pissed I go off and get another piercing, a new me start over again until I fuck up [or] stuff up…

Cultural Understanding of deliberate self-harm

As the *talanoa* became more *mafana* (heartfelt), there was a greater sharing on deliberate self-harm, especially prevalent in the group *talanoa*. Participants exemplified their understanding and views associated to cultural meanings influenced strongly by their upbringing. In their sharing, there were notable connections to values and beliefs from within their families. These views encompassed the association between deliberate self-harm and *mala* (sin or a curse) that has been passed over the family, *tautea* (punishment), *puke fakatevolo* (being possessed), *fakasesele* (mad) and violation of their being. I discuss these concepts in the next paragraphs.

Deliberate self-harm as a *mala* (curse)

Tongans often associate mental illness to *mala*[10]. This is an onset from something *tapu* (taboo) which has been broken. As a result, there is suffering the consequences of having that *tapu* broken (Vaka, 2014). When someone is experiencing *mala*, it is said that one becomes dissociated from the world. Some participants from the group *talanoa* sessions interpreted deliberate self-harm as being a '*mala*'. Most participants agreed with deliberate self-harm being a mala, by way of nodding and saying yes, as others were sharing. In general, participants believed that deliberate self-harm is a result from the mala when breaches and violation of something sacred and/or taboo occurs. According to this group of participants, the curse can follow its victims from generation to generation. In particular, G3P4 vividly remembered her grandmother talking about their neighbour having been cursed:

> G3P4 A close family member's mother often hurt herself [cutting] and my grandmother said that the whole village and family knew she was hurting herself because of their family mala… a sin… curse that her great grandmother did.

Another participant gave an account of a close family member who tended to run onto the road and who would often beat herself up physically. She often heard the aunties saying, the person should just own up to it so that the bad omen would stop:

> G2P1 ...[they] have to tell everyone and bring it to the open, why is s/he still hiding it? That's what happens when s/he keeps it closed… s/he won't stop trying to bash herself…

Deliberate self-harm as the result of *tautea*

Tautea is located in a biblical worldview which is common in a Tongan context and referred to as an act of punishment (Churchward, 1959, p.469). G3P3 described how her church community saw her friend's deliberate self-harm as a punishment from bad and unloving behaviour. She explained that her friend would often behave inappropriately inside the church, disrespecting the elders and taking money off them. According to G3P3, the suffering her friend is enduring through deliberately self-harming is the punishment for all the wrong she did. G3P3 discussed her view:

> G3P3 At church it was like her own punishment of herself, to do it to herself [the cutting and burning]. Everyone at church knew it was her who had always taken the money when it went missing. I always remember my Papa saying that the hurting of herself is the punishment for all the bad things she did. For not fulfilling her role and misusing everyone's trust. This is the reason she started doing it to herself, as a tautea.

[10] *A mala is a Tongan term that refers to "bad luck or suffering that is caused or brought on by one's own wrongdoing" (Churchward, 1959, p. 322).*

Deliberate self-harm is *puke fakatevolo*

The term *puke fakatevolo* had been consistently used throughout the three *talanoa* groups. There was a universal understanding of this term amongst all who referred to deliberate self-harm as *puke fakatevolo or* being possessed by an evil spirit. G3P4 explained that her parents and other Tongan elderly she knew described deliberate self-harm as:

> G3P4 When they want to hurt themselves, they are puke fakatevolo (being possessed by an evil spirit).

Capturing the idea that it was more acceptable to associate deliberate self-harm with *puke fakatevolo* was noteworthy. G2P7 explained:

> G2P7 'Ihe taimi na'e hoko ai e me'a ko'eni kia au peau tala'ange koe 'uhinga e me'a 'oku fie hifi ai ko'eku ta'e fiemalie. Kae kei talamai pe he 'eku fanga fa'e 'ikai, toka ange 'oku ha'u ha taha mei kau vaivai koe talamai ha me'a kiate koe?
>
> English translation
>
> G2P7 When this happened to me and when I told them that the reason why I [was thinking to] cut is because I am not satisfied and don't feel fulfilled. But my mother keeps telling me not to worry about it [deliberate self-harm] because it must be one of the old people visiting me.

Deliberate self-harm is *fakasesele*

On the other hand, G1P3 said people who deliberately self-harms are often referred to as *fakasesele*, someone that does not know what is right from wrong, someone who is not in their right mind. For example, no-one is going to touch a hot pot, not to get burnt, but the *fakasesele* would still come to touch it because they think it is normal:

> G1P3 Ko hai ha taha 'atamai lelei ke fai e ngaahi me'a ko'eni ki ai. Koe taha fakasesele pe tene lava, he 'oku mole fakakaukau lelei ia meiate ia kene lava o fai e me'a ko'eni. Koe ngaahi fakakaukau ia 'oku ou fanongo ai fekau'aki mo kinautolu 'oku fie fai e me'a kiate kinautolu.
>
> English translation
>
> G1P3 Who in the right frame of mind would want to do something like this to them. Only someone who is fakasesele that can do such thing, because they have lost touch with reality and their right mind that they could do this [deliberately self-harm]. These are the thoughts I hear all the time from others about people that want to do something to themselves [deliberate self-harm].

G2P7 further elaborates on G1P3's account, referring to deliberate self-harm as being *vale* (mental illness):

> G2P7 …. like people be saying fielau koe vale (that is right, because they are mentally crazy in the mind) … but they don't realise I reckon they know

> it's a big issue [and they're] in denial like they say ''oku malohi ange homau lotu 'amautolu (our faith is much stronger).

Deliberate self-harm is violation to wellbeing

G3P6 raised some valuable points when looking at deliberate self-harm from a Tongan lens. It is about the balance between the different aspects of your being (physical, body and spiritual), as she captured it in her narrative:

> G3P6 [Deliberate self-harm is] an effect of emotion that can also lead to physical, like a whole wellbeing shut down, I think that sometimes it would lead to hurting yourself because you feel that there's something wrong within you, that you need to punish yourself… But I feel… it has to do with your whole wellbeing, your mind, your soul, your heart, your emotions that you're going through. It's something that you internally play in your head that leads to a physical action that you feel like beating yourself up in your mind, is not good enough and it's not working, that you need to physically hurt yourself in order to feel at ease, that you punish yourself because you're not doing something right. That would be kinda of the way I would describe it.

She further elaborated on the interconnectedness of a spirituality dimension and deliberate self-harm:

> I feel there's definitely a way of spiritually damaging yourself because the physicality is connected to your mentality, to your spirituality, and I feel like there can be a damage to your spiritual life because you don't feel there is self-worthiness within yourself naturally, but then I feel like harming yourself deliberately you kinda lose yourself' s worth, you feel like you're not worthy within yourself to be living on this earth, that you need to not only physically hurt yourself but you need to tell yourself you're not good enough, you're not loved enough, you're not serving your purpose well, so it's kinda stuff like that, that can hurt your spiritual wellbeing.

Summary

In summary, this chapter explored Tongan women's understanding of deliberate self-harm. Firstly, it was noted that participants who were not categorized as having had personal experiences of deliberate self-harm, gave very concise, precise and deep responses, when referring to a friend or a sister's experience. Even though these participants may have self-harmed, it seems to me that they did not want to reveal this explicitly in the study. However, I gave them the opportunity to represent themselves as they wished, and I respected their choices. As a researcher, it seemed these participants were hiding a personal experience, that may have been too painful, to be revealed openly. A second finding was the greater reference to self-harm as opposed to deliberate self-harm, and how the word *deliberate* in deliberate self-harm was found confusing by participants. Thirdly, almost half of the participants associated deliberate self-harm with suicide. Those with indirect and no association saw deliberate self-harm and suicide as the same behaviour, comparing with the views of those who have experienced deliberate self-harm, who

saw it as different from suicide. These participants felt that deliberate self-harm may be seen as a critical sign of someone wanting to end their life but the intent behind deliberately self-harming is not wanting to die. Finally, participants used Tongan cultural concepts of *Loto*, *Mamahi* in the *Loto*, *Loto-lavea* and *Loto-mafesi*, *Ongosia*, *Fakamamahi* and *Ta ke lavea*, to describe and unpack the rich understanding of deliberate self-harm within the Tongan worldview.

The next findings chapter, I will present the voices of the young Tongan women responding to the second research question, looking at the factors that contribute to deliberate self-harm.

Chapter 6: Findings 2

What factors impact on deliberate self-harm and how?

Introduction

This second Findings Chapter presents the narratives of young Tongan women's experiences of self-harm. It reflects on participants' considerations on why young Tongan women deliberately self-harm and introduces different forms of deliberate self-harm. Further, the questions researched within this chapter give participants the capacity to talk about how they manage and deal with deliberate self-harm. The young women's experiences from the individual and group *talanoa* are themed together again, to enhance the meaningfulness of the findings. This chapter is organised in two parts: the first part focuses on the reasons why young Tongan women decide to deliberately self-harm, and the second part presents different forms of deliberate self-harm, as revealed by participants.

Anga fakatonga

While most participants were New Zealand-born, they believed that their upbringing was very much embedded in the *anga fakatonga* (Tongan way). In the *talanoa*, they were asked about the *anga fakatonga,* and about which Tongan values were of most importance to them. Further on, participants were asked to prioritise these values and contextualise this prioritization within our *talanoa* on deliberate self-harm.

Participants described their own experiences within the Tongan culture, and what the Tongan culture meant to them.

G3P6 spoke positively and with pride of the Tongan culture, insisting on the spiritual element that was central to her family. She underlined the support within the culture when dealing with struggles, through giving strength, faith and purpose. This support is generously given outside of the immediate family:

> G3P6 I believe that the Tongan culture is a big part of my life, especially the faith, the religious part of the Tongan culture. I was brought up in a very heavily Christian home, where we always went and prayed every Sunday, went to church Sunday school, youth [programs], and that's what I loved, because we got to share it as a family. We were able to not only go within our family in our own lotofale and talk about God in an amazing way, but we were able to go and help other families who may have been struggling. And I think that's the most luckiest thing, is that I'm proud to be Tongan, for because family and faith are so important to us, that, you know, we were so lucky that we got to go home every day and sit together in the lotofale and share the stories that they had when they were kids, and not only that, but the dance, the food, the kindness

of our culture, you know, we are very friendly. Yeah, I'm just so proud to be Tongan because we have so many little factors and aspects that just build up to this whole thing of being in one big family, that no matter if we're not related and if we are, will lend a helping hand and stuff like that, so yeah…

G3P7, who self-identifies as being part Tongan, also shared the positive aspects of what it's like being Tongan for her:

G3P7 I am strongly connected to my Tongan culture and their way of doing things. Tongan culture means like family. Wearing long clothes when you go and see elders, we always have to wear like long clothes and sit properly and do all the chores and stuff, like help out with things… I wish my dad really exposed me to the Tongan side more…

G3P2 shared her strong connection to the Tongan way and to the teachings of *faka'apa'apa* (respecting others). The *anga fakatonga* was the cornerstone, the marker of strength in adversity that have sustained her during a difficult upbringing:

G3P2 I reckon, I'm strongly connected to my Tongan side, ummmm… yeah I actually had a difficult upbringing, my mum being the only one there for me… ummmm… Yeah, she taught me, you know, like the good things, like Tongan way, like faka'apa'apa… like respecting others and stuff, and I still hold those teachings of her… that really helped me…

In contrast, G1P1, who has direct association with deliberate self-harm, spoke about the opposite impact of having to be respectful. She referred to the concept *faka'apa'apa* (respect), but introduced a strong gender element, and how she felt this has restricted her ability to have closer relationships with her boy cousins and father, and finally made her feel ostracised from her family:

G1P1 My parents tried to make me faka'apa'apa, especially around my boy cousins and the way I should behave towards my dad. I never liked it because I still walked into my brother's room, that's the thing. I still eat my dad's left-over food… I didn't think it was a Tongan thing until my grandmother told me. She put a lot of pressure on us, girls, to follow the Tongan way, but I refused and always got into trouble. She even told me that's why I am like that, for not following the right way. This is one of the main reasons my family hates me, because of not being faka'apa'apa. I like to be around boys but I think they think I might make inappropriate moves on my cousins [laughs].

G1P6, who also has direct association with deliberate self-harm and was raised in an area where she was surrounded by Maori, shared that she found it extremely challenging to be accepted into the Tongan way of doing things and she always felt like an "outsider", even an "outcast". As she was sharing, she expressed anger, through facial tensions and constant fidgeting with her hands, in discomfort:

G1P6 I'm not connected to my Tongan roots. I've always felt like an outsider [long pause] … I mean an outcast. If you are raised the Tongan way, yeah… you're still considered not being real Tongan when you don't do the Tongan way… I grew up in [mentions the place] around heaps of

Maori, hardly any Tongans. I grew up the Maori way outside of the house and then I came here to Auckland, and I feel more out of place… especially when I refuse to dress and act like the others…

At this stage in G1PG's account, G1P7 said she agreed with G1P6, and lent over and comforted her by rubbing her back to assure her that she could understand where she was coming from. G1P6, G1P7 and G3P2 entered into a deeper *talanoa,* while others were listening attentively and joined in by a slow nod which indicated general agreement and interest:

G1P7 I totally understand what you are saying… like for me, I was born here in New Zealand and was raised here, but a lot in the Tongan way. I like some of our Tongan way, but I guess they [parents and family] have to understand the different environment here to the Island's… things are different here…

G1P6 That's so true [a bit racy in her breathing] … it's hard, and I learn to forget being Tongan… and how I should be behaving… yeah, it's just that I don't want the Tongan way… their way is if you do this, you are called a manu or haua (an animal that is let astray)… that's what my nan calls me… [starts bursting out in tears].

G3P2 Are you saying… like a fox… a fokisi… a slut*?*

G1P6 [long pause and crying] yes, I believe when the Tongan people see me… they say she's a fokisi by the way I look [points to the piercing and tattoo's all over her arms and neck…

A long silence was noted, and a break in discussion, while the rest offered comfort to G1P6 by hugging her.

G1P8's experience confirmed that she struggled with the *fahu/ mehikitanga* (parental aunt) concept. She explained the pressure of being named after her *mehikitanga*. This was considered a privilege, but not only it can be demanding, at times this can complicate other relationships within the family:

G1P8 I always get put against my aunty, every time they [parents] remind me that I have to be good like her and nicely behaved like her. It's a big ask always… I can see my siblings not liking it at all and I don't think my parents can see it, aye...

What came through strongly in each individual and group *talanoa* was the richness in the sharing of women's experiences within the Tongan culture, and the connection with deliberate self-harm, particularly what participants considered to be protective or risk factors for them. Interestingly, those who had no association with deliberate self-harm generally seemed to share the positives of the *anga fakatonga,* in comparison to participants who had direct and indirect association with deliberate self-harm, who spoke mostly about the pressure to live up to the *anga fakatonga* standards, and its impact on them.

Conflicting point of views

Conflicting point of views were shared by all participants who experienced direct and indirect association with deliberate self-harm. They spoke vividly about how their views and the views of their parents would often be in conflict.

G2P1 shared her sister's struggle in getting her parents to understand issues raised from her volatile relationship with her husband. Instead of trying to understand what she was going through emotionally and psychologically, her parent's advice was: "'*ai pe lotu ke lahi – lotu ma'u pe*" [increase your prayers and pray all the time]:

> G2P1 Well, with me, I think it's just like the lack of understanding of the two different worldviews, like us here in New Zealand and my parents… like my sister is going through some stuff… and she calls up my mum as she needs to share… but when she calls my mum… my mum tells her 'ai pe lotu ke lahi, lotu ma'u pe [increase your prayers and pray all the time]. My sister gets really upset, because she is looking for my mum to comfort her and understand that she is feeling very low and depressed. When I try to tell my mum these things, that she is depressed, she would be like… koe ha e depress? [what is depression] … mum would go on and tell my sister to lift her worries to God and that she needs to stop feeling sorry for herself. This only made things worse, where she no longer wanted to share anything and started to distance herself from all of us. I think all my sister wanted was for our mum to understand.

G2P6 talked as well about her parents' fixed view on behaviour and referred to this aspect as the 'Tongan way'. She described emotionally the injury this experience has caused on her relationship with her parents, especially with her mother:

> G2P6 I try hard to live the Tongan way, it's a struggle trying to get them to see it from my view… they are fixed in their ways… they cannot see it from my point of view… we are no longer living in Tonga, they have to come to the now… I get so angry at my mother because she is supposed to understand and support me, but she is the problem…

Participants who had direct association with deliberate self-harm presented a shared awareness of the struggle with parents' lack of understanding and their inability to let go of the life back in Tonga. It is important to note that this had triggered frustration and anger in some participants, who showed extreme irritability while others were sharing. G1P4 talked about her parent's inability to see that they were now living in a new country, yet they still wanted to do things like back home in Tonga. An example of this inability is that her father does not consider any other ideas or suggestions apart from his:

> G1P4 …like parents they don't understand what we go through, we are no longer in Tonga we are here in NZ… it's like a new generation. Like for my parents especially my dad, it's his way or the highway… this will make me even mad because I could not explain or express what I really wanted to say….

G1P9 stated that the conflict in views was raised from the contrast between the life within the home versus the life outside of the home:

> G1P9 … lack of understanding from home, and you go into a world where people already see islanders as a minority, so it's like at home no one understands you go out into the world [where] they tell you, you are this… that you can do this…

G2P2 expressed her struggle of navigating the cultural expectations at home against the peer pressure at school. This struggle generated a great deal of tension for her, especially during the time when she fell pregnant. G2P2 highlighted the shame and disappointment she was feeling, in particular the traumatic experience this caused her:

> G2P2 [emotional crying] yeah, I've struggled a lot with my culture. I just feel, as a female, there has been like a lot of expectations of us growing up, and there has been just a lot of conflict with your Tongan cultural expectation at home then the peer pressure at school and so I kinda fell into the peer pressure with like my friends and stuff, and then I fell into falling pregnant at an early age, and then I just felt like I let my family down a lot, like that concept of fakamā (shame) [emotionally crying] that I brought onto family, and so it was a very difficult thing for me to come to terms with, cause ummm, just cause of the struggles that others are going through. I guess cause of the struggles that my parents had to go through, and then I just felt like I really disappointed my family, and they didn't really understand where I was coming from as well. And also, because I got pregnant to another Tongan from a well-known family, who already had a child, and that was even more embarrassing… yeah, this is a really sensitive topic for me cause I just shut down. and during my pregnancy I just withdrew from everything and just, yeah, I don't know how I pulled through with it.

Gendered roles and expectations

In the *talanoa*, there were abundant narratives about the place of women in the Tongan culture. Participants reverted often to jokes and humour, as they described experiences of growing up Tongan in the Aotearoa/ New Zealand context, filled with "must do's", "can do's" and "cannot do's". Their narratives offered insights to gender disparities between Tongan women and Tongan men.

Tension of what boys can do, and girls cannot do

G1P8 stated that the *anga fakatonga* puts more pressure on the Tongan young women than on the Tongan young men; and there is added pressure if you are the only girl in the family:

> G1P8 Our Tongan culture puts so much pressure on us girls instead of the boys. I have so much pressure from my parents [emotional – crying] as the only girl. Ummm, I always feel that I am not up to their standards and ummm, … I have actually have done self-harm [crying]… sorry…

G1P5 gave similar insights, revealing the pressure of trying to be the ideal Tongan young woman. She reflected on her experience as a New Zealand-born Tongan, with more expectations put on her than on her brothers, especially the strain to be a good role model for the younger siblings:

> G1P5 I reckon it's harder for girls cause, you know, we are expected to be so much, and do so much, and just to grow up and be good young ladies. Parents expect a lot from us, you know. We're there and we're kind of like the role models to our younger sisters and our younger brothers. In my situation, like my older brother was never there for us, like ever since he started high school, so all the pressure went to me and was like it felt that I had to get my brothers ready for school, do all their stuff and worry about everyone else first. There was a lot of pressure on me and that's just how I felt. Maybe other girls might feel like under pressure in their families.

G2P6 shared that she was annoyed with the fact that there were limitations on what girls were allowed to do; in comparison, boys had more freedom. She described passionately her frustration about being stopped to *eva* (go out), until she reached the 21 years old milestone:

> G2P6 So, like the boys are basically free… they can go and 'eva [go out] but as for girls, it's like probably once in a blue moon you get to do that... Ummm, just like, you know, we are young and obviously we wanna 'eva and stuff like that and I don't like how parents prevent you from going out. Just cause there's that how the girl has to wait until she's 21, to start doing all of that stuff, I kind of like don't believe in it… I don't believe in that because we are in New Zealand and although in New Zealand it is ok to go by that, but sometimes it's too controlling for girls, it's hard for them to wanna live their life the way they want. Ummm, like some girls, they are keen for that 21st thing but they do wanna go out and they want their parents to like trust them, you know. To like go out and come back still innocent.

The ideal *ta'ahine Tonga* 'Tongan girl'

Participants who had no associations with deliberate self-harm based their responses on "the ideal Tongan girl" concept being one of the greatest expectations that puts pressure on Tongan women and leads them to deliberately self-harm. G3P7 comes from a mixed Pacific heritage but feels more connected to the Tongan culture. She provided an emotional account of what it takes to be a "proper" Tongan girl, and described the impact this expectation has had on her and on her cousins:

> G3P7 …our parents expect more of us, to be like [pause – silence] more on track with… like what we wanna do in life. They are stricter on us, girls, than they are with the boys… we have to be proper Tongan girls… maybe because we produce the babies… my other cousins are the same too… it does get too much of trying to be proper…

Additionally, G3P6 spoke at length of what it means to be the ideal *ta'ahine* Tonga. She highlighted the women's roles, such as knowing how to cook, looking after the husband, and the behaviours and image pertaining to the proper Tongan girl. Of greater emphasis here, but also in

others' talanoa, was the focus on the pressure and sensitivity of "*sio 'a e kakai*" (perception of others within the family, church and community) and the burden this might bring on Tongan girls:

> G3P6 …sio 'ae kakai [sensitivity to what others think] … upholding a certain image. Especially within the church community and the social community, you have to uphold a… like a perfect Tongan girl who knows how to cook, knows how to braid hair, knows how to look after her husband, cleans the house and not go out to parties, go to church, go to youth [group], there's just so much to the image of being a Tongan, a perfect Tongan girl, that sometimes when you don't hit the point, you kind of build up this low self-esteem, that you're not good enough. I feel like that's kind of where it joins what I said before, like the expectations of not fulfilling your parents' dreams or something, yeah.

G3P6 added that behaviour and attire are central to the image of a good Tongan girl:

> G3P6 self-image [is important], being brought up by a faifekau (church minister) grandfather, having him in my life definitely triggered in me [that] going out in Tonga, I had to dress a certain way, I had to behave a certain way, so I definitely feel like in the Tongan community, it challenges definitely self-image, and also the expectation from other Tongan families looking within to your own family, I feel like it has a big factor how Tongan women are challenged nowadays.

G3P2 supported this view, sharing about things that girls cannot do, as a *ta'ahine* Tonga, and the challenges these demands bring to Tongan girls:

> G3P2 I mean, within the Tongan community, I feel like it kinda goes back to the expectation of being a ta'ahine Tonga, you know, we have a few faifekau's daughters that have gone down the route that everyone thought they shouldn't have, or if you have a baby out of wedlock, the family, especially the Tongan community, kind of frown upon that. Definitely, being a Tongan woman myself, it's kind of hard upholding… you know… your dignity…

In contrast, 20 participants who had direct association and indirect association with deliberate self-harm spoke about some of the tensions Tongan women experience to uphold the virtues of a Tongan woman. For example, G2P8 is an only daughter who has three brothers, she spoke about the volume of advice her mother and grandmother drummed into her about the importance of remaining a virgin until she reaches the age of 21st:

> G2P8 there is a whole expectation about girls nofo lelei kihe ta'u 21 (keep your virtue until you are 21). This is what my mother and nana always say**.**

G2P8 further explained that this may be a good thing for Tongans, especially for her mother and grandmother. But she knows that this is a pressure for Tongan girls in general, especially for the ones she knows. She gave an example of the first night after the wedding:

> G2P8 …traditions [like] the first night whatever. That's so dramatic… those type of traditions… but then I see the value in it. They are like, yay, our daughter is not becoming a [slut]… so, yeah, … that kind of thinking

puts more pressure on the girl… like her virginity. Shouldn't that be between you and your partner, especially that kind of stigma?

G1P9 claimed that this expectation is massive for Tongan females, and the effect this has on Tongan women's self-worth is enormous and damaging. G1P9 was forthcoming in her opinion, and this created some confidence in others within the group:

G1P9 For women, I know there's that ummm, … where they say you should stay a virgin until you are 21, I think everyone is like that, aye? And when you don't, when you feel like you don't meet those principles, it makes you feel like you're not worthy, or whatever.

Pele (golden child)

Pele refers to the child who is 'given special care and extra paternal care' (Mahina, 1990). Participants across the three groups concurred their insights around this concept, "*pele*", to which they referred to as *"pele*". It was noted that New Zealand-born participants spoke critically about *pele's* impact on Tongan young people.

G2P6 described the advantages associated with being the *pele* in the family and translated *pele* as the "golden child". Beside counting the positive facts, she discussed the strain being the pele has on the other siblings. In her quote, she talked about how other siblings get "jealous" and then treat her differently:

G2P6 Some siblings argue a lot ummm, some do get jealous of the other, cause there might be favourites, like favouritism… like the parents… the pele (golden child) of the family, or something… The pele of the family is usually the person that gets whatever or whenever they want, like shoes, clothes, money or all of that, and like the other siblings do get jealous, just cause that person gets treated a different way than the rest… Ummm, I would probably say it is me… Ummm, because I am actually the one that gets what I want, when I want, most times, and I can just tell from… like my older brothers, they reckon they had it hard growing up with the strictness with my parents, but when it comes down to me, I got it all easy, because my parents have gone through all of that experience with my older brothers, so it's easier when it comes to me. And yeah… I'm like then, I don't like it because my younger sisters, they leave me out… I mean they don't include me in our siblings talk…

G1P1 related about her sister being a 'golden child' within their household. She does not link her deliberately self-harming to her sister being the golden child, but she does describe the impact her parents' judgement and constant comparison against her golden child sister had on her:

G1P1 We have one golden child, our sister, the one on a mission, and they will compare us to her, and we will agree that she's a golden child… She is a really good child, but she does stuff that my parents don't know she's done… But then they compare us to her constantly, like compare us to her and then compare us to each other… Even if you are right next to each other, why won't you be like her? You know it makes you feel like shit…

G2P3 communicated that inadequate attention given to those that are not "favourites" has dire consequences. She explained how favouritism generates expectations to achieve, and exemplified with her friend's story of deliberate self-harm:

> G2P3 Some parents, they never praise their kids for what they have achieved… but they praise the other kids for like rugby, netball, yet the other person who is doing self-harm probably has achieved NCEA level 1, like, you know what I mean… like they don't pay attention for that child because they have favourites in the family… my friend was not the favourite, she told me that all the time. They [parents] never would tell her she was doing well… she kept feeling useless, … so she turned to that [cutting]…

G2P8 spoke distinctly about her experience as the *pele*, which came with the pressure to live up to the expectations raised by her being the apple of her dad's eye:

> G2P8 For me, I was the pele in my household because I was the only girl… everybody kept reminding me that I was the apple of my dad's eye, being the only girl… something I struggled with, because I couldn't be myself.

G2P2 made a noteworthy contribution about the golden child's position in the family:

> G2P2 Our sister, who is the eldest, gets treated differently. When we have something to eat, she gets to always have the first pick. During family meetings, she sits on the chair, but us, we sit on the floor.

G1P9 explained that it was common for girls to be the *pele*:

> G1P9 In our culture… girls are the fo'i pele (golden child).

Participants views in this section were noteworthy. The differences in behavioural expectations between young women and young men were considered risk factors for deliberate self-harm. Across the three groups, all participants talked about gendered expectations as being one of the primary reasons influencing Tongan women to deliberately self-harm. The difference in perspective was significant as well: participants who had direct and indirect association with deliberate self-harm focussed mainly on issues of gender inequality, such as the difference between what boys were permitted to do and what girls were not permitted to do. Those who had no association with deliberate self-harm appeared to focus their responses on the 'the ideal Tongan girl', as one of the contributing factors that creates tensions within the family and leaves immense bruising on those impacted.

Familial factors

Participants' insight into deliberate self-harm was highly dominated by multiple life circumstances incidents, which often left them feeling undervalued. These feelings influenced their understanding of contributing factors to young Tongan women experiences of deliberate self-harm. The warmth flowing from the *talanoa* created a safe environment for participants to share deeper experiences and thoughts. All participants expressed long-standing situations within

the family that influenced their perceptions, whether they have been directly associated, indirectly associated, or had no association with deliberate self-harm.

Changes in the family

Participants who were younger and who had been directly associated with deliberate self-harm described how changes in the family had influenced their deliberate self-harm. Two participants shared at length and in-depth their experiences. G1P5 was one of the participants who placed her deliberate self-harm in the context of her family experience, and her circumstances at that time. One of the key features of her account was how things were changing at home. She pinpointed specific events and factors that she considered influential in the formation of her struggles. First, it was the shock of finding out intimate information about the family: "*I found out that my dad, whom I thought was my dad, wasn't my dad, and just a lot went on*". Secondly, there were changes at home and increased responsibility: *"Things at home were not the same anymore, and I used to have a lot of pressure on me, like I had to look after my younger siblings…".* Thirdly, her mother's blaming her when things at home were not in order, impacted her greatly: *"my mum used to put the blame on me and because she would always go out and would always come home and still be angry for no reason…".* The other aspect of her life that contributed to her deliberately self-harming, was the result of how the struggles in the family made her feel:

> G1P5 She used to make me feel like I wasn't wanted in the family. I used to think that I wasn't wanted by everyone, because they would always treat me like shit and that…

G1P1 shared of the many challenges she faced when her family was moving around from one place to the next, also moving countries as well. She considered the leading root of her deliberately self-harming the instability these moves brought to herself and to her family :

> G1P1 …ever since I've been moving around a lot, ummm, my life just got worse, it wasn't like stable… so when I moved into his house [uncle], it started to get stable, but then they sent me back to Tonga… it was hard… so hard to be away from the family… I didn't even know people there and shit… you could see between the whole moving around, there was bound to be a problem. I felt like the problem, the unwanted child… I ran away and got send back here. They still didn't know what was wrong with me, so I got sent to Australia to my older sibling; like four days after, I ran away again…

Broken down/conflicted relationship with mother

All participants discussed how important relationships were to them, and what impact positive and negative relationships with key people in their lives had on them. One of the key factors that was evident, especially amongst participants who deliberately self-harmed, and amongst participants who had indirect association with deliberate self-harm, was the strain in their relationship with their mothers. G1P5 explained:

G1P5 Like I know, with my mum, I never talk to her about anything cause like she always has something to say. It's like everything I do is always wrong and that she's always right and like I know I've made lots of mistakes but like I try to fix them, like I do my best. Like I just feel that she's gonna judge me and like what's wrong with you, why would you do that for, you stupid or something, I thought I raised you better than this and like you just go and do something like this.

G1P3 blamed her mother for their family being broken. In relating the story, she was very emotional, with expressions of frustration [clenching her fist as she spoke]. She described how they [the girls] always look towards their mother for support and resolution, with great disappointment:

G1P3 My mum's fault, she just stays quiet she knows this is happening, she knows this and that, but she never speaks up for us… If she does speak up, she doesn't talk while we are there. Like it's complicated, even we don't get it…

Similarly, G2P6 spoke of her best friend's account of events leading up to her deliberately self-harming. The build-up of issues and tensions her friend was experiencing with her mother was very clearly expressed:

G2P6 It's mostly like little stuff, like daily kind of things that they couldn't see eye to eye on… things like the mum will tell her a time to be home from school because of this, and she will tell her mum like no, because she's got study classes after school. The mum would not accept these explanations and would not listen to her. She just found her mum very difficult to get along with and understand… Yeah, they just keep disagreeing with each other.

Parents' expectations to succeed

Across the board, women spoke of the impact parents' expectations to become successful in their education had on them. However, for some, being successful meant more than just education, it was also about ensuring that no shame is being brought upon the family.

G2P3 described the heaviness of failing parents' expectation to do well in school, fuelled by the pressure of what other people thought:

G2P3 Parents want their kids to succeed and they want people to see that their child has a Bachelor's, Master's, but then if you fail, you fail your parents. It kinda leads you to doing self-harm things because you feel like you have failed, because your parents are like ohhh, why did you go and do that, like if you get pregnant or like, you know, typical Tongans, they will say this person is gonna look this way, that family is gonna say, this people at church are gonna say this, you know, their expectations, and, you know, you are like the black sheep in the family, ... those kind of expectations.

G3P7 shared that parents' expectations involve choosing the area of study or the profession. While explaining, she was very emotional and wept:

G3P7 They chose things for you to do in life, which is not helpful, when you wanna like do something else. Like telling you, you should be a doctor and they think being best for you is to be a doctor, but really you just want to do something else.

G3P6 added that the pressure of graduating can be a huge burden for young Tongan women:

G3P6 Definitely the pressure to graduate but also, it's a self-personal thing, where you put pressure on yourself, and you carry burdens within yourself to do well. That you kind of stop taking care of yourself and start thinking about the end goal rather than your own wellbeing, so that can sometimes cause … there was my sister's friend, she started deliberately self-harming herself because of this.

G1P2, who had a problematic marriage, spoke of her mother's expectation to remain in the marriage, because other people's perceptions on their family mattered:

G1P2 For me, I'm the only girl in my family, and I have five brothers and all my brothers' marriages have failed. And my marriage was like… when I made the split, it was like you can't do that, you can't. You know everyone is looking, you know, at me as your mother, at how we have failed all the kids. You want to get married again and have another set of kids. And she was just like really, really… sad. It was, it felt like it wasn't my marriage, it was all for her, for show; it mattered what people out there, our church members, even our own immediate family, her brothers and sisters looking into our family [were thinking]. It was like I was pressured to stay within my marriage because, you know, me being the only girl, me being the big influence I have on the family. Like the role model that I was for my nieces and nephews, this is how you do it, this is how you marry, you stay in it, this is the bed you made, you lay in it. I think that's the kind of pressure that I'm under, and still is going through right now.

G2P8 related that when you don't meet your parent's expectations to do well, you get looked down upon:

G2P8 And you know how all Tongans want their kids to have the pepa (papers), to graduate, and when you don't do that, like they sio lalo [look down]: look at that person, didn't graduate and just sitting over here. Doesn't have a job… like comparing…

G3P6 felt the same, and explained that young Tongan women torture themselves in the process of not fulfilling their parents' expectations:

G3P6 I also feel like nowadays there is an expectation to fulfil, and, I feel, especially with the Pacific community, we have a lot of parents' expectations, not only that, but within ourselves, we uphold ourselves to the highest remark, that if we don't get it, we kind of put ourselves down, and then that can start mentally, like hurt you, because you can start seeing that you're not where you want to be, everyone is going to see that you're not where you want to be, so then you start, it's like a self, mental, physical process that you go to, to the extent of hurting yourself because you feel like it's a punishment for not fulfilling your expectations and your family's expectations as well.

G3P3 observed that not meeting the parents' goals can constitute a risk for young Tongan women to deliberately self-harm:

> G3P3 I have heard someone that I know, that I am close with, that wants to harm herself. Because her parents expect too much from her. And like she's always telling me she's frustrated, can't sleep, it's always like that: "I wanna go do this".

The family played a central role in these young Tongan women's understanding of deliberate self-harm. Difficult family circumstances caused them to feel hatred towards the self; at the same time, they felt the pressure to *save face* and protect the family. Further, negative perceptions on their reality were crucial to creating a context in which participants chose to deal with things the best way they knew how to and could. Despite understanding the aspirations behind their parents' desires, and themselves wanting to thrive, they felt that parents' expectations to succeed was one of the huge stressors on young Tongan women.

Managing negative feelings

All participants across the three groups had associated coping with negative emotions, and an inability to communicate this pressure, with Tongan women deliberately self-harming. Participants who had association with deliberate self-harm talked about it as a need to manage their feelings. All of those who had deliberately self-harmed shared similar experiences and highlighted how deliberate self-harming helps them maintain a sense of power and control over their emotions, especially when facing unbearable situations. G1P3 spoke of an event which made her feel very vulnerable; deliberately self-harming was a way of having some power and control over her negative feelings:

> G1P3 …I kept hoping that these feelings would lift and disappear, but it didn't. I felt exhausted and shy, trying to hide my tears from everyone, but I couldn't… so I had to take control. Hurting myself was about having the power and control… to control something you cannot… like feelings, aye…

A similar response was given by G1P9 who explained that, in times of distress, deliberate self-harm helped her to gain a sense of power by escaping into a place where she can feel more in control:

> G1P9 …self-harm helps me… I separate myself from what is happening… go into a happy place and space…

G1P6 described that, when engaging in the act of deliberate self-harm (tattooing and piercing), she feels in control of the physical pain she experiences, and of the narrative she otherwise cannot convey in words:

G1P6 None of this shit really matters and I don't have to think about it… there are words I can't talk to people about in my tattoo. The tattoo and blood from it say more than words.

G1P12 indicated that deliberate self-harm can be managed if the circumstances change, but it will always be there. Her view comes from a story she related, about someone who has deliberately self-harmed in the past, whose self-harming behaviour has changed. Although she feels more in control now, the impact of what was left behind on her arm is still present, and restricts her daily life to the point where she questions:

G1P12 Will I ever have control over self-harm or will self-harm control me for the rest of my life?

Releasing of pain

Responses describing the release of pain as a motive to deliberately self-harm came mostly from the sharing of participants who had direct and indirect association with deliberate self-harm. G1P9 revealed one of the most trialling times for her:

G1P9 [People deliberately self-harm] to ease the pain away. Like for some… that moment in time they are really hurting and nothing else matters…

G1P5 explained that she deliberately self-harms when feeling lonely, to remove the pain:

G1P5 Yeah, I had no-one to talk, to share all my problems. I just kept it all to myself and did it to take away the pain, and try to put on a smile**…** [long pause] … For me, cutting was like a way to release the pain… for like others were hurting me and I was like hurting myself…

Initially, G1P1 found it difficult to speak at length and in depth about her experience of engaging in deliberate self-harm. As she became more comfortable with the sharing that took place, she slowly opened up:

G1P1 When I did it [points to her wrist with a slicing movement] … [long pause, tears streaming down her face] … I felt so relieved… to get relief from all the aches that were inside in my head but especially my heart… the raw things that continued to be in my head because of the trauma… but just releasing the pain… felt so good.

Coping with anger

Participants expressed that anger was one of reasons why young Tongan women deliberately self-harm. Participants across the three groups, but mostly those who had direct and indirect association with deliberate self-harm, highlighted that it helps them to cope with anger. G1P4 made the connection between deliberate self-harm and expression of anger. What was interesting here was that, although this participant had direct association with self-harm, she used the third person, like the experience belonged to others:

G1P4 [Deliberate self-harm is] the only way they know how to take out their anger.

G1P6, who had deliberately self-harmed frequently until one year prior to the time the *talanoa* took place, reported that:

G1P6 [Deliberate self-harm] is when you keep all the anger to yourself, and you just cut… keep it all in… and you do something else to get rid of it… get rid of the pain… is like a way of expressing your feelings back to yourself. I probably do for myself so that no-one knows…

G1P6 described that deliberate self-harm is like a vehicle that releases the anger:

G1P1 [Deliberate self-harm] feels like you are focusing on all your anger and all that. Releasing and getting rid of anger that I have, and the cutting did that for me.

Participants who have been exposed to deliberate self-harm, shared about having witnessed instances of deliberate self-harm connected to anger. G2P1 spoke about her friend's experience back in high school:

G2P1 Yeah, but I never took it seriously, like it was back when I was in College. Every time she would be pissed off at her mum and dad, she would cut herself.

G3P4, who has no direct association with deliberate self-harm, but experienced it through her friend, reinforced the connection between anger and deliberate self-harm:

G3P4 She said it's just anger, like there are times where she says and tells me, when she's angry, all she wants to do is just cut herself.

Crying for help

Participants who had direct and indirect association with deliberate self-harm shared that deliberately self-harming is an act of crying out for help. People engage in deliberate self-harm acts and behaviours as a way of indicating that things are not well for them. G1P10 explained that deliberate self-harm occurs in the desperation of trying to get someone to see the state they are in. She spoke of this fact, attributing it generally:

G1P10 I think, [deliberate self-harm], people do it… like someone's cry out for help. Like they are trying to get someone to see them… so they are trying to call out for help, especially for young teens, cause it's a lot of pressure.

In an emotional state, G1P2 emphasised that the act of deliberately self-harming is often carried out as a way of hearing your own cry for help, especially when there is no-one there to respond:

G1P2 I feel like it's for some people that's your way of hearing yourself. You know, when you try too much to hold it in and then you finally let it go. There is no-one there but yourself, so you do it to yourself. So, when you hurt inside, you just want to show that pain and hurt… I show what I'm feeling…

G1P5 added that those who deliberately self-harm, do it because they do not have the ability to express themselves:

> G1P5 [Deliberate self-harm is] like a way of expressing your feelings.

G2P6 also considered that deliberately self-harming is an act of making one's voice heard:

> G2P6 I also feel like that deep down, they want somebody to know what they are going through, but they just don't know how to make their voice heard.

Forms and expressions of deliberate self-harm

The shared narratives of young Tongan women showed an awareness of the different forms and expressions of deliberate self-harm. I organized the deliberate self-harm forms from the most to the least common, as shared by participants. They range from cutting and piercing, tattooing, as a form of cutting, abuse of alcohol and smoking, to promiscuous behaviour, punching oneself and overdosing. Of note, cutting, smoking, and drinking were more prevalent in those who were under 20 years old, in comparison to those with a history of deliberately self-harming aged over 20 years old.

Cutting

Across the three groups, participants provided greater awareness of deliberately self-harming through forms of cutting, comparing with other deliberate self-harm forms. This awareness was shared by all, in their narratives, complimented by expressive hand actions/ gestures, to demonstrate forms of cutting or slicing of the arm.

G1P5 spoke about her cutting experience, explaining that deliberate self-harm is a form of cutting, done in most private places, hidden from other people:

> G1P5 I cut a lot… I used to do it on my arms and on my legs, where no-one could see it because I was embarrassed [crying]. But where I could see, to remind myself of why I did it.

G1P4 shared that when deliberately self-harming at the age of nine years old, she was very careful to conceal it from being known by people, especially by close family members:

> G1P4 I used to do it… cut myself when I was 9 years old… I took extra care to hide it from everyone especially my sister I shared my room with.

Although G3P7 had no direct and indirect association with deliberate self-harm, her description and understanding of cutting was very intimate and realistic:

> G3P7 I think deliberate self-harm is cutting – the only thing I know is probably just cutting. Like the ones that I am more known to, is cutting. The cutting lets you escape from feeling dead and cold, and somehow it fixes those feelings…

Piercing and tattooing - a form of cutting

G1P6 described piercing and tattooing as a form of cutting, and she added another understanding of this kind of deliberate self-harm. She explained that, for her, cutting meant more than just the scar, and, through piercing and tattooing, she can make deliberate self-harm visible, without shame or guilt attached:

> G1P6 …well, instead of cutting, cause I tried it once with a butter knife and I didn't like it… so I was … let's find something else to do… then I found piercings. I like it… I liked the way that it can hide my self-harm. It was acceptable, and my friends at school thought it was not only cool but that it looked tough… I was not at the age where I was allowed to get piercings, so I did it myself and the process was slow because I didn't have the right equipment to do it. And when another shit happens, I go off and get another piercing, new me… start over again, I just keep fucking up.

Further, G1P6 went onto explaining the experiences she encountered with tattooing:

> G1P6 All of my tattoos have a meaning. Every time I got it… ummmm… how do I explain… Oh, I loved the pain of it. Yeah, I was quite surprised when I pulled through with this whole thing [points to the tattoo on her neck]. I like setting my tattoo when I'm really angry. I sit there and think about everything… all the pain and anger. I don't feel the tattoo pain but I can see it, I remember. I remember that pain, it makes it feel real for me.

Contrary, G1P7 used the tattooing to give herself a positive message and to help her overcome obstacles in life:

> G1P7 When I got this tattoo. I was going through some stuff, that's why I got it. I have a tattoo under my collarbone, it says: this too shall pass… Yeah, so I can remind myself that when you're going through something, it's not you're not gonna go through it your whole life, it's just like a little portion of your life. Yeah, that's why I did it…

Alcohol and smoking

Across the three groups, many participants referred to excessive use of alcohol, and a few referred to smoking, as forms of deliberately self-harming. These references were more prevalent in participants who were over 20 years old. G1P12, who had been cutting herself as a form of deliberate self-harm, reported that, as she became older, she started to turn to alcohol to respond to the same void, just as she did when she was cutting:

> G1P12 I would even like steal her alcohol and go and sit outside and just drink it… I hated it… I just wanted everything to go away.

G1P9 stated that she did not physically cut herself, but used alcohol for the same reasons as her friend who had engaged in cutting, to 'soothe the pain':

G1P9 I've never physically cut or deliberately tried to cut myself, but I know I have used ummmm, other means, like alcohol, to soothe the pain… So, it's like, I think, when you are drunk, you just don't think of anything, you are hanganoa (occupied) and if I were to think that with the cutting, and that you will be hanganoa (occupied) with the pain, that you temporarily forget what's happening, the real core of the things that are actually happening.

Three participants spoke openly about smoking as a form of deliberate self-harm. G1P1 described herself as being an 'excessive cutter', but then she found that drinking and smoking had the same effect. These behaviours [drinking and smoking] were more acceptable and did not quite achieve the same effect for her as deliberate self-harm, but this commonly acceptable action did not require 'hiding' and that was easier:

G1P1 I don't cut anymore… one night when I got so drunk, I wanted to drown everything and everybody away. I realised that the drinking did the same trick, took away all of my worries. I found that it was better, no mess and nobody can see any marks and be nosy asking questions. I learned that chain smoking did the same thing… I just smoke my lungs out.

G1P10 shared her experience as well about smoking, and placed it in the context of her family's experience:

G1P10 I know a lot of my family smoke when they feel stressed, they like, oh, I'm dying for a smoke. And for myself, I know when things get too much, I smoke excessively. Like I just wanna smoke and forget about everything. And for me that's my way of trying to stay on top of things.

Punching

A few participants spoke about punching of the self as a form of deliberate self-harm. Interestingly, the insights referring to punching oneself, were offered even by participants who previously said they had no association with deliberate self-harm. G1P4 referred to punching herself 'to get rid of the pain':

G1P4 I would just punch myself in the chest [crying], because I didn't know how to deal with my anger. I would just hit myself to get rid of the pain.

G3P5 gave a description of how she walked into one of her friend's punching her fist against a stone wall, repeatedly, until it bled:

G3P5 I was with my friend at her family event… I found her at the back of her parents' house, punching her fist on their stone wall. She continued to punch repeatedly until it was bleeding… later she told me that the person who had been touching her was at the house… she couldn't stand the sight of him… and felt so embarrassed for herself…

Interestingly, G3P6 shared the experience of her sister's friend, where she did use punching of the self so not to draw attention to herself, and to the way she was feeling:

G3P6 My sister shared with me that her friend told her, she would punch herself so hard on her temples just to feel dizzy. My sister's friend doesn't want to draw any attention to herself, if she doesn't do this, she feels that it will break out in her screaming or wanting to physically break something…

G3P1 spoke about someone she had known engaging in this form of deliberate self-harm, as a means to protect others from her:

G3P1 I know someone when they start getting really anxious and sad, they start to hit the top of their head. It is a huge release and stops them from getting angus [angry] on someone else…

Promiscuous behaviour

Three of the participants who were over 20 years old talked about engaging in promiscuous behaviour as a form of deliberate self-harm. G1P12 described how she engaged in risky behaviours and got herself into dysfunctional relationships:

G1P12 I just started having random sex, to make me feel better about myself. I think hurting myself in this way serves two things, one that it boosts my confidence that I am wanted, and, at the same time, that I damage my self-worth. Some may think it's dumb and scary, but this is what I have been doing every weekend…

G1P9 spoke as well about having one-night stands, as a way to punish herself, and revealed how she enjoyed the power and control she felt in the process:

G1P9 For me, it was going out every weekend and hooking up with whoever as a way to punish me… it got to a stage where I was addicted to this. But I liked it, as it gave me control, well at least I felt I was in control and had the power…

G3P1, who works with young at-risk women, spoke about the connection between deliberate self-harm and entering dysfunctional relationships:

G3P1 A lot of the girls that I speak to, they have a lot of partners, and you can just see the vulnerability in them. When one partner is done with them, they want another, just to deal with that.

Overdose

G2P5 was the only participant who spoke about overdose as a form of deliberate self-harm, through sharing the experience of a close friend:

G2P5 So my friend would take her grandmother's medication. She said to me it was less painful than all the others. I just didn't get it. She wanted to feel pain but wanted to take the method less painful. She shared with me that nobody had known about this, and when things get out of control, she turns to overdose. When I asked her why she was thinking like this, her response was that this is how her brain works, and that she wanted to be poisoned so that she can remain sick for longer periods of time. She

also said that her brain is so messed up and very clouded, and that she is also terrified…

Summary

In summary, the second Findings Chapter have provided participants' understanding with a range of reasons as to why young Tongan women deliberately self-harm. Participants confirmed the significance of *anga fakatonga* to their life and revealed how it can become a risk factor for deliberate self-harm, a finding drawn especially by participants who had direct and indirect association with deliberate self-harm. Gendered roles and expectations in Tongan society were a contributing factor to deliberate self-harm for young Tongan women. The disparities between the 'can do's' and 'cannot do's' for young Tongan women in the Tongan culture (ideals and practices) brought pressure onto Tongan women and made them question their worth in contrast to Tongan men. Participants who had direct and indirect association with deliberate self-harm focused their responses on gender inequality. Participants who had no association focused on the qualities and behaviours expected of the ideal Tongan girl concept. It was found that familial factors and negative life circumstances often left participants feeling undervalued. These factors contributed to participants' understanding of why young Tongan women deliberately self-harm. The family played a central role in the decision to deliberate self-harm for these young Tongan women. Coping with negative emotions was confirmed by participants as one of the factors that contributes to deliberate self-harm. Forms of deliberate self-harm described by participants ranged from cutting and piercing, tattooing as a form of cutting, abuse of alcohol and smoking, to promiscuous behaviour, punching to the self and overdosing.

The next findings chapter, I will present the voices of the young Tongan women responding to the third research question, looking at the strategies that can help prevent deliberate self-harm.

Chapter 7: Findings 3

What strategies can help prevent deliberate self-harm?

Introduction

The previous findings chapters addressed the first two research questions, presenting narratives of Tongan women's understanding and experiences of deliberate self-harm, and described participants' views on why Tongan young women engage in deliberate self-harm. The current chapter addresses the third research question: what strategies participants believed can help prevent Tongan women deliberate self-harm behaviour and acts? Participants spoke of strategies that had good or negative results and described the impact these strategies had on them.

Because there were significant differences amongst the perspectives of participants who had direct, indirect or no associations with deliberate delf-harm, I decided to present these voices in three different parts, highlighting at the same time the commonalities and differences in the views shared. Voices recorded in both individual and group *talanoa* are presented, they are all deep and emotive. The first part focuses on the voices and experiences of participants who had direct association with deliberate self-harm. The second part highlights the views of participants who had indirect association with deliberate self-harm, for example they had thought about deliberate self-harm, but had never carried out the act or they knew of deliberate self-harm from family members and/or their friends. As mentioned in earlier chapters, participants self-classified as having direct or indirect association with deliberate self-harm, and it is likely that some who placed themselves in the second group (indirect association) may have actually fitted better in the first group (direct association). The final part introduced the voices of participants who indicated they had no association with deliberate self-harm.

The findings have been consistently grouped, as per the previous findings' chapters, from the most frequently mentioned by participants, to the least. While during recording, many views were interrelated, participants' perspectives were presented separately, to enhance the clarity of the study.

Part one: Voices of participants with direct association with deliberate self-harm

The voices in this part are grouped according to the major themes that emerged in the conversations. The themes are organised from the most to the least common. The most common themes were: having access to someone to share, establishing a trusted relationship, and providing culturally sensitive support.

Having access to someone to share/ voice

The most frequent comment made by all participants, was that the risk of engaging in deliberate self-harm was reduced when young women had the chance to share their thoughts with someone. The importance of having someone to share and talk to, and/or voice their concerns and emotions with was evident.

G1P5 was very emotional, as she talked about the value and importance of having someone to be there for her in difficult times, during her young years, and during the times where she deliberately self-harmed. She said that, even as a child, she had wished there was someone she could talk to, because talking about things troubling you had not been a practice in her family. As children, they had been especially careful in trying not to 'worry' their parents:

> G1P5 Just to have someone there, to just be there for you… try to understand what you are going through like... growing up … I wish I had someone… [long pause, crying].

Further, G1P5 suggested that talking to someone would have helped not to bottle up the way she was feeling; talking also proved to be difficult, because she didn't not want to worry anybody:

> G1P5 I also…. [like] to keep it to myself and act like I'm happy… it's ok, and never wanted to talk to anyone, cause I always felt like, oh, nah, they don't care, they don't need to worry about me cause I'm fine, just do you and they will do them.

G1P1 shared that during the time she thought about and engaged in deliberate self-harm, it had not been easy to ask for help, and yet, when she did ask for help, it made it so much easier:

> G1P1 People don't know it's very hard to ask for help, but when you can, trust me, it sure makes things much lighter than it is.

G1P4 described that it can be very difficult to find the right person to talk with, because of one's fears of being misunderstood; however, it is an important step in the healing process:

> G1P4 If you are someone that is quiet like me, you tend to find that talking is very hard. Growing up, I was taught to keep my thoughts and feelings to me, and, over time, I learned to control the way I feel the best way I knew how to [crying…. long pause]. I kept quiet because of my fear of not being understood and not being loved. Finding that someone that you can talk to breaks this fear is really important… a healing experience.

G1P9 shared her positive experience about finding someone she could talk to. It was her cousin's wife, who had supported her through rough times. In particular, she felt empowered by this person, who had walked alongside her, and proved to be a good and safe listener. She had also noted that, through talking, she was able to get a better sense and understanding of what she was going through. She felt valued, and listened to:

G1P9 Getting someone on board to walking that journey is a really important step. I have [names the person] who was just so, so awesome. I felt so high… like I really meant something. She paid attention and tried to understand me.

Establishing a trusted relationship

All participants agreed that establishing a relationship and a meaningful engagement with someone is important. G1P6, G1P1 and G1P5 spoke about pathways to reducing and addressing deliberate self-harm. They said that while there were many online services available, they had not been able to develop and experience the same depth of relationship which they achieved in the 'face-to-face' discussions. Similarly, while texting and/or phone conversations were useful, these were not as effective in building what they called a relationship.

G1P6 explained that the delay in responding via text messaging appeared to be taking longer, which had not been in her favour. But the most ineffective part was the inability to feel connected, and not seeing who was on the other side:

G1P6 I remember when things were not going well for me and I needed to talk to someone. They gave me this free text number to contact, which didn't help at all, because I would have to wait quite a while for a response to come through. What was hard was reading what the person was like on the other side. I then became paranoid, thinking this person was going to make fun of me, as I could not see the person.

G1P1 also agreed that hotlines were not helpful to her and to some of her friends in high school, because they didn't connect to the person over the phone, it was just a voice:

G1P1 I can't stand this whole thing about calling hotlines… me and my friends were always angry with these hotlines because we call them, they don't know us, and when they try and understand us, honestly, it sounded so fake…

G1P5 reflected on her experience of accessing a free calling number and feeling the experience intrusive:

G1P5 I remember calling one of the free calling numbers, because I really wanted to talk to someone. I felt the person on the other side kept pestering the fuck out of me. She kept telling me over and over again that she understands. And I'm like why the fuck do you have to lie for…

A number of participants believed that it is beneficial talking to someone older in age, because they had likely experienced ups and downs, and may have been through similar experiences. G1P9 provided a clear description of the ideal qualities of such person: someone who is older, a person who has patience and understanding, and who can make you feel valued:

G1P9 Especially having that one older person that knew what you went through, like the age difference… like I say. I went through some stuff and she knew about it. Like it made me feel good, because the person

who was there for me was an elder person who understood what I went through. She was three times my age. Like it made me feel valued and like someone cared, like when she goes, hey, what's going on, I see that you've been drinking a lot, I know that there is something behind it. So that's one way of dealing with self-harm. I guess when you know someone is there.

Three participants shared that they had very unpleasant experiences with counsellors. G1P1 spoke of an unfortunate experience, where she had told her best friend about her cutting. However, her friend had shared this with the guidance counsellor, who wanted to inform her parents. G1P1 believed that her friend had 'broken' her trust, and felt that the guidance counsellor appeared to be more worried about her own 'health and safety' obligations, and about not losing her job, as opposed to showing that she cared:

G1P1 You know, one of my best friends told the guidance counsellor that I was cutting… I remember being pulled out of my class and was basically told that she was going to tell my parents because of health and safety… and that if she did not tell my parents she will lose her job over this. I knew right then that I meant nothing, because it was all about health and safety and this was just a job to her…

G1P5 held the same view about the lack of interest from school counsellors, and shared her experience:

G1P5 I reckon most of these counsellors are only in it for the money. I think they pretend to be nice and listen to us because they are getting paid, usually what I shared with them went in one ear and then out the other. What I also found is they gossiped about me to the teachers because one of my teachers… yeah, it was awkward, asked me if I felt safe in front of my friend… how embarrassing…

It is unfortunate that a school system which had been put in place to protect students and provide a safe place of caring and sharing generated such negative experiences.

Cultural sensitivity

All participants emphasised the desirability to have support sensitive to their cultural needs and especially to the cultural needs of their families. G1P8 stated that in the Tongan culture, sharing personal information is a sensitive issue, and has to be managed with care. She described an uncomfortable incident in high school, where the staff lack of cultural awareness put her friend and her family in an awkward situation:

G1P8 People need to understand that when they want to call a family meeting and discuss a sensitive issue, that it is embarrassing to be discussing things that are tapu (sacred) in front of the father.

G1P1 also described her experiences with the school counsellors, who were *palangi* (European) and lacked the understanding of what was going on for her. She highlighted the need of having Pacific counsellors:

> G1P1 I used counsellors from schools and that did not work because all the schools I went to, the counsellors I had were white palangi people and it's like they did not understand. So, someone who has a similar understanding of the things going on. Those white counsellors, I couldn't open up more to them…

G1P6 shared about negative encounters with various professionals, such as school counsellors and mental health therapists she had worked with. She drew our attention to her ongoing struggle with language, which made her feel "belittled", and to the effort of having to explain her battle with her conflicting cultures to someone who had little understanding of Tongan values, beliefs, and practices. She felt like she was always trying to 'fit into a generic pattern':

> G1P6 I hate it when they tell me "I can hear you" and always repeating the damn shit. I say. Like "is this what you mean" and repeats what I say over again. Mother fuckers have no idea but use language that makes me feel belittled and angry. First of all, they need to get it that I am not the same with the others and I am always battling the clash of cultures and, you know, the most irritating part is having to explain to them over and over again, because they have no idea.

In addition, G1P8 shared what had happened when the counsellor had come to their home:

> G1P8 She explained that her poor father just looked down to the floor and never looked up once. She kept asking both her parents for questions but they never said anything…

Most participants agreed that approaches to deliberate self-harm can only work when families came together. They recognised the need to be inclusive of families, but agreed that, at times, this engagement is not easy.

G1P9 reported that a family centred approach, rather than an individual one, is recommended:

> G1P9 We hear a lot about the work that people do that focuses on the person who deliberately self-harms. I know it's more important to have everybody at the table finding solutions and working through it together, because some of the stuff that pushes people to do it are issues that are outside of the person. It is the people that is around them, by focusing on them and what they can do, can really help the person. Yeah, like the village way of life… everybody says it takes a village to raise a child but when this happens the village disappears in the eyes of the person who is treating them… yeah, that's what I think.

Ways of engaging Tongan women who deliberately self-harm

In the group conversations, all participants acknowledged the importance of creating a safe space and of feeling safe. They referred often to the 'courage to talk', which allows courageous

conversations about sensitive topics to be undertaken. Participants engaged in deep conversations, describing in detail the necessary skills and qualities needed for safe engagement with Tongan young women.

Listening from the heart

Participants deemed *listening* a priority skill of the person they access. G1P11 had found that listening is a key skill to have when working with someone vulnerable or at risk to deliberately self-harm. In her story, listening created an atmosphere where she felt safe to share, and wasn't forced to fit her experience into somebody's else textbook:

> G1P11 …in my experience, people spend an awful lot of time worrying about getting it right. That they miss the point and lose the connection… all we want, you know, is to just listen to how we feel and take us seriously. Honestly, you don't know how it can help….

G1P5 highlighted that being with someone who was non-judgmental gave her feelings of safety and confidence in her ability 'to talk about it', rather than rendering her silent:

> G1P5 You should be able to feel safe to talk to that one person that will be open to listen to what you have to say and not judge you by your actions…

G1P1 reported that listening, but not pushing, and giving time to unfold at your own pace and choice are equally important:

> G1P1 Mate… if people don't want to talk about it… don't push them… just be there, like respect their choice. When they know you have respected their choice, believe me they will start to share.

Above all, listening from the heart was powerful, something felt by all participants who had direct association with deliberate self-harm. Listening from the heart involves 'ofa (love and compassion), as described by G1P3:

> G1P3 …I can ongo'i [feel] when I'm being listened to, because there is 'ofa [love and compassion] when that person listens, in the way they look at me, the way they show me they are concerned. I feel mafana [warm].

G1P9 strongly felt that listening from the heart is important in expressing to someone that you are really interested and wanting to understand their struggle. G1P9 spoke affectionately as she shared her experiences about how someone taking the time to listen from the heart, makes her feel valued and important. She said:

> G1P9 When I feel the person is listening from their heart it makes me feel that I am important… that I matter. Listening from the heart is not rushing to tell me you understand. It's not telling me that you have an hour to spend with me before you have to see someone else. It's not listening with your head… and try to tell me that. Learn to be still and walk with me in my thoughts and struggles. Yeah, I think this is what it means to me…

G1P12 signalled that listening from the heart enables one to speak from the heart, and reaches places that are hidden and unable to be seen:

> G1P12 I know when someone is listening from their loto (heart), oku ne lea ‘aki e lea ‘oku ‘ofa mo ongo ki loto. ‘Oku ‘ikai kete ongo’i tautea pe mafasia he ‘ete vahevahe mo talanoa mo ia. ‘Oku te ongo’i mafana, pea koe me’a ‘oku fufu, ‘oku malava ‘o veteki mai ki tu’a.
>
> English translation
>
> I know when someone is listening from their heart, they speak with words of love that reaches the heart. I don’t feel punished or feel any burden when I am sharing and speaking with this person. I feel warm, and the things that are hidden are enabled to be unpacked from within.

Connection builds trust and safety to share

G1P9 described that feeling connected helps her to feel safe. For G1P9, the unspoken connection is important in creating a warm place for her:

> G1P9 I feel connection is important, having that connection with someone enabled me to be me… this starts right at the beginning. I don’t know how to explain it, but when someone speaks to me, I can feel the warmth or cold in their words and also the words that’s not spoken. When my body feels this, I automatically know that I have to be careful…

Unfortunately, connecting was not always automatic or a positive experience. G1P1 pointed out a bad experience she had with a counsellor during her high school years. She revealed that the things could have been better if the counsellor had taken the time to connect with her:

> G1P1 …you know, the way she [referring to the counsellor] spoke and treated me, made me feel so small. Her voice was uninviting and made me feel on edge. I felt she did not even try to know me… it could have helped if she could try to get to know me… and I get to know her too.

Trust

When one feels connected, trust is then developed. Trust is fundamental and needed with the person they seek help from. G1P10 shared her experience of an engagement she had with one of her teachers, who created a safe space for her to trust her and open up more, building a relationship:

> G1P10 It sucks about how many don’t care… usually it’s that experience that shuts everything off for me. This one person, a teacher not a counsellor … it was a conversation we had at lunch time. She was real, I felt her there with me. I felt she did not see for my shortfalls… she allowed me to express my thoughts and feelings and I felt I didn’t have to justify anything… I was able to trust her…

In addition, G1P2 provided a deeper understanding that trust to her was about feeling emotionally safe and protected from any put downs:

G1P2 For me, I need to feel protected from the put downs… Feeling safe means [long pause] feeling emotionally safe… knowing that I will be protected from the things that are going to be hurtful and harmful. In the past, it is these things that have triggered and contributed to my struggle. When I feel trapped… aIl I need is someone I can trust and help to open me up…

Reaffirming of self-worth

Participants confirmed that talking about self-harm was not easy. But when they felt they were in a safe place with someone who gave them the courage to open up and share about the sensitivity of how they were feeling, sharing was less difficult. G1P11 spoke of the hesitations she had when sharing, and how her family's patience, and them focusing on her strengths, enabled her to talk:

G1P11 Talking about it [deliberate self-harm] can be very difficult… I remember opening to my parents, they flipped. I shut down and hid things for a very long time. But my aunty and nana helped me to get to my safe place by being patient and not seeing my faults but the things that I was good at... I was able to learn how to talk and share.

Others highlighted how they achieved a reaffirmation of their self-worth, feeling valued as a person, and feeling 'worth it', when they were able to talk openly with someone about deliberate self-harm, having their feelings acknowledged and accepted:

G1P3 I always have hard time about things and certain people. When these feelings are bottled inside… it beats me up… and I feel so scared… so scared that I cannot talk to anyone. But when I start to feel comfortable, confident, I share my thoughts and thinking… it was so, so, so validating for me…

On this point, G1P9 emphasised the importance of confidentiality, of conversations being treated with respect and the need for these conversations to remain private as the Tongan community is very small:

G1P9 …in a small community like ours… people know one another. There is also the status thing when, knowing who you talk to, sometimes there is an unwillingness in who you are sharing with… talking and sharing needs to be respected as private …

Non-judgemental – a space for healing

Two participants highlighted that a safe space creates a healing space. G1P10 explained that awareness and acceptance are important for healing to happen. Not feeling judged can be a liberating experience:

G1P10 I very much think, there needs to be an awareness and acceptance of deliberate self-harm. I think in order for this to happen, we have to offer somewhere that is gentle and caring. I don't need to feel guilty… don't judge me for my wrong… when you do this to me, it helps me believe there is no shame in this place. That this place wasn't going to be about naming and shaming. This is an opportunity to step into something that

you might have done and understand for yourself why, for deeper reasons and root causes which actually can be quite freeing for a lot of people.

G1P5 suggested that building a healing space is grounded on focusing on strengths and positive energy:

G1P5 When you focus on the why I am doing this to myself [refers to the scars], I feel you are hearing me, I feel there are good vibes around me, even though some of the stuff I might share may be quite distressing. But when you start naming me, that I only need attention, and that I am emotionally unstable, this brings me down…

Group talanoa

All participants considered that establishing a group with women who have similar experiences to them had been valuable. Some described giving and receiving support from each other as being meaningful and helpful in coping with deliberate self-harm.

I am not alone in this

Most participants used the words *struggle* and *being alone* to describe their experience of deliberate self-harm. *I am not alone* was uniquely expressed by these young women to refer to 'connections being instrumental in creating a safe space to share'. Hearing others sharing their struggles has helped participants to develop positive relationships with each-other, and to experience a sense of connection to a similar struggle. G1P9 shared how encouraged she felt when realising that she is not the only one who struggles:

G1P9 For me, I think it's like hearing other people's struggles, what they go through. Even though you are not going through the same thing, but you are like ok, so I'm not the only one, cause you think you are the only one out of everyone in this world that is going through something and everybody else is living a perfect life. But when you actually communicate or like engage in conversations with people, actually get to know them, and you start talking about your life and you start sharing, then you feel more comfortable. Like… what's the word… encourages you to be strong because you're not the only one struggling, everyone has something, but you fight it in different ways.

According to G1P11, being part of a group has helped her to hear how others have managed deliberate self-harm, which was valuable for rethinking her own experiences and accepting that, as people are different, some experiences are the same, some are not. She discussed how the group assisted her:

G1P11 One of the first things I learned from being part of a group is that we are different in so many ways. Just like now, we are all Tongans… but my experience is not the same as yours [points to the person sitting next to her]. I have learned now that when I tell you my story and what is dear to my heart, you take the time to listen and try to understand… some of your experience is the same as mine but they are different. So, what we are doing now is connecting and building our relationship. So, what I'm

trying to say, you have made me feel comfortable and I feel you get me… you understand me… you accept my difference, so the learning of relationship is what we are doing here now. Something like this… a group like this will be so good.

Furthermore, G1P11 added that by learning to accept differences in the group, one starts to feel safe, learns to trust, and this opens the doors to develop a relationship, without fears of feeling vulnerable:

G1P11 The group can help us build relationships with one another, so that we can talk, and makes it ok for us to feel vulnerable, to allow us to say it's ok to make mistakes and it's ok to mess up, especially during times where things don't match up with our values and beliefs. So we can talk through our shame and guilt, worries and shame…

G1P3 stressed the importance of the group time as a 'check-in' which implies building a 'relationship', or a responsibility to the group, to help and 'pledge' other members to stay safe:

G1P3 Check-ins to share our troubles is cool… I think it helps people know they are not alone and also, they get to speak to others especially, and to get people to the point of feeling safe.

Emotional support

G1P7 explained that a group is a useful place when people with similar experiences get to receive emotional support through listening and validation about the ups and downs in their life:

G1P7 In my experience, those who sometimes… [long pause and points to her tattoos] they sometimes feel like they lack love in their life… there is a lot of ups and downs in life. I went through the same thing… someone said to me that she didn't care and asked me to step up and not be selfish and be responsible… like what the f&^%. I felt so horrible… [silence] judged and embarrassed. It took me a while to get over this… my supportive group of friends helped… they listened and offered me validation. You know, I owned up to what I did because I felt I was treated with respect.

Sharing in a group is not always a positive experience. G1P8 provided insights of her unfortunate experiences in her church youth group, and detailed what can be unhelpful in a group setting:

G1P8 I haven't been in a support group for my ummm… my [deliberate self-harm], but I think it would be similar to my group at church. But the only problem would be making sure that people don't make it personal and become too emotional. The group we had at church, that was the problem, these two girls started making it about them and they were competing against each other whose stories was better or worse.

G1P4 referred to the love and care she received and argued that emotional support helps in overcoming challenges with deliberate self-harm. As she talked about her experiences, participants in the group nodded and agreed:

G1P4 …people will never forget how you make them feel… I remember how I felt when I could feel the love and care… For me, it helped me see situations clearer and made me have this deep appreciation. It also helped others see me in my weakest moments… This helped me see that people did care for me… the love and care helped, because they were able to challenge me on my shit, because of the relationship we had.

Learn ways to cope with negative emotions

Three participants (G1P5, G1P1 and G1P7) held similar views, that a group setting would help them to deal with negative emotions. G1P5's emotional response changed from feeling sad and crying, to being anxious (clenching of hands), as she spoke, often crossing her arms:

G1P5 I never had the tools… to learn about the different ways I was feeling… and… and dealing with this… I tried to keep it all to myself, and when it all went into custard… I only knew of my way to show my temper… my anger… my pain… to deal with the way I was feeling… so… uummm….so, I think being around people might have helped me, to share the same experiences like me… would have helped me.

G1P1 asked whether the group could have been the place where she could take her broken heart to:

G1P1 I didn't know how to have a broken heart… I think this might be something I could take if I was part of a group?

G1P7 responded to her by approving:

G1P7 I agree, a group could help us learn how do to deal with the shit we face all day every day, at school… at home…

Learning to have a voice enabled her voice

G1P3 believed that being able to have a voice, which she had achieved in her group discussions, had been a major factor in opening the door to her acknowledging the problems she had. She felt that having others participating in a group allows participants to learn from each other's experiences, and empowers them to have a voice and engage in difficult conversations with one another:

G1P3 When I look back, I always thought about things and ways that could have helped me during my difficult moments. I know having a girls' group would have helped me. Somewhere that I could practice having difficult conversations with others. To know when it's ok to talk about my needs and how do I know what it is I need.

G1P4 spoke of another aspect, of not having a voice, which was her friend's experience of being silenced. She referred to the importance of learning to have that voice:

G1P4 One of my girlfriends had always had it hard throughout her life. What happened to her… what happened to her meant she lived most of her teenage life in fear. The shame she had stayed with her for quite a long

time. She didn't know how to say this, and some of the stuff was confusing, and a lot of the time did not make any sense. So, she did not speak up because she couldn't understand and thought that nobody else could understand. She had to learn how to have a voice… I think if there was a way for her to have this voice, it would have helped her because when she had the voice… things started to get better for her.

Women's groups

Moving forward, participants shared about the benefits of having a Tongan group and gave special emphasis to a women's group where they would feel safe to share their cultural experiences. They expressed that this would be ideal for them, as they might have particular issues, different from non-Tongans. G1P7 acknowledged:

G1P7 A women's group would be ideal so that we can have honest conversations about female issues… female issues like the ones we spoke, like the expectations for girls, you know…

Participants who were 20 years old and over suggested that participating in a women's group could be a way of assisting them to reconnect with their culture. G1P3 reinforced that a women's group would encourage women to talk about cultural ways of coping with some of the challenges faced by Tongan women of today, living away from the homeland:

G1P3 I think a women's group would be good. I remember my aunty talking about their group, where they get together and learn about how to fold mats and the types of mats… you know, even though I am not interested in buying mats and that, but I still want to learn about it. I think if we have something like that to bring us together that will be so helpful…

Two of the participants who were under 20 years old questioned why women cannot have a group similar to the men's kava clubs. G1P2 asked:

G1P2 Why is it that guys have kava clubs, and we can't have something of the same nature?

G1P5 supported the value of a women's group and sharing with other women, but urged strongly that the group needed to be away from the church:

G1P5 I realize that the groups can't happen at church… it needs to be somewhere away from the church… you want to the church to look after our spiritual needs, people get too involved in our problems and next, everyone in the church knows…

A commentary from G1P4 highlighted the essence of the group talanoa and how this was beneficial:

G1P4 Look at what we are doing now… this is working… you bringing us together and having this talanoa has really helped us to open up and share some of the stories that I would not share anywhere else. I find you leading and making us want to share. Yeah, I think that's important, someone that has to run the talanoa…

Part two: Voices of participants with indirect association with deliberate self-harm

As mentioned previously, indirect association refers to participants who had thought about deliberate self-harm and/or have heard, seen or talked about deliberate self-harm. Similar to the first part, participants' voices are arranged in themes from the most to the least mentioned.

Breaking the silence by talking openly about deliberate self-harm

G2P6 believed that a major reason for someone to hide their deliberate self-harm from parents, was because their parents might not understand. Her comments indicated that there might be a feeling of shame associated with deliberate self-harm:

> G2P6 I think they will probably hide it from their siblings and their parents. They will talk about to the other girls and keep it amongst themselves until others know. They are probably scared of the way their parents will react which won't be a good one. Probably think they will get a hiding just because Tongan parents, they don't understand why people do it and why would you even be doing that? There may be somebody in the church that may deliberate self-harm but not talking about it.

G2P1's observation of a recent suicide response in the Tongan community raised the importance of three factors: firstly, the need to talk about self-harm; secondly, the need to raise parents' awareness of self-harm; thirdly, to do this through the church, because that's where parents congregate:

> G2P1 Can I bring up something. When there was the suicide going on in the Tongan community, I really think that it was really good that there was a team that was going out and reaching out to churches, and they were explaining what suicide is and what leads to suicide, and I realised that parents were coming back home, they had this… it was like they had seen a light and I think this is how this should be addressed, like go out and reach out to churches cause that's where our parents are. And our parents need to understand and if they understand they will probably sit there and ask their kids, is everything ok? have you heard of self-harm? I hope you are not doing that? I think that would be like another way of doing, reaching out.

On the other hand, G2P7 cautioned that lacking *maama* (knowledge) of knowing what to do contributes to the silencing of deliberate self-harm behaviours:

> G2P7 For me personally 'oku fiema'u ke iai e maama (light)… [there is a desire to have light, in this context knowledge]. Like I remember my little cousin was going through a lot of shit, and when her parents found out, they were more worried about the gossiping that is going to happen during choir practice... When I talk about the maama, it's knowing what to do, what to say and how to answer when things are not going well.

Need to examine the ideals and practice underlying *anga fakatonga*

G2P2 presented strong views about the need to examine ideals and practice underlying *anga fakatonga,* which tends to render women and girls silent and vulnerable to managing any challenges they have on their own. She discussed the barriers raised by not fully understanding this and the emotional effect they had on her, as a woman:

> G2P2 Some of the Tongan ways are good and other times I really don't understand sometimes… like the whole idea of staying as a virgin… staying a virgin until you are married. I think back then, in that time, I can see why, because there wasn't any protection, but nowadays things have changed, and like all the customs and stuff, like I just feel that some Tongans take it too far and they are too extreme, like with the whole sheets and everything. You know, and they shame the woman, it's quite… that's the thing they shame women quite a lot. She has to prove that she's a virgin and if not, she gets shamed and he's all good. So, there's like double standard.

G2P8 talked of her struggle living in two worlds, the New Zealand way of life and that of her parents and explained the tensions she experienced. She used the analogy of living with divorced parents, loving them both, but finding it difficult to bring them together. This split had an impact on G2P8's identity as a Tongan woman:

> G2P8 …I try so hard to learn the Tongan way… it's like living with two divorced parents. You love them both but they can't live with one another. It becomes harder for you, feeling trapped in the middle, that sometimes comes with a lot of confusion, feeling lonely, and a lot of doubt… of trying to find where you really belong and trying to be the Tongan that others want you to be…

Extreme practice of faka'apa'apa had prevented G2P5 from being able to share some of her most inner thoughts and experiences:

> G2P5 I guess being a New-Zealand -born, sometimes I think faka'apa'apa [respect] is a good thing but, you know, it gets taken to the extreme. This is what happened to [names her friend], she struggled fitting in. She would secretly tell me how difficult it was for her to respect elders and family members because their view of things was totally different to hers, but it was so hard to get it across. This took a huge toll on her when she couldn't keep it in anymore.

Family involvement – role of the mother, kinship

Three participants indicated that family involvement had to be included in their vision of intervention when working with young women at risk of deliberate self-harm. G2P7 described her mother's positive impact on her and her siblings' upbringing, which has undoubtedly installed good values with positive outcomes for them, as opposed to her friend who had a different experience:

G2P7 When we grew up, I remember our mothers always being close to us girls, me my sister and my cousins. Telling us how to do things and why things were done is such a way. We did not value it at the time but feel it is so important now, because I think this was the difference from my other friends who decided to, you know… [deliberate self-harm]. Like my friend, her issues with her mother in her childhood has really fucked her up.

G2P1 emphasised that family involvement requires presence and awareness, conducive to safety. She shared the story of her cousins, alluding to concerning events that occurred because of a lack of family involvement:

G2P1 Seeing what my cousins went through, I think the thing that should have happened in their home was for their parents to keep them safe. To keep them safe, they should have been aware and present. They need to be more involved in the lives of their children so that they can see what they are feeling, how they are feeling.

G2P4 recommended family as being part of the solution:

G2P4 I know it's not easy to get parents or family involved, especially if the young woman does not want them involved. But I think you can get the young woman to feel safe in bringing them on board. I feel it's important to get them on board so that they know how to handle it.

Understanding support

Three out of the eight participants in the study recognised that understanding support and communication can contribute to hinder deliberate self-harm. G2P7 acknowledged that communication is not often welcomed and is sometimes seen as a threat:

G2P7 My good friend shared with me in the past of when she has been honest about her feelings. Others would see it as a threat and shame to… to the family. They become very uncomfortable and brings on distrust. For my friend, she said it makes her feel bad… feels like she's betraying someone for speaking up. She said in the past she usually just denied the whole emotion and the things that happened to her, so she can forget the pain and be strong on the outside. But when things started to fall apart, she could no longer block it and started to express it through… [pause]… [long silence] … harming herself**.**

G2P3 claimed that having an awareness of what is happening within the home, equally outside of home, is essential to know how to manage deliberate self-harm:

G2P3 Being alert of what is happening at home is important. Of what is happening outside the home too. They have to understand that this has a big influence on them.

G2P2 implied that sense of belonging is associated with overcoming the inability to communicate and learn from others how to overcome struggles that are keeping people back:

G2P2 I believe that we live in a world today that people don't want to talk about these things, they just want it hidden until all of a sudden it's too late. Things that lead to it, a self-sabotaging behaviour that makes me feel like I don't belong, and I am not worthy or good enough.

Part three: Voices of participants with no association with deliberate self-harm

In this section I present the voices and experiences of participants who had no associations with deliberate self-harm. Participants were asked about what strategies they think would be helpful to address deliberate self-harm, given they haven't thought about deliberate self-harm. Participant's responses were centred on families' safety, and on the strength and support of extended family. They spoke about the significance and value of the role of the mother, as a safety mechanism.

Supportive Family

It was evident in the narratives of those who had no association with deliberate self-harm, the strong family support present for them during their upbringing. In their description, they were able to name family members who have been instrumental to their wellbeing. G3P7 spoke of her strong family support as influential in her not having reasons to deliberately self-harm:

G3P7 Maybe because I just haven't been in situation that would want me to self-harm, mainly because I live a happy life and everyone in my family is really supportive. I think my parents and grandparents have given me all the advice, telling me what to do and what not to do, my parents being very involved in my life, I think that's the main part for people not to self-harm.

Also, G3P6 indicated that her family's openness was the 'biggest motivation for her not to travel down the pathway of deliberate self-harm:

G3P6 …I feel like definitely the biggest factor would have to be my family, would have to be a huge factor why I haven't gone down the road route of self-harm – deliberate self-harm, just because I feel like within our family, we were very open.

Furthermore, G3P6 elaborated the place communication has within the family:

G3P6 My mum and dad said the communication in the family is key, so we would always talk about, if we weren't happy with something, we were sad about something, cause communication within any relationship is key, so I feel like growing up in a family that had God and communication and had family. It was just very lucky of me that I grew up in an environment like that, as opposed to someone else who had the complete opposite to what I had.

G23P2 held similar views on the importance of communicating with parents:

G3P2 Is talking to your parents a lot and make sure that your bond with them, is really close, like friends and stuff. So, there is always someone to talk to, than trying to handle it yourself or something…

Robust relationships of love and care

Four participants (G3P2, G3P5, G3P6 and G3P3) spoke of positive influences in their life who motivated them to remain positive and to do well.

G3P2 shared emotionally her relationship with her mother always providing *akonaki* (advice giving), which gave comfort to her in the life struggles she encountered. Although she does not disclose explicitly, she has experienced deliberate self-harm, and some of the struggles she shared suggest the deep pain she's been through:

G3P2 My mother ummm, she's never like tired of giving me advice and stuff to like carry on with life, yeah, she would like always include her mother whom I'm named after, like just try to be the best I can be. Knowing I'm the oldest also, I'd just say I don't have a father, sorry, yeah, it's like hard, she just tells me to step up, yeah, she comforts me, just tells me to whenever you feel like you wanna give up and stuff, remember why you started doing what you were doing, like as in studying, if you feel like giving up studying, remember why you started. My mum she's like she won't get enough of giving me advice or, in the Tongan way, akonaki and stuff… the akonaki stays with me in my heart… so every time I feel like giving up, I just remember her voice.

G3P5 spoke of her annoyance with her mum taking up unnecessary time and giving her advice all the time. Later, she found that this was a blessing for her:

G3P5 Every night before I sleep, my mother has this thing, that she likes to come and talk to me. It wasn't that bad in Primary, when I went onto Intermediate, I became annoyed, this was taking up the time I wanted to talk to my friends. She told me the same things over and over again and told me it was for my own good. This became so boring for me and I started getting angus [angry] at her. She would tell me how they did things back home and how girls behaved; all I could think about was ancient times [giggling]. When things at school started to change, it was my mum who noticed it. I'm glad that she kept annoying me in the evenings because if she did not notice, I don't know what would have happened.

G3P6 shared that she had a number of significant peoples in her life that were very actively involved in her upbringing. She talked about the strength of the extended family (as in the old days). She referred to one of these people as *fa'e fita* (extraordinary mother figure):

G3P6 People who are biggest influences on my life would have to be my grandparents, of course, knowing they went through all those struggles and battles just to make sure that my parents had a good life. My parents carrying that on so that I could have a good life was a big influence and just paying that forward... Another big influencer would have to be my grandfather's best friend who was considered a fa'e fifita which was a woman who nurtured everyone with love but also gave a testament of

God, so she was a big influencer to me and my sisters. She was a big influencer between me and my mum's life because she just had that aura of giving. So, she was just so generous not only with her time but with her food. She would bring over people who didn't have much to stay with her in Tonga, to make sure that they had a roof over their heads, and she also went back to school when she was around 50ish. She went to continue her teaching degree, so she was able to teach at Queen Salote for a little while. She has been a big influencer, not only did she give so much, but she wasn't going to let anything to stop her from getting to where she wanted to be, especially going back to school at 50. It's not a very easy thing to go through, and yet she had her own kids, she had grandchildren but knowing that she had a goal, and she was motivated to achieve that goal, kinda was a big influencer within our lives because they didn't have much and yet she was able to accomplish so much within her own life. Me and my sisters have to be thankful of what we have and to be very humble and modest about everything cause I know that there are a lot of kids here that don't have the experience that I've had, you going back and forth from Tonga and Fiji and now moving here, I feel like I've had a lot to be thankful for it, kinda set me in a path not to go down that route of self-harming. I feel like that's one of my big influencers to my date so far.

G3P3 considered that her time with her mother was memorable. These times attached her to her mother's desire to do well at school and in life, to continue where her mother had to stop:

G3P3 My talks with my mum are the bestest, I cry every time I hear her telling me her story. I remember her telling me that she stopped attending school in Intermediate because her parents could no longer afford to send her to school. I remember her telling me when I attended High School, that I am attending on her behalf because she didn't get the chance to go. When I attend University, I am attending for her too. Whenever I try to do something silly… I always remember my mum's face.

Faith

G3P6 shared openly that the people from her church and faith have contributed to building her resilience to deliberate self-harm:

G3P6 I feel it's the people who surround me, the people I am surrounded with definitely helped me to stay grounded, and the foundation that was built when I was very young, especially since I am a Christian and I go to church every Sunday, and go to Sunday school, I had people around me that were really, you know, encouraging me to be myself, and it's ok if you have a little bit of difficulties in your life, that means that God is just using you as a testament to go out there and show his good will, so I feel like I was very lucky to be surrounded and then be in an environment where people were, you know, were able to help me grow as a person. I know some people don't have that and some people are unfortunate because they don't have a community such as church to go to sometimes…

G3P4 agreed that having faith in God will overcome challenges:

G3P4 Never think that you are alone, never think there is no-one there to help you. There is always someone there. I mean when you struggle in life,

you pick yourself back up and pray about it because with God, everything is possible.

Raising awareness – workshops and programmes

This group identified the importance of raising awareness about deliberate self-harm via workshops. All participants highlighted that workshops should be integral to interventions in working with people who deliberately self-harm. There were differences in views on where these workshops should take place.

Participants who had no association with deliberate self-harm suggested that running workshops within the community could be a way forward to tackling deliberate self-harm:

G3P6 Have little workshops about deliberate self-harm, I mean [will] really open and let them be exposed to what may be a sensitive topic, but it's a relevant topic. If I know now what I didn't know back then, I would have been able to help those that were self-harming themselves. I feel like little workshops, especially reaching out to the churches and their youth groups, having little sit-down talks. You know, having a talanoa night with all the parents and their kids coming together could be a good way of spreading the word. Also, with Pacific communities here, I know they have some community centres with Pasifika women, that could be a way to also reach out. Yeah just one of the few ways, cause I know, cause my youth usual goes and helps out sometimes at the Mangere area, Otara area, we go out there and we see the Pasifika women who don't have much to feed their children and they come in so we give food stuff, even reaching to them and letting them know there's stuff like this happening, and the world can definitely help, you know, change the way the generation come, and hopefully we won't be three times more likely to this time…. closing down the gap.

G3P2 had a slightly different point of view suggesting that programmes should be run in schools:

G3P2 I definitely feel school, programmes would definitely be a good start, educating them especially during the high school years.

Summary

In summary, this third Findings Chapter presented strategies that can help reduce deliberate self-harm behaviour and acts for Tongan women. This chapter was organised in three parts: first part gathered findings from participants having direct association with deliberate self-harm, second part presented findings from participants who had indirect association, and, finally, the third part introduced the perspectives of those who had no association with deliberate self-harm. Participants in the first part found that creating a safe space and feeling safe allows for courageous conversations about sensitive topics to be undertaken. They engaged in deep conversations, describing the necessary skills and qualities needed to create this safe space. Face-to-face engagement, establishing a relationship with the person helping, and the ability to see and feel the engagement, were critical, as opposed to online engagement. Participants who had indirect association with deliberate self-harm found significant the need to examine the ideals and practice

underlying the *anga fakatonga,* which tend to silence Tongan women and render them vulnerable. Finally, participants who had no association with deliberate self-harm highlighted the supportive relationships they had with their parents, especially with mothers and significant others. Safety of families was paramount and central to their sharing. To them, of significance were the strength of family, the role of the extended family, and mothers' role in providing safety.

The next findings chapter, I will present the voices and experiences of practitioners responding specifically to all three research questions.

Chapter 8: Findings 4 – Practitioners

Introduction

This chapter introduces the voices of practitioners working in service provision for people engaging in deliberate self-harm. It gives context to Tongan young women's experiences, through inviting professionals such as counsellor, clinician, community based-practitioner, keyworker in the mental health field, social worker in schools, and therapist, to reveal their understanding of deliberate self-harm. I have used generic terms associated to their role, to protect their identity. Throughout this chapter, I refer to these participants as practitioners. These practitioners are currently practising in fields related to deliberate self-harm, and all of them have previous experience of working with Pacific and/or Tongan people who had deliberately self-harmed.

Practitioners were asked indicative questions, aligned to the questions addressed to the Tongan young women:

1. what is your understanding of deliberate self-harm?
2. what are the factors that contribute to deliberate self-harm?
3. what are the solutions? What steps need to be taken to reduce deliberate self-harm, and by whom?

I structured this chapter on the responses received to these questions. The first part focuses on the practitioners' understanding of deliberate self-harm. The second part describes practitioners' perspectives on factors that contribute to deliberate self-harm. Finally, the third part focuses on opportunities and solutions and discusses activities and programmes that reduce deliberate self-harm. To maintain consistency with how the findings were organised in the previous chapters, themes are introduced from the most mentioned by the practitioners, to the least.

I collected demographic information to give context to practitioners' professional and cultural worldviews (see table below). As described in the Methodology chapter, the practitioners' selection process was based on their interest and willingness to be a part of this research. Two practitioners self-identified as of European ethnicity, two self-identified as Tongan, one as Pacific and one was the Samoan. Of note, the school counsellor was male. All practitioner participants in this research have had the opportunity to work with Tongan young women who have deliberately self-harmed.

Table 6.1

Practitioner's profiles

Acronyms	Professions	Ethnicity (self-identified)	Gender
Prac1	School Counsellor	European	Male
Prac2	Clinician	Tongan	Female
Prac3	Community Based-Practitioner	Samoan	Female
Prac4	Keyworker in Mental Health Services	Pacific	Female
Prac5	Social Worker in Schools	Tongan	Female
Prac6	Therapist	European	Female

Part one: Practitioner's understanding of deliberate self-harm

The first part focuses on practitioners' understanding of deliberate self-harm. The main emerging themes were that deliberate self-harm involves both emotional pain and harming of the body. Practitioners agreed that the intent of the harm is not related to suicide, and also that the deliberate self-harm act is often hidden.

Emotional pain

All practitioners associated deliberate self-harm with emotional pain and/or suffering. There were small differences in the way they described their experiences. For example, one of the Tongan practitioners (Prac2) used the Tongan words *mamahi* and *fakamamahi* to describe deliberate self-harm. She spoke of *mamahi* as 'being in pain' and *fakamamahi* as 'causing pain':

> Prac2 [Deliberate self-harm] is mamahi, to be in pain, to experience pain. It is also fakamamahi, which is putting the feeling into action. Doing something to physically cause the pain. When someone is in emotional pain, they will cause physical pain onto themselves as an extension of the pain that is emotionally felt.

Prac6 described deliberate self-harm as an emotional pain associated with trauma. She spoke of the long-lasting traumatic impact of trauma on young people who deliberately self-harm:

> Prac6 [Deliberate self-harm is] associated with trauma. This can have a rippling effect on the individual that can last one day, months, years and maybe a lifetime. I see this all the time in the young people I work with who deliberately self-harm.

For Prac1, three things were central to deliberate self-harm: 1) it is a behaviour, 2) it can be addictive, and 3) it is a release from emotional pain:

> Prac1 Self-harm is a behaviour that can have an addictive quality, which gets reinforced by the release from the emotional pain, or when other people notice your pain because you are cutting or doing those certain behaviours.

Prac3 identified deliberate self-harm as an 'emotional cry', and provided an example from one of the young people she worked with in the church:

> Prac3 Self-harm is an emotional cry for help, for a gesture of care and kindness because of excessive worry and stress. Just like the young person I supported at the church, self-harm was a cry out for help from the family. The cycle of pain and the emotions felt were so overwhelming.

Prac5 believed that deliberate self-harm involves 'punishing of the self', 'internalised anger' and pain, from which young people seek relief through deliberately self-harming. In her view, drinking alcohol could be considered a form of deliberate self-harm:

> Prac5 Punishing of the self, internalised anger, the emotional pain, relief from that pain comes through the self-harm. For some, the drinking and carrying on is a form of self-harming as well. The drinking is not done for pleasure, it is done until you are totally out of it. It has nothing to do with joy anymore.

Harming of the body

Harming or injuring the body were forms of deliberate self-harm with which practitioner participants in this research were familiar with. Prac1 referred to deliberate self-harm as:

> Prac1 Any behaviour that harms the body.

In contrast, Prac6 stated that the definition of deliberate self-harm concentrates on the 'intentionality of the behaviour' which does not cause permanent damage to the body:

> Prac6 The intention of the harm is not to damage the body permanently. Deliberate self-harm focuses on the intentionality of the behaviour…

Prac2 used a Tongan word associated with deliberate self-harm and the harming of the body, which is *fakalavea'i* (to wound or to cause injury). In her explanation, *fakalavea'i* is an expansion of the *mamahi* one feels. Prac 2 used the example provided by one of the Tongan boy she worked with:

> Prac2 Pea koe fklavea koe he kii tamasii ai ape is an expansion pe hono fklavelavea'I he oku osi a'u ia anoano tahi he fonu mamahi e moui e kii tamasii
>
> English translation

> The injuries of the boy are an expansion of the wounds he feels from the swampy sea of pain in his life.

A Pacific practitioner (Prac4) provided several examples of the different forms of harming to the body she had witnessed, from the more common cutting, to including burning, banging heads, scratching. She also classified excessive drinking, drugs and high-risk sexual behaviour as examples of deliberate self-harm:

> Prac4 Some common examples in my dealings with deliberate self-harm are cutting, cutting the wrist or different parts of the body or the leg. Cutting to the upper arms [pause], usually parts of the body that are usually hidden and not exposed. I'm beginning to see an increase of burning of the body. They burn the body with a number of instruments. I've worked with those who head bang, banging the head against the wall, severe scratching or picking at the skin to cause damage. Even excessive drinking or taking drugs, high risk or sexual behaviours in those who are over 15 years old. This puts them as individuals in a significant risk for contracting STDS (sexually transmitted disease) or even become suicidal.

Clear distinction between self-harm and suicide

All practitioners' responses articulated a clear distinction between the intention of deliberate self-harm and the intention to suicide. Four out of the six participants spoke about these differences. Prac4 noted that deliberate self-harm is 'non-fatal and serious behaviour' that causes harm to the self 'without the intention to commit suicide':

> Prac4 Deliberate self-harm is any non-fatal and serious deliberate behaviour that harms the self without the intention of committing suicide. So, it's of a very serious nature, it's non-fatal, it can be with suicide, but it doesn't necessarily have to be… it is a deliberate behaviour, it's not accidental behaviour.

Prac2 agreed with this explanation:

> Prac2 Not all self-harmers are planning to die.

Prac6 concurred that the intention to die presented a major difference between deliberate self-harm and suicide. She added that the majority of those who deliberately self-harm 'are not suicidal':

> Prac6 …The difference between deliberate self-harm and suicide is that suicide involves a conscious intention to die. In my opinion the majority of people who self-injure are not suicidal.

Prac1 explained that although deliberate self-harm is often associated with an inability to deal with emotions and distress, the intent is clear:

> Prac1 The person does not want to die.

Hidden act

The majority of practitioners felt that deliberate self-harm is a hidden act. Their views are outlined below:

> Prac2 Remember our children, they are clever at masking, they are very good at hiding. The main things that our parents don't know is that their children are cutting right in front of their noses.
>
> Prac6 Deliberate self-harm is not an issue in isolation, we need to look out for things and other stuff.

Regardless of practitioners' ethnicity, there was common agreement that deliberate self-harm does not happen in isolation. This fact was highlighted in Prac6's response:

> Prac6 looks beyond the act'… to the causal factors.

Part two: Practitioners' perspectives on factors that contribute to deliberate self-harm

The second part focusses on Practitioners' responses regarding factors that contribute to deliberate self-harm. They classified these causal factors as either risk and/or protective factors. Where applicable, I will make a clear distinction. Exploring the impact and inter-relationship of culturally related beliefs and values on Tongan young women was similarly significant, given that culturally related factors include family, relationships, communication (the ways we talk to each other and what is talked about), *anga fakatonga* expectations, and identity.

Responses from Practitioners are organised into themes. I have classified these themes following these principles:

1. **Cultural related factors:** I have arranged the internal factors contributing to deliberate self-harm together as I see them to be culturally related. They provide an opportunity for us to understand the centrality of family values and practices learnt at home.
2. **Interaction with others:** External factors are actual actions, such as abuse, bullying, attention seeking, and experience not by choice, done to those who deliberately self-harm. These actions are seen as negative and cause internal psychological distress, influencing Tongan young women to engage in deliberate self-harm.
3. **Negative emotions:** other external factors generate negative emotions such as distress, anger, anxiety, grief and distress.
4. **Pain:** A key factor contributing to Tongan young women engaging in deliberate self-harm behaviours.

Cultural related factors

Practitioners considered that cultural related factors, such as problems within the family, fragmented relationships, communication, expectations of the *anga fakatonga,* and identity struggles for Tongan women in New Zealand, are all contributing factors to deliberate self-harm.

Family

The following examples are patterns and behaviours that practitioners have encountered in the families of young people and Tongan women they have supported. Problems within the family environment and relationship issues are motivators for deliberate self-harming.

Prac2 noted that having a crisis in the family can propel a young person to deliberately self-harm:

> Prac2 Family crisis is the cause. Actually, the family crisis is what is causing the young person's cutting. It's not an internal process. It's not blaming the victim when actually it's the family.

Further, she commented on non-supportive family environments that the parents create when engaging in unhelpful criticism:

> Prac2 Kamata pe meihe ongomatua mo hona atakai oe family. Koe foi tautu pe fae fkmatala'i e blame pe tafaaki ia koe e tamai.
>
> English translation
>
> It all starts with the parents and their family environment. The mother sits and starts expressing the blame of the father's side of the family. All those unhelpful, unsafe conversations.

In contrast, Prac3 talked about the 'shame' within the family, that is often left unspoken. Denial is used to 'protect' the family and keep it together. Prac3 signalled such a lack of communication:

> Prac3 They were just putting blame on home but didn't want to talk about. They were all in. But this family is in denial. There seems to be, in my view, there is a shame in the family. Something's happened in the family but all are just keeping quiet. No-one is saying anything…

Further, Prac3 contextualised the 'shame' that the family might be covering, and explained the impact this lack of communication has had on the young person she supported, exacerbating his deliberate self-harm behaviour:

> Prac3 When I talk to the young person, he's always telling me about the family and how they don't understand him, and they don't want him to talk about and all of that… that's why he does what he does…

Prac5 emphasised that violence within the family is one of the causes that impacted on young people she has supported. Two siblings were referred to her. Having extensively supported both siblings, it was difficult for her to understand the core issue. It wasn't until the older sibling

disclosed the violent abusive relationship their mother endured from their step-father, that the therapy could start to work:

> Prac5 …The older sister that I did work with before, she went off to College, and did disclose some domestic violence with her mum and step-dad… it was only then I could really support the younger one.

Prac6 considered that insecure parental attachment[11] is a predictor of deliberate self-harm. She talked about emotional neglect within the family, specifically from the mother and father, as catalyst to deliberately self-harm:

> Prac6 Emotional neglect from both mothers and fathers were predictors to deliberately self-harm in women.

Relationships

Relationships that were broken and fragmented increased the deliberate self-harm risk for Tongan young women. Practitioners discussed the importance of relationships within the Tongan life; positive relationships within the home between parents and children, friendships outside of the home, are all protective factors against deliberate self-harm.

Prac2 described the Tongan worldview and referred to it as being a 'relational culture'. In her description, she explained that the pain of a young Tongan person having a relationship breakup is called *'uhu* (pain feels similar to a chest pain that is worsened during breathing), because relationships are central to the Tongan way of life:

> Prac2 It's our kinship, because everything goes back to our relationships, it's a very relational culture. Koe mea ia koe oku uhu ange kihe kii tamasii moe kii taahine Tonga ae taimi koe oku fai ha break up (that's why the pain is excruciating to the chest of the Tongan boy or girl when relationship break up occurs). And if you look at the psychological autopsy oe fanga kii tamaiki nae too enau moui (of those that took their own lives) it comes from the first break up of a relationship – unknown but still. He koe uhinga oku fuu mahuinga kia tautolu ae (Because relationship means a lot to us as Tongans), relationship is everything. Koe mea ia oku tau lava ai o mobilise ae Mate Maa Tonga moe ngaahi mea pehe (that is why we can successfully mobilise the Mate Maa Tonga rugby league and those things). That's how we roll, relationship is everything.

Prac6 shared that poor relationships with parents, such as insecure parental attachment, are risk factors for deliberate self-harm:

> Prac6 …Poor relationships with parents contribute to deliberate self-harm. Insecure parental attachment and emotional neglect were significant predictors of deliberate self-harm.

11 Insecure parental attachment is referred to when 'children experience anxiety when they have doubts about the availability or accessibility of attachment figures' such parents (Kerns & Brumariu, 2014, p. 12).

Similarly, Prac4 explained that Tongan young people deliberately self-harm due to having issues with parents, and due to abuse. One may predict parental issues when the young people don't want their parents involved:

> Prac4 Parents' issues that might be there within the relationships, especially if the young person does not want the parents involved and why? Because there might be an abusive situation at home.

Further, Prac4 added:

> Prac4 I see a lot of young people who have issues with the relationships they are in, especially for those who are in conflicting relationships.

Prac5 explained the importance of relationships in providing security, safety and someone to talk to. Relationships are significant for one's identity and self-esteem. In her work with young people in primary and intermediate schools, she found that breaking up of friendships are more impactful to young Tongans in comparison to the other ethnic groups she engaged with:

> Prac5 …Breaking up with friendship is more impactful to Tongans than the other groups I work with. They would be in little groups… then all of a sudden, they would break up. It is the young Tongan girls that cannot cope with the break up. I see them try to go to extended measures to reconcile the group and friendship. A lot of the time, it is the Tongan girl that reverts to the deliberate self-harm behaviour… she would cut herself so that the others feel sorry for her because she wants the group to stay together and everyone to maintain their friendships.

Prac2 explained that relationships can be a protective factor, as they extend to a duty of care. When engaging with Tongan youth, it is important for them to feel that one is on their side:

> Prac2 …Right from the outset koe u duty to care oku ou piki au kiai (that I hold steadfast to and I'm very clear safety is paramount) pea koeku outset kiate au oku osi mahino pe kihe tokotaha koe oku ui tokoni kiate au oku ou (the outset for myself is that the young person who is calling out for help from me is that I am on their side).

Communication barriers

Four practitioners described two factors for communication a) deliberate self-harm as a form of communication, b) deliberate self-harm as an outlet when communication is not possible or when they are not understood.

Prac6 expressed that some of the young people she worked with do not have the skills to share what's going on for them. They deliberately self-harm to communicate their pain and get the attention they need:

> Prac6 …Some young people I work with do not have the capacity or capability to share what is going on for them. They might engage in these behaviours because they want to get the attention on them. It's like if I do it, then maybe they will listen…

She described that not knowing how to communicate is a highly significant risk factor for deliberate self-harming:

> Prac6 Deliberate self-harm is one way to cope with high levels of negative and unpleasant thoughts and feelings. The inability to communicate or problem solve are also risk factors.

Likewise, Prac3 agreed that self-harm comes from miscommunication within a family environment:

> Prac3 In my line of work, I think a lot of self-harm comes from the miscommunication with a young person in the family. One person I worked with had a lot of issues with his family, with his parents.

According to Prac3, the client she supported shared the pain he felt from his parents' lack of understanding:

> Prac3 And he always tells me every Sunday. They don't understand me, they, they just won't listen to him. He is not being heard. I saw the self-harm for this young person was due to the issues and the miscommunication and then not being able to talk with his parents**.**

Young people who are experiencing grief and are unable to express themselves are left having to communicate and display this grief and distress in other ways, Prac1 found in her work, as a counsellor:

> Prac1 For some, there is enormous grief behind what was going on, there is trying to cope with that grief, a grief that couldn't be expressed, couldn't talk about it. By yourself, if you have no way of putting it into words and have nobody that can help you do that, then you are left having to display your grief and distress in other ways.

From Prac2's perspective, self-harming actions and behaviour are a form of communication and crying out for help. She described her experiences of working with Tongan young people:

> Prac2 Neonga ene pau'u neongo ene fkmamahi (even though he/she is naughty or ill mannered, even though he/she may be causing pain) but it doesn't often come out of nothing they are really, really crying out for help, there is something going on. And then tau toki (we then) realise ta koe koe kii tamasii oku sii tuli mei apiako ta koe oku sii fkmamahii ia I apiako kae ikai lava o lea mai (that the child has been expelled from school, that the child has been caused harmed from school and yet he/ she cannot speak to tell us).

Prac2 explained that Tongan young women have learnt to hide things that are not going well for them. They have learnt to be silenced in the family. As a result, some express and convey things via social media where they feel safe to share their issues. Some use different aliases that the parents have no idea about. Prac2 warmly refers to Tongan young people as '*etau fanau'*, 'our children':

Prac2 (Then) he/she is on social media, thinking they are invisible (and) how many accounts you know he / she has on Instagram. The parents have no idea as this is done in secrecy, they are tracking him/ her on another name, and they do not know that a break-up has occurred. They are clear at hiding things with no communication, and then we get a shock when they break up etc. Our children and their mischievous ways…

Anga fakatonga - to be a Tongan woman

High expectations of the *anga fakatonga* were seen by practitioners as one of the factors that influence Tongan women to deliberately self-harm. Cultural expectations, such as *fatongia* (cultural responsibilities) put pressure on Tongan young women. Conflict in expectations within the home environment versus the school environment, accepting the views of the family/ collective, implicit in the *anga fakatonga,* against the individuality promoted outside of the home environment, and the demands of becoming the ideal Tongan women, all play their part in increasing the pressure for Tongan young women.

Prac2 unpacked the importance and meaning of *fatongia* (cultural responsibilities) and its connections to the 'invisible pressure' a Tongan young person can feel:

Prac2 Fatongia: we have roles and duties and obligations that have to be fulfilled, which means it comes at the cost of that very much needed assessment. Having all that... I see that it's one of the invisible pressures that often the system doesn't recognise. That is very much the reality of our young people.

Prac2 spoke further of *fatongia,* as being a Tongan young person's collective way of life, which often can be a strain on the other responsibilities coming from the school environment, for example. She explained:

Prac2 …Their collective existence becomes pressure too. The pressure is not for you, you are actually carrying… I don't want to use the word burden, but, you know, to them it's their responsibility/ies. For example, even the kids who are studying, up to now, they continue to ask me to provide them with certificate [medical] because the schools and Universities do not understand where they go and what they have been doing… like funerals… our funerals are not a one day or two days, because they can go on for a week or weeks.

Prac1 shared about encountering similar troubles in the school setting, as young people tried to come to terms with what they called the struggles of conflicting cultural expectations between the home and the school environments. The challenges of being raised in a diasporic environment:

Prac1 Living between home culture and school… living between the two cultures at home, as a collective, and that is not the culture they necessarily have to experience in the school setting, and where they have to succeed.

Prac3 introduced a different position, encompassing the challenges of the individual against the collective which underpins Tongan way of living. She explained how her workplace promotes an

individualistic way of life, as opposed to the collective way of life experienced in the Tongan communities:

> Prac3 Individual versus collective. That's where the tension comes in, navigating through the two worlds of their parents and the collective, and going into the organisational culture which says you have to be independent, you have to drive yourself to go up as an individual and not as a collective and so on and so forth… it's too much.

According to Prac2, the challenges and expectations of what it is to be 'the ideal Tongan woman' contributes to Tongan young women being at risk of deliberately self-harming. From her experience, there is added pressure on Tongan young women not living up to expectations of being the 'ideal Tongan woman', and this makes them feel unworthy, to the degree where deliberate self-harm becomes acceptable:

> Prac2 …Ideal Tongan woman… Hange koeni ka mali atu ki ha family pea ngaahi kovii he koe uhinga nae ikai ke mali lelei mai. We see that whole perspective of I am not worthy and I am not of value. I am determined that it's almost accepting that I deserve this treatment.

Prac2 spoke about the 'guilt' associated with this expectation, the consequences Tongan young women have to live with, and how it impacts them:

> Prac2 …The guilt and all that, because our culture states ketau nofo maau (to keep your virtue), [our culture] values all that... our young women having to hide secrets and going against our values and of course then having an abortion and all that and living with all the distress that follows.

Prac5 claimed that 'cultural sensitivity' is often the barrier that restricts conversations about issues that are of importance. She considered that aspects of culture make Tongan women feel that they cannot talk about certain issues:

> Prac5 Koe taimi koē foki (Back during that time) in our culture we don't talk about suicide and sex and all those things.

Identity as a Tongan in New Zealand

Interestingly, the four practitioners who were of Pacific and Tongan heritage, spoke highly of the importance of identity, when considering the risk of deliberate self-harm for Tongan young women.

Prac5 claimed that a lot of the self-harm which occurred in the young people she supported was due to not feeling a sense of belonging:

> Prac5 …lahi e ngaahi cutting he (a lot of the cutting is due to) feeling bad about identity moe ha e kuonga koeni enau ongoi oku ikai kenau (especially those in this era who feel that they don't belong.

Prac2 shared a story about the pressures Tongan youth experience in trying to fit in and belong to two worlds namely, to abide by the traditional values and ideals which mark their family and home life and reconcile these with those prevailing in their school, workplace and other community spaces they were part of:

> Prac2 This is the challenge, an individual will bring the two worlds and this is an incident that has already happened and continues to happen in our community. We already know of several incidents that have occurred, where a young girl had taken her own life due to wanting to adjust to these two worlds. Adjusting to the world at home and to her friend's world.

Further, Prac2 claimed that adding to the pressure arisen from the two conflicting worlds, there are the Tongan young women teenage years developmental experiences:

> Prac2 Pressure of being who they are at school… as it is unclear… their world at home, and it is unclear with the pressure at school and friends. And the developmental reason behind that. Remember they are at that age where they are much closer to the part known as individuation in teenage years when they go into young adults they get closer to their teenage friends rather than the parents.

Prac2 discussed how young age and the development of the brain impacts on the way young people are making decisions:

> Prac2 Oku teeki iai keke kakato ae atamai fakapotopoto frontal lobe alu mo hono ngaahi imisi. Kae oleva ke au kihe tau 23 keke expect hook ii taahine moe kii tamasii kene fai e fkkaukau koia ihe taimi ihe tuunga koeni. Oku faa fai ai e to kehekehe koia ai oku kole atu ke mou use are frontal lobe maae fanau kae oleva kenau tutupu hake
>
> English translation
>
> At this stage the brain has not fully developed or matured, the frontal lobe and its images and functions. It is not until they reach the age of 23, where it is expected for the young girl or boy to have matured thinking. Hence the reason why I often ask the parents for them to use the frontal lobe for the children until they are fully matured. I mean, to understand that their thinking is not matured yet.

Interaction with others: external factors

Five practitioners considered that external factors, such as trauma from abuse, wanting attention, bullying, pressure, are causal factors that influence deliberate self-harm behaviours. These are external actions and things happening to young people, causing internal distress that may entice deliberate self-harm.

Prac4, who is working in the mental health sector, claimed that most who present to her with deliberate self-harm, are associated with 'childhood trauma and abuse' which will be consistent with western literature:

Prac4 Most of the young people I work with who have been through deliberate self-harm, come from those who experience childhood trauma and abuse.

Prac1 shared a similar view, stating that survivors of abuse often engage in 'self-punishment', as a consequence from feeling guilty:

Prac1 One of the common ways that young people deliberately self-harm is for self-punishment. Young people often feel guilty and punish themselves for being the survivor.

Prac4 opposed the thought that deliberate self-harm is a result of seeking attention:

Prac4 Some misconception that a lot of people have about deliberate self-harm, because they think it is about attention seeking. There is a lot of misunderstanding about deliberate self-harm, some think it is about attention seeking and people don't realise how much they hurt those who deliberately self-harm when they make comments like "why would you do that to yourself?"

Prac6 considered deliberate self-harm as a means of getting the attention of someone, because of being 'overburdened with many expectations':

Prac6 You notice in a lot of these things they want to get attention for something because nobody is listening, or they need to get a reprieve from feelings of being overburdened or having too many expectations or whatever.

Prac5 found that being subjected to bullying was a common factor in her work with young people who deliberately self-harm. She provided an account of one of the young women she looked after:

Prac5 Being bullied, being called names at school, she actually did it at school, she found a pair of scissors and went into an empty room at lunch time and cut her wrist, one of her friends found her and this was about being called names and being bullied.

Prac2 talked about 'experience not by choice', which is another perspective on external factors contributing to deliberate self-harm. An example of 'experience not by choice' is a form of external bullying which some young people being impacted by consequences of the immigration law changes, that did not recognise as New-Zealanders those who were born in New Zealand to non-resident parents:

Prac2 …Young Tongan people who have to accept an impoverished condition which is not their choice. Because they can't go to school and they suffer. They suffer and we don't even know that they are deliberately self-harming or going through other behaviours because they will never come through the system and they are under the radar.

Negative emotional factors

Four practitioners made eight mentions of negative emotional factors, which they linked to deliberate self-harm. As listed above, negative emotions were usually caused by distress, anger, anxiety, and grief, and, as practitioners strongly felt, they were the result of external factors.

Prac6 was very vocal on this point. She said:

> Prac6 People who deliberately self-harm feel like they cannot tolerate the current emotions which are more likely to be negative.

Further, Prac6 felt that young women engage in deliberate self-harm because of distress and, provided an example of such distress that young women are experiencing in the school environment:

> Prac6 I find some of the reasons why young women engage in deliberate self-harm are due to distress-tolerance, emotion regulation… several young people, for example, in high school, when it comes to sitting an exam or test, they would get so stressed out because their teachers would put so much pressure on them. As a result, the pressure causes distress, and they would start pulling out hair and engage in deliberate self-harm behaviours.

For Prac6, deliberate self-harm is a result of behaviours in response to 'underlying stress':

> Prac6 …These behaviours communicate some sort of underlying stress, they are not doing it to be mean, they are not doing it to get back at you, they are terrified or enraged or something…

Prac1 advised that young girls he worked with engaged in deliberate self-harm as an adverse coping strategy to 'manage difficult feelings':

> Prac1 …The majority of the young girls I work with tell me that they do this to respond to their emotions. That they experience overwhelming difficult feelings and they do it to manage these difficult feelings. They would tell you that they feel better once they do it.

Prac4 spoke of anger as a negative emotion that triggers young people to deliberately self-harm. She observed that the 'sight of blood can reduce the tension' and those who deliberately self-harm in this way 'have very high anger and aggression':

> Prac4 In my work, most young people cut when they feel depressed. One of the most common emotions that young people experience prior to cutting is anger. When I talk with the young person, often they say that the sight of blood can reduce tension. They sometimes say it can change a negative mood and uplift their mood. In the cases I work with, I tend to see that those who deliberately self-harm in this way, have very high anger and aggression.

She further explained that self-harm gives relief to those who are anxious:

Prac4 Some people seek relief from anxiety by self-mutilation, that would be cutting, burning, that kind of behaviour, rather than a suicide attempt. Some people try to get relief from anxiety through self-harm and not suicide.

Prac5 talked about grief as a reaction to negative emotions resulted from loss, which entices deliberate self-harm behaviours, in an effort to heal and 'make the pain go away':

Prac5 …She [young person] came and disclosed her self-harm. It was grief, her little sister passed away more than four years ago and she is still dealing with it. And she said when she feels sad what happens is she feels responsible, because she was the one that was supposed to look after her. When she does feel overwhelmed with sadness and grief then she self-harms, it kinda makes the pain go away for a little while.

Pain

All practitioners viewed feelings of pain as the greatest reason why young women engage in deliberate self-harm. The pain of deliberate self-harm gave relief from the 'actual' pain the young woman was experiencing in her life. Deliberate self-harm is a consequence of internal distress and torment experienced by young women who engage in these behaviours. Two perspectives emerged with regards to pain as a contributing factor to deliberately self-harming. Firstly, practitioners felt strongly that young women resort to deliberate self-harm to get 'relief' from the pain they are experiencing. Secondly, young women engage in deliberate self-harm because they want to 'feel' the pain they are enduring. They are wanting to experience a physical feeling of pain because the emotional feeling of pain is unbearable as this will allow them to feel alive and in control.

Deliberate self-harm as a relief from pain

Prac6 said that the young women she worked with often engaged in deliberate self-harm: to relieve unbearable pain which is the emotional pain.

She explored deeper into the meaning and process of pain:

Prac6 Relief of pain to deliberate self-harm is a means to an end, and that end is to help them control or get some relief. Some of the young people who deliberately self-harm feel out of control [due to the pain] and they are turning the injurious impulses towards themselves. They are not wanting to hurt others or themselves. They are just wanting some relief.

Whereas Prac2 spoke about deliberate self-harm as an effort in trying to escape from the 'actual' pain one is feeling:

Prac2 …In the beginning, they are often guarded... but when the shield comes down. I can see it's their response to pain… wanting to escape the pain.

Experiencing guilt and shame was a major contributor to deliberate self-harm behaviours amongst young people. Prac2 related:

> Prac2 …An example I see too often is our young babies… the guilt from the teenage abortion and the subsequent self-harm that follows… the long-lasting impact of guilt and shame…

Prac5, who works mainly with young people in primary and intermediate schools, said that for these children, deliberate self-harm is about masking or hiding their pain:

> Prac5 [Deliberate self-harm is about] masking pain… most of them were just around masking the pain, a need to feel the pain.

Deliberate Self-harm to feel the pain

In contrast, some practitioners believed that deliberate self-harm is a response to the need to "feel" the pain. From Prac4's perspective, it was essential for her clients to feel the physical pain, as this allowed them to feel alive and in control:

> Prac4 Some clients use deliberate self-harm as way to tell themselves that they have the power to feel pain. Sometimes the young women engage in deliberate self-harm because it gives them something to feel and reinforces that they are still here.

In Prac3's view, deliberate self-harm is a reinforcement of the emotional pain experienced, substituting emotional pain through the physical action of cutting. She emphasized that when the young women feel the pain of cutting, they do not feel the other pain:

> Prac3 …The pain of actually doing that to the self… when [A] cuts, [A] does not feel the pain of the other pain that [A] is going through. So, when [A] feels the pain [of cutting], [A] does not feel the other pain. I did ask, what happens when you stop? Does this pain disappear? And [A] says it comes back.

Prac1 stated that the pain that can be seen, alleviates the pain that is hidden, the pain in the heart that one cannot deal with:

> Prac1 You know, the general understanding is that if you make the emotional pain specifically to cutting, the idea is now I have something I can see and I can point to and to them that's the pain I can deal with [points to the arm] because I can't really deal with whatever this pain is [points to the chest – heart]. To them it externalises it and puts it there.

Part three: Practitioners' perspectives on solutions to reduce deliberate self-harm

The third part outlines practitioners' perspectives on potential solutions to reduce deliberate self-harm. Practitioners were asked what they thought was the best approach in dealing with deliberate self-harm, the value of what had worked and the challenges and constraints of what did not work.

This final part recognises themes that were central to the training these Practitioners had received academically, what they had experienced in practice, and, in many cases, the modified approaches they had used to address? the cultural needs of Tongan young women who engage in deliberate self-harming. I classified the solutions presented into three themes:

1. Creating understanding and enhancing awareness through talking with Tongan young women about deliberate self-harm, as a key intervention learnt on the job.
2. Strategies and approaches that practitioner learnt in their training.
3. Cultural approaches, including the involvement of family, enhancing supportive relationships, encouraging communication by responding sensitively, and fostering a sense of belonging, were helpful in addressing and reducing deliberate self-harm.

Understanding and having an awareness of deliberate self-harm

Creating a better understanding of deliberate self-harm by raising awareness of the issue, through education and training on deliberate self-harm, were the most mentioned interventions. Practitioners stated strongly that many people don't know about deliberate self-harm, and many prefer not to know about it, believing that it will just go away. Supporting young people to unpack and seek support for the issues they face (that put them at risk of deliberate self-harm) and seek appropriate coping strategies.

Prac6 reported that being aware of one's emotions is essential for those who deliberately self-harm, because generally they struggle to be in control of how they feel. From her observations, young people's emotions tend to go way too high or way too low, especially if heightened by trauma. She often sees young people who are afraid of their emotions and feel the need to deliberately self-harm, so to avoid these emotions:

> Prac6 In my line of work emotional regulation and vulnerability prevention helps to be aware… learning how to deal with emotions and understand emotions is important when working and supporting someone who deliberately self-harms.

Prac6 pointed out that being aware of underlying issues young people present with is 'important for their recovery process'. Issues that clients often come with are 'fears of abandonment and figuring out how things can return back to normal':

> Prac6 Awareness of the underlying issue(s) is important for the recovery process. Recovery is about addressing the underlying issue; fears of abandonment can be just overwhelming. So, they try to figure how do I make you come back because if you don't come back then I cease to exist.

Prac5 insisted that it was more than having an awareness, being educated as a practitioner is what has helped her talk with the young people she worked with; knowing how to respond to them has proved beneficial:

Prac5 Education has improved understanding of young people and their families by helping them to remember what to do when they are feeling angry, rage, and overwhelmed. Especially during those dysphoric emotions that feel very powerful. This has provided a positive way to support those who deliberately self-harm, and their families too.

Prac1 emphasised the importance of educational interventions, where growth comes from learning:

Prac1 Learning about pain is part of life and it's also part of what helps us grow, as we learn how to use our experiences to make it better for ourselves and others.

Prac2 agreed and added that interventions need to be evidenced-based, from deliberate self-harm research and published experiences of young people:

Prac2 Evidence-based practice… Ke tau ma'u ae ngaahi mahino totonu moe ngaahi iloi totonu e kau hoo fktotolo koeni kiai. Ke ma'u 'ae ngaahi 'ilo koia pea koe ngaahi 'ilo koia e talamai ai e ngaahi founga.

English translation

We need to get the right understanding and knowledge that is true and evidence-based from research that has been completed. When we get these knowledges, they will provide us with approaches.

Prac2 introduced the perspective of psychoeducation. She explained that the psychoeducation she provides to the church community had been effective in increasing their understanding of deliberate self-harm. She only provides one-on-one sessions when she works in her professional role:

Prac2 When I come to the community, I do preventative information, psychoeducation, when working with the church. I only engage in one-on-one, under the umbrella of my professional organisation because I am able to have a variety of wrap around services that are complimented by a safety plan where I have the opportunity to hand this over to the crisis team for follow-up.

Prac6 mentioned the value of training in coping skills to increase 'distress tolerance' amongst young people at risk of deliberately self-harming. She felt that this training is beneficial and helpful in preventing and mitigating risk:

Prac6 Coping skills training is essential, people who deal with deliberate self-harm have to have skills to deal with it, so you can prevent some things or mitigate some things. Distress tolerance skills are very important, this is helping people accept and identify that they feel distress and not fight with it.

Prac4 agreed that there are programmes available to schools that have been impacted by suicide and deliberate self-harm. However, she acknowledged that teachers' training in recognising

deliberate self-harm, dealing with it, talking to at risk young people, and managing behaviour in their classrooms, is a preventative area that needs to be strengthened:

> Prac4 There are programmes with schools affected by suicide and a focus on those schools but there is no training for school teachers to be aware of these behaviours and how to deal with it.

She also added:

> Prac4 There should be prevention training for schools, perhaps looking with schools at the types of policies they have about helping them think through ways in helping them to manage. If you have a situation, how do you stop it from getting worse and how do you deal with it?

Prac6 expressed that taking time to look at the bigger picture is important, and considered the underlying factors contributing to the young people's distress:

> Prac6 When young women are engaging in deliberate self-harm it is important for us to continue to look out for other stuff because it's probably not just an issue in isolation.

Prac6 highlighted the significance of unpacking underlying issues that cause pain. This requires a skilled person, capable to work with young people, to help them create their own set of skills to deal with issues they face:

> Prac6 The real work is taking the challenge at trying to sort through what that pain is, which is something that people can't often do by themselves. It tends to need the help of a thoughtful other person, often a therapist, somebody skilled, and helping to unpack that pain in a way to keep it manageable. When you unpack it, not only it keeps it manageable but that helps develop some skillset to deal with pain.

Prac6 continued by encouraging self-care as a means of intervention:

> Prac6 Encouraging people to be more aware of their vulnerability. Positive self-care will help prevent a lot of the vulnerability.

Strategies and approaches learnt from clinical training

Five practitioners shared information on the clinical treatment and interventions they currently use. These were Dialectical Behavioural Therapy12 (DBT, the most mentioned), narrative therapy, psychotherapy, medication, and counselling. Practitioners felt that being exposed to a variety of interventions provided helpful tools and a wide-ranging way of working with clients who deliberate self-harm.

12 Dialectical behavioural therapy was progressed from the work of Marsha Linehan, a clinical psychologist. It is a type of Cognitive Behavioural Therapy that focuses on identifying and changing negative thinking patterns and strives for positive behavioural changes (Linehan 1993).

Two practitioners spoke of cultural interventions, and one insisted on the need of embedding 'cultural intervention'. Prac1 strongly felt that people working in the space of deliberate self-harm should be well skilled for this type of work:

> Prac1 Practitioners or people that are skilled in working with deliberate self-harm clients should know what skills are involved in observing, describing and participating in the present moment.

DBT (Dialectical behavioural therapy)

Prac1 found Dialectical behavioural therapy beneficial in his line of work; it enabled him to work on young people's mindfulness, help them acquire skills on what to do with their emotions, and how to do it:

> Prac1 Dialectical behavioural therapy teaches young people who are prone to emotional regulation how to respond to distress. One of the main skills of this approach is mindfulness which is about building awareness of the presence and accepting it without judgement. It teaches about 'what skills' and 'how skills'.

Prac2 described how Dialectical behavioural therapy assisted in her search for solutions:

> Prac2 Dialectical behavioural therapy finds ways for people to react to their Intent painful emotion and complex like issues when engaging in self-harm. People deliberately self-harm mostly to escape pain and the self-harm can then evolve to have an addictive quality because this reinforces by release the emotional pain. Therefore, Dialectical behavioural therapy teaches people to use other skills – distress tolerance, mindfulness and all of that in their day to day lives, to cope with their crisis situation.

Prac2 emphasised that there are no culturally specific models in working with deliberate self-harm. But she encouraged practitioners to work 'eclectically' because some clients may respond to Dialectical behavioural therapy, and others may respond to something else:

> Prac2 There are not specific cultural models designed to work with deliberate self-harm. But I say Dialectical behavioural therapy slows the person to step out and look at their own emotions as opposed to immediately work on it. It focuses on the change of the behaviour and the acceptance. An eclectic approach to practice is important, by introducing some Dialectical behavioural therapy and other [therapies], as you see relevant.

Narrative therapy

Prac2 mentioned the power of narrative therapy in helping to 'externalise the problem':

> Prac2 The power of narrative therapy [helps] because [they can] externalise the problem [so that it is easier to talk]. Remember when there is a lot of issues, we internalise a lot of what's controlled. [Narrative therapy makes] it easier to talk. This is an amazing moment for the young person because for the first time as painful as it is, they face it, what's really

going. At the end of it all, you can see what is causing their pain is very small after we get to talk about it.

Psychotherapy

Two practitioners recommended the use of Psychotherapy, their views being represented by Prac6:

> Prac6 Psychotherapy works because it looks at unpacking, how did you get to this stage? What led up to this? For example, what happened when you woke up this morning to wanting to deliberately self-harm in the afternoon, what transpired? That helps people identify with what their vulnerability is. What their reactions are but also their triggers.

Medication

Prac4 reported that some clients she worked with responded to medication as treatment of underlying symptoms exacerbating the risk to deliberately self-harm:

> Prac4 From experience, there is little evidence about medication directly for deliberate self-harm. However, treating the underlying problem involves medication. For example, one of the common causes of deliberate self-harm is depression, and treating depression, which often involves the use of anti-depressant medication, does result in improvement in deliberate self-harm.

Prac3 spoke of her clients' counselling experiences, some of which had been beneficial, some not:

> Prac3 I support some of my clients attend counselling. For some it is helpful but others only engage because they are obligated to attend. For instance, [A] goes to those counselling sessions and talks to them. And he says, I just tell them what they want to hear, because I want to get off this medication.

A cultural approach

It was clear that while practitioners had learned models and interventions to address deliberate self-harm in academic settings, they had also come to understand the importance of adapting adjusting their approaches to take account of the cultural responses of the Tongan young women. For some, it was about understanding the place and value of involving the family. For others, it was about recognising the prominence of relationships and, of responding sensitively in communications. A small number highlighted the significance of cultural knowledge in the engagement process. Emphasising a sense of belonging was seen as beneficial in mitigating risk factors of deliberate self-harming.

Involving the family

Five practitioners stated the value of family involvement in interventions to address deliberate self-harm. Practitioners shared the positive impact of family support, also the negative influence

families can play. In their view, families can be both a protective and a risk factor to Tongan young women at risk of deliberately self-harming.

Prac5 saw family in a positive light, in relation to the recovery of her clients:

> Prac5 The best way to recovery is when you have a family and support network behind you. If the parents are involved, it would help.

However, Prac2 revealed that she often wondered who the client was when she was seeing the young person with his/her parents:

> Prac2 When the kid comes in with the parents, I sometimes sit and think, so who is the identified patient, because the rate that the parents are going blaming each other, it is not the kid who is the problem. It is actually the parents. I tell you; I have to be careful that the session is not dominated by their issues and problems.

Prac2 suggested that as part of involving the family, it was necessary to have an understanding of the young persons' family system. She also talked of the 'moral injury' she is sometimes presented with during her practice. She refers to moral injury as the harm she feels when confronted with ethical decisions that challenge her own cultural beliefs. At times, she explained feeling a sense of anger and guilt, torn between the expectations of her workplace and her cultural expectations:

> Prac2 As part of the intervention, it is important to note that the child was born into a family system first, before he/she ends up at our door. As a mother, as a sister how would you feel? There is the legal expectation and laws that come with it but sometimes there is just common sense, this is the moral injury I am faced with at times when in need to involve the family. The young girl is experiencing injury and at the same time I am experiencing moral injury because of the system.

She found that involving the family was the best way to address the situation, because 'the client belongs to the family and the family belongs to the client'. She believed strongly that medication by itself was not sufficient and that it was a temporary fix, while the core of the issue which really needed to be addressed was within the family:

> Prac2 You have to treat the family first. The client belongs to the family, the family belongs to the client. I am my family, and my family is me… E fofo e lel alamea le alamea (the solutions for our issues lie within our own families and communities). For me this means you flip the family and the family can suck all the poison, the poison here is the issue. A lot of the time, I find the family as the poison and we don't have any antidote. Our medication won't touch it. Our medication makes the kid go to sleep and forget a little bit and take the edge of, you know, but it does nothing to what is really driving it. Flip the family so that they can suck the poison out of the young person. It is then that the young person will stop harming himself/herself.

Then Prac2 went onto explaining that including the family gives them a sense of ownership and makes deliberate self-harm 'everyone's issue', a shared responsibility:

> Prac2 Acknowledging it and owning it, that this problem exists within our family and it's everyone's issue. It removes it from just being about the young person getting the blame, or that the blame is on the father's side because that family is always like that, or the mother's side because they have been doing this and that. You know this is the kind of mentality they bring.

Prac2 offered what she believed to be an effective way to involve the family in the intervention:

> Prac2 Culturally, roles and responsibility within the family are identified when one is born. They identify who the fa'etangata (maternal uncle) is, usually the fa'etangata is whom we bring to the conversation, because of their maternal role and due to the sensitive nature of what is to be and yet to be discussed. We usually don't call upon the mehikitanga (paternal aunty) to be part of the conversation, because their role is to make the decisions. The person that usually completes the groundwork and getting everything sorted in preparation for the meeting is the fa'etangata. Therefore, roles and responsibilities in the Tongan family system are crucial, you know, where you stand, what to do and who you do it for. That's another cultural intervention.

In saying that, Prac2 also indicated some of the challenges she encounters when she is known by the family. That, when the young people are assured that she will protect their privacy, they have a change of heart in working with her:

> Prac2 Not only am I a Tongan but I've just realised I'm very visible in the community and because of that, it is often a barrier. When I used to work in the schools and would get a referral, as the young person meets me, they say oh my parents know you. I notice that our conversation becomes strain. At that point I then say to that young person, would you prefer to see my palangi13 colleague with the understanding I would have to help my Palangi colleague. If you feel more comfortable, I will plan for this to occur. I continue to support my Palangi colleague in understanding cultural knowledge. Most of the time, my colleague continues to work with the young person while I work with the parents with the consent of the young person, because we know each other. I explain to the young person, you may not want to talk to me but I can talk with your parents because we are all in this because we care for you and your parents care for you and we work as a team. The young person is very accepting, quite a high percentage of our young people, they accept this. At the end of the day, it's about wanting to feel belonging, to be loved, to be heard, all those things.

Prac3 stated that getting the family on board is not an easy task, and revealed the challenges she had in involving the family of a young person she was working with:

13 Palangi is a term that is used in the Tongan language to refer to people of European ancestry.

Prac3 The struggle is actually getting everybody on board. They were in denial and continued to look for someone to blame.

Prac4 shared that the reasons young people do not want to involve their parents is because of their parents' lack of understanding of deliberate self-harm and anticipated unhelpful responses:

Prac4 Sometimes when I ask young people why is it they don't want me to involve mum and dad, their response is mum's gonna cry and dad is going to be angry. The young person is going to have to deal with their emotions as well as their disapproval, as well as trying to manage what they are supposed to manage.

Prac6 was more optimistic about the value of involving families when working with young women who deliberately self-harm. She recommended teaching parents on what to say when faced with their children's self-harming behaviours:

Prac6 When working with families, you can teach them about the Frames approach, encourage people to use assertiveness skills and parents to provide genuine and authentic feedback like "it breaks my heart when I see you struggling like this, I really wanna help you".

Prac2 shared that she attempts family centred interventions at every opportunity, with the consent of the young people she works with. She prefers to have the family present, but this is not always the case:

Prac2 I try to be family centred, to be true to my cultural and faith base value, but it all depends if it suits the client first. Remember the ideal is for the family to be there, but nowadays, more and more it is no longer the case. The ones that come to me unfortunately they are under the care of Oranga Tamariki and most of the time the families are already fractured.

Supportive relationships

Most practitioners considered that supportive relationships are fundamentally important to reduce deliberate self-harm. According to the practitioners, there are two parts to the relationships here, a) relationship between the client (young Tongan woman) which is key priority for practitioners, b) relationship between the client (young Tongan woman) and their own relationships. Three practitioners affirmed that relationships worked if time and positive affirmations were invested in their development, and, more importantly, if the relationship was reciprocal.

Prac1 voiced that having positive people around young people, is invaluable. He spoke of the 'time' needed to build this kind of relationship:

Prac1 Building and nurturing the relationship requires you to have positive people around you. A positive space becomes a safe space to express some more difficult things to say, and that can take a very long time with some young people. It can take a long time before you can go anywhere near talking about the issues in the family.

He added that positive affirmations are a foundational element in building a supportive relationship with young people who deliberately self-harm. According to Prac1, the young people he sees are often marginalised in the relationships they engage in:

> Prac1 Positive Affirmations of being told that they are strong and the need to fight, that your body is precious e.g., you are here for a reason and you might not feel like that now but you have to believe it, and you have to hold onto it. All these things help the young person to think positively and have a positive attitude.

As for Prac3, the positive outcome achieved by a young person she supported confirmed that supportive relationships make a difference and enable change to occur:

> Prac3 When I knew that counselling was not working, I suggested for him to try connecting with the young pastors at a local organisation. The reason being because I knew that their approach and principles are grounded in relationship. I knew a couple of the youth pastors and I know in my heart it will not be long that they would strike up some good relationships. That's exactly what happened, they were able to connect with the young person and all is history from there. The young person no longer just attended because he had to but he attended because he felt supported and cared for.

Prac2 spoke of a Tongan concept, 'makafetoli'aki', as being key to what means a supportive relationship. Makafetoli'aki describes how Tongan people live and relate to each other, and nourish relationships through reciprocity (Ketu'u, 2014):

> Prac2 Supporting those who deliberately self-harm works better when we address it as a collective. We problem solve together and it works. When you see me, you don't see the invisibility of the we behind me... makafetoli'aki.

Communication – responding sensitively

Three practitioners advocated that giving young people a space to talk about how they are feeling is important to victims of deliberate self-harm. Being sensitive to their cultural ways of communicating and being non-judgmental is fundamental when working with young people who are vulnerable to deliberate self-harm.

Prac2 stressed the importance of talking about deliberate self-harm:

> Prac2 Wherever I go, I am a big advocate and a fan, encouraging young people to talk about it. We have to talk about it, if the deliberate self-harming or suicide attempts is what our children think is a solution to a problem, we have to understand the factors, so that we can then self-solve the problem. By doing this, is allowing them the space to feel they can talk about it, no matter how painful it may be for them and for us as parents, as a family.

Similarly, Prac1 emphasised that talking about deliberate self-harm allows one to revisit past experiences and make connection to things that may have been helpful for them in the past:

Prac1 Talking about it can give a light bulb moment that involves tears coming into the eye. Revisiting past traumatic experiences where the whole problem gets resolved. Some of the time young people do have moments where they become aware of the things that make sense in the story, in their own story, for them, but it is usually a very slow process.

Prac2 found that cultural appropriate communication is important, when engaging in conversation with someone who deliberately self-harms:

Prac2 There are ways of talking about it, the way to talanoa. We have to factor the sensitivity of gendered appropriateness in what is being discussed. For example, it is challenging to have conversations with a sister and brother together in case something inappropriate comes up in the conversation. When I support community churches, I make sure the conversations for female happen separately to the conversations with males. This provides a platform where all truths can be brought into the space. What I have found is that this also enables a space of learning from each other, because at the end of the day, it's the community who are the cultural knowledge holders, expert knowledge holders.

Prac1 conveyed that responding sensitively and non-judgmental was very helpful to those he worked alongside:

Prac1 Non-judgemental enquiry can be very hard, when it is someone you love, you are seeing hurting themselves. You can induce the situation with an inquiry that is highly emotional, critical in particular, and one that induces shame and humiliation to the individual. For example, [you can say] I have been noticing you have been occupied in the last couple of days. I wonder if everything is ok and what has been going on for you? In which then you illicit some discussion about it, as opposed to the overly dramatic response.

Prac6 shared that parents find it tough talking to loved ones who deliberately self-harm but talking is the most helpful way. Knowing what to say can be very challenging and uncomfortable. However, she explained that showing care and empathy in the way you communicate with them is what matters:

Prac6 Start with, tell me about how your day has been? One of the first Tongan youth I worked with who was cutting, when she came in I would start off by checking in on how she is? I started off by asking her… tell me about your day? In this prompt conversation, she opened up and told me, and our conversation would lead to other things that she done which helped out a little bit to probe and check on any distressing event and its impact. As distressing, it was important to be clear and direct with her, you might say something like "I notice you have markings on your arm?" What made you do it? Being clear and direct enables your loved one to know that "hey, we can talk about this."

Views of culturally related interventions

Prac1 shared the value and worth of knowing the cultural context of the young people. Understanding where young people are coming from and the things important to them, enabled

him to have greater working relationships with these young people and to begin to understand some of the factors that affect them:

> Prac1 The Fonofale14 model helps me to understand their cultural context, I have tried very hard to use cultural related models to work with these young people.

Referring to 'cultural bridging' as a bullet when working with Tongan young women, Prac2 proudly stated that 'there is a huge power in our culture':

> Prac2 Cultural bridging is integrating what we think with what we do. Others talk about integration of theory into practice. I call it cultural bridging, applying our ways of knowing and being into the reality when we are engaging. That is our bullet, it's the cultural bullet to working with Tongans.

Prac2 added the value of using one's own language. She emphasised also the use of metaphors in her practice, to draw her closer to the young people and their parents:

> Prac2 Using metaphors that are relatable and relevant and appropriate to us as Pacific but more importantly as Tongans. Using our words, using our metaphors and expressions to draw out the emotions of our people and their way of understanding, because we think differently.

Prac2 provided further insight on how she integrates metaphors in her work:

> Prac2 There are times where I have to use metaphors to speak indirectly about things that are sensitive, because the young person is unable to open up. Therefore, I use a metaphorical interpretation to take our conversation. Then I will ask the parents, can you give me some time with your loved one please and when they give me that time, this is when the young person begins to show me the cuts up the arms and on the legs that are well hidden.

Prac2 suggested that her mana as a Tongan equipped her with more understanding, which had proved to be better accepted by the young people and their families:

> Prac2 Sometimes when people are in distress, cultural intervention can be quite paramount. Remember [A] when she appears, everything is settled. Nothing is the same when the kuia [elder women] arrives, not even the police. They will fight the police but will never fight [A]. They have a lot of respect, a different respect, both the young person and the parents. And when you start speaking in the Tongan language, everything changes.

Finally, Prac2 commented on the Tongan framework, that is applicable and relatable to Tongans:

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14 The Fonofale model was developed by Karl Pulotu-Endemann, this model that can used cross culturally within the Pacific groups. The model incorporates Pacific values and beliefs that are central to Samoa, Tonga, Niue, Cook Island, Tokelau and Fiji. It is represented in the form of a Samoan fale (traditional house) to illustrate health in a holistic (Pulotu-Endemann, 2001).

Prac2 And I am grateful that we have a framework called Nofo a kainga15. A framework that involves everyone in the kainga (family) by using their particular roles and responsibilities.

Prac1 highlighted the preference for face-to-face therapy, as opposed to online therapy:

Prac1 Now people are introducing online therapy but the young people I have worked with prefer the face to face.

Sense of belonging

Two practitioners proposed that when people feel connected and have a sense of belonging, they are best able to embrace who they are and their place in the world, and this reduces deliberate self-harm behaviours. They noted that spirituality gives people a sense of belonging. Prac2 amplified this view, about the strength of feeling that you belong to a community:

Pra2 You belong… everyone belongs to a community. Those who are vulnerable to deliberate self-harm need to hear those messages… it's a way of feeling, a way of having a sense of belonging. They don't belong, you can't say it often enough. Everyone has a community. It matters when you are feeling hopeless.

Prac5 suggested that a lotu (prayers) at the beginning and at the end of her sessions have assisted in settling young people, especially those who are in intermediate and high school:

Prac5 They are always open to a lotu at the beginning and one at the end before we start our sessions. For those who are always engaging in prayers, I notice that when we don't say the lotu, she is very unsettled during her time with me. I make note of this and add to my intervention with the young person.

Prac5 considered accessing spirituality, as a way of facilitating solutions for some of the young people she was working with, and for their parents:

Prac2 Integrating programmes in the church have been helpful as it allows the young person to connect with their spiritual faith. Seeing young people working in a group environment alongside their parents, working in the parents' group, have made positive changes for some.

Summary

This chapter bought together practitioners' views, experiences and understanding of deliberate self-harm. Six practitioners offered their perspectives of the factors that contribute to deliberate self-harm and contributed opportunities and solutions which could be used to reduce deliberate self-harm. In the first part, practitioners expressed their understanding that deliberate self-harm was associated to emotional pain and with the harming of the body. They had a clear and firm understanding about the differences between deliberate self-harm and suicide, noting that within

15 Nofo 'a kāinga has been defined and discussed in Chapter 2.

deliberate self-harm, there is not intent to end one's life. They agreed that acts of deliberate self-harm are often hidden, which indicates connotations of negative perceptions and shame are associated with deliberate self-harm.

The second part of this chapter highlighted a complex range of factors that were regarded to be causal to deliberate self-harm. Cultural related factors recognised that family, as an institution, can be both helpful and a hindering influence on Tongan young women engaging in deliberate self-harm. Challenges of being raised in a diasporic environment was an added factor. Positive relationships and communication within the family are key factors to reduce deliberate self-harm behaviours; in contrast, high expectations of the *anga fakatonga* and identity issues can have a detrimental impact on the wellbeing of Tongan young women. External factors such as abuse, bullying, attention seeking and experiences 'not by choice' were other risk factors causing internal psychological distress and which in turn, amplified the decision to deliberately self-harm. Such external factors generated negative emotions, including distress, anger, anxiety, grief, and distress, causing pain. Pain results from the internal torment and impact of the negative emotion experienced and is deemed the key reason why young Tongan women deliberately self-harm.

Finally, in the third part, practitioners highlighted the importance of understanding and raising awareness of deliberate self-harm through education, as the most valuable intervention in reducing deliberate self-harm behaviours. Furthermore, that a fundamental consideration was to include family centred approaches and cultural concepts in the intervention plans when working with Tongan young women at risk of deliberate self-harm. The vital importance of good and sensitive communication to enable young people who deliberately self-harm to share openly their experiences and engage in effective interventions was also stated. Highly important to me, and to future work in this field, was that several practitioners who recognized the value of integrating cultural understanding into the psychological framework of addressing deliberate self-harm interventions.

Chapter 9: Discussion

Introduction

This research employed a qualitative phenomenological approach and used the *talanoa* research method and *Kakala* Research Framework to explore the understanding of deliberate self-harm of 27 Tongan young women, living in Auckland, New Zealand. I used the Interpretive Phenomenological Analysis (IPA) method to explore Tongan young women's experiences of deliberate self-harm, to interpret the meanings from their descriptions and to develop concepts that will be discussed in this chapter. The IPA provided me with a framework that enabled the Tongan young women's voices to be fully examined (Smith et. al., 2009).

The findings from this study have been contextualised within and underpinned by the Tongan worldview, as described by Sione Tu'itahi in his *Fonua* model of understanding wellbeing from a Tongan context. Tu'itahi (2007) explained that the five dimensions of Tongan life: *sino* (physical), *'atamai* (mental), *laumalie* (spiritual), *kāinga* (community) and *'atakai* (environmental) are interdependent and complementary to each other in order to maintain harmony in life. A framework to research wellbeing, and issues impacting on wellbeing, such as deliberate self-harm, must address all these five dimensions. Therefore, the *Fonua* model was applied to assist with the interpretation of the Tongan worldview, an interpretation that includes the individuals, their communities, the environment they live in, and the relationship that binds them together.

This research proposed to locate Tongan young women's living in New Zealand understanding and experiences of deliberate self-harm. In this chapter, I integrate the literature and the analysis drawn from the findings data to elucidate the response to the three research questions. I am placing the voices of Tongan young women participants against the voices of practitioners - participants, to show the relevance of participants' experiences in the context of the clinical engagement. I found the inclusion of the professional voice paramount for describing successful, sustainable, and purposeful engagement. Additionally, it was helpful to gain the voices of practitioners to link the theory and practice, and to link the voices of women with the voices of practitioners who are practicing clinicians.

This chapter will be organised in accordance with the research questions:

1. What are young Tongan women's understanding and experiences of deliberate self-harm?
2. What are the factors that contribute to deliberate self-harm?
3. What are the interventions and/or solutions that may be helpful to reduce deliberate self-harm?

This research is amongst the first to explore the understanding and experiences of deliberate self-harm from the perspective of Tongan young women. After the recruitment process (which is detailed within the Methodology chapter) three distinctive participant groups emerged; these were young Tongan women who self-identified as having direct association with deliberate self-harm, young Tongan women with indirect association, and finally, young Tongan women with no association with deliberate self-harm. Two thirds of the sample (those presenting direct and indirect association with deliberate self-harm) suggested that the practice of deliberate self-harm is not unusual to the participants who participated in this study. One interesting finding was participants interchanging between the first and third person to tell their own story in the *talanoa*. Participants who declared that they have never deliberately self-harmed, described somebody else's experiences of deliberate self-harm. But, in the middle of the *talanoa,* they moved from the third to the first person, in contexts where their words described really profound experiences. Their stories seemed to be too precise for someone who has never experienced deliberate self-harm.

Hoyos et al., (2019) talked about a form of disassociation where participants use deliberate self-harm to disassociate from the actual problem. Robinson (2017) suggested that people can self-harm when in a state of dissociation and may not be conscious of their immediate actions. It could be also that the young women interchanged between the first and third person because, as Tongans, they see themselves belonging to a collective worldview (Tu'itahi, 2007) and, from this perspective, it is not uncommon for someone to describe the experience of a sister in the first person, and to see the sister as becoming a part/an extension of them. For practitioners, when working with Tongan young women, interchange in their narrative can be complicated. It is important that the specifics are distinguished, observed, and noted for any personal traumatic experiences. Furthermore, whether these young Tongan women are speaking on behalf of their family. Therefore, understanding the interchange between the first and the third person gives *mana* to their voices.

It was apparent for most participants that deliberate self-harm is a hidden act, a finding described by both Tongan young women and practitioners. They spoke about masking the act of cutting, which participants associated to the shame that deliberate self-harm would bring onto their family. This supports similar studies that have revealed young women's lack of confidence to seek treatment for their deliberate self-harm, due to their feelings of shame and unworthiness (Szlyk et al., 2019; Taylor et al., 2019). A qualitative study, looking at fears of young women presenting to the Emergency Department, concluded that the young women were kept trapped in a cycle of shame due to the negative attitudes and behaviour of hospital staff towards them (Owens et al., 2016).

What are Tongan women's understanding and experiences of deliberate self-harm?

Most participants alternated between the term self-harm and deliberate self-harm interchangeably. The word 'deliberate' was confusing for some participants across the three different groups, and some participants with no association with deliberate self-harm declared that they had not heard the term before. In contrast, those who had direct association with deliberate self-harm, strongly felt that the term 'deliberate' minimised their experience and transmitted a negative message that did not value the story behind their self-harm. For example, G1P1 described several incidences where her deliberate self-harming behaviour was viewed as attention seeking, and insignificant. Other participants found it difficult to recognize the intent behind the act of deliberate self-harm. Hawton et al. (2002) proposed that deliberate self-harm is irrespective of intent.

Further analysis showed a clear distinction regarding a suicidal intent behind deliberate self-harm acts between participants with direct association with deliberate self-harm, as opposed to those with indirect and no association. Participants with direct association considered that deliberate self-harm excludes suicidal intent. This interpretation is consistent with practitioners - participants' understanding of deliberate self-harm, and with the relevant literature, where the term 'deliberate' is used to exclude suicidal intent (Whitlock et al., 2006; Joiner et al., 2012). Not surprisingly, participants with indirect and no association lumped attempted suicide and deliberate self-harm together as one and had not recognised the difference in intent. This affirms the literature regarding deliberate self-harm and suicidal ideation, deliberate self-harm being considered in some cases, though not in all, a precursor to attempted suicide. Grandclerk et al. (2019) highlighted in their clinical study of young women that self-harm and suicide attempts have a close relationship with death. However, for the Tongan young women participants in my research, the intent of the harm was not 'wanting to die'. Perhaps the emphasis on the internal pain experienced is similar to an attempt to wanting to end it all. This might indicate that even though the intent of deliberate self-harm is not to suicide, as mentioned by Chan et al. (2017), the act is a critical signal that requires care and attention.

Defining deliberate self-harm through a Tongan female lens

As a Tongan researcher, I saw that language, concepts, and meanings were central to the understanding of deliberate self-harm by Tongan young women participants in my research. Knowing and understanding these terms, concepts and the Tongan worldview assisted the research approach and process in getting to the heart of what has been signalled, to the topic's deep meaning. Indigenous literature (Waitoki, 2012; Kingi, 2018) argued the value of applying Eurocentric definitions of deliberate self-harm to all populations, to facilitate the understanding and treatment of deliberate self-harm. Dash et al. (2017), in their study on the perceptions of deliberate self-harm from a Pacific practitioners' perspective, recommended that Pacific

definitions of deliberate self-harm must be included in the clinical diagnosis and criteria. With a view of building cultural competence. Adams (2011) argued that within the Medical Council of New Zealand, all health professionals must understand information pertaining to their patients/ clients' backgrounds and the cultural context these patients belong to. Herbert (2002) emphasised that misdiagnosis may be more a reflection of cultural misunderstanding and incompetency. Clinically, Deliberate self-harm, also known as Non-suicidal self-injury (NSSI), is included in the DSMV (Diagnostic and Statistical Manual of Mental Disorders). The DSMV may be of use in helping increase understanding of and, in turn, enabling treatment of Deliberate self-harm. However, to avoid the risk of misdiagnosis there is urgency in maintaining an on -going review of the relevance and appropriateness of the symptoms listed in the diagnostic checklist, to other social and cultural contexts (American Psychiatry Association, 2013). This warrants further study.

The findings from my research are a compelling reinforcement to decolonize the Eurocentric understanding of deliberate self-harm. This is a critically vital starting point for any diagnosis, to understand the phenomena from the other point of view. As highlighted by Brown and Kimball (2013), understanding lived experiences of self-harm is crucial.

Tongan words, nuances and meanings were significantly shared by the Tongan young women participants and by one Tongan practitioner. The Tongan words were used to describe emotional and psychological experiences, and embodied profound meaning of participants' holistic Tongan worldview. At the same time, some differences in participants' understanding of, and the meanings they attached to, the Tongan terms used were revealed in the *talanoa*. This factor must be taken into account of the identification of strategies to address deliberate self-harm. The nine participants who were not fluent in the Tongan language, chose English words that affirmed their understanding and experiences of the Tongan culture and aligned them with the Tongan words. However, this was different from the non-Tongan speaking professionals who had limited understanding of the concepts and terms shared by the participants.

Loto (Heart)

The word *loto* was identified as having a prominent place in the Tongan women' understanding of deliberate self-harm. Non-Tongan speaking women, who were under 20 years old, did not refer to the word *loto*, but its meaning was extensively expressed. Their understanding is aligned with Ofanoa et al. (2016)'s view, that actions and decisions from within a Tongan worldview are usually framed to involve the heart. This links to the thinking that "Tongans believe that the heart is the seat of authority, hence issues in life come out of their *loto* (hearts)" (Ofanoa et al, 2016, p.402). Further, this finding is associated with *ouau 'o e loto* (appurtenance of the heart) (Kailahi, 2017) which contains constructs of principles and values and of being and doing things Tongan. An interesting correlation of *loto* is demonstrated in Tongan poetry and song compositions, where a composer and/or a poet takes pride in their writings or lyrics from a place of *loto fakalilolilo*

(secretive or mysterious) (T.Tatafu, personal communication, November 5 2020). Taken this way, the words shared by participants were deeply rooted in the heart. This is similar to the *talanoa* concept of speaking from the heart, as proposed by Sitiveni Halapua. He argues that this is an open dialogue where there is no prejudice or bias (Halapua, 2007). On reflection, I recall the *talanoa* that occurred beyond '*talaloto*', or speaking from the heart, during the data collection phase. I remembered a conversation I had with two ministers who shared a concept namely *talanoa he lilo* (speaking from a hidden place buried deeply within the heart) (Rev P. Fakateli & Rev. M. Kupu, personal communications, 7 June, 2021).

From this perspective, participants' experience of deliberate self-harm could be hidden and buried within their hearts. Their understanding of deliberate self-harm was influenced by the compelling notions of *loto*. The findings show clearly that their reference to the concept of *loto* is central to their understanding of deliberate self-harm. Researching the value and functions of the *loto* brings deep understanding of the risks associated with deliberate self-harm for Tongan young women.

***Mamahi* (Pain)**

Participants' understanding of deliberate self-harm was significantly associated with *mamahi* (pain). *Mamahi* was not new to these participants. Their sensitivities to *mamahi* were amplified because *mamahi* was associated with an unpleasant emotional experience. *Mamahi* was experienced in different ways and different forms. For participants in this research, experiences of *mamahi* were an inherent part of where they were at this stage in their life. This *mamahi* is beyond the pain that is associated with the distress described as 'emotional discomfort' (Langlands, 2012). Participants' understanding of *mamahi* indicated the degree of exposure and vulnerability to *mamahi* they've experienced.

Perhaps this understanding was influenced by their spiritual values and beliefs, as shaped by the Old Testament biblical perspective they have grown up with an association of pain as punishment. In the Bible, the book of Genesis chapter 3 verse 16 frames this perspective: "To the woman he said: I will surely multiply your pain in childbearing; in pain you shall bring forth children. Your desire shall be contrary to your husband, but he shall rule over you" (Friedman, 2003) The Genesis verse, as cultural landmark, is in disagreement with what the New Zealand society currently embraces, and where all the laws and practices disavow such treatment of women. This demonstrates the real everyday cultural conflict that these participants might have experienced in their position as women and the tensions they are confronted with, navigating between the Old Testament and their current life in New Zealand. Participants proposed a different lens to understand pain and suffering, which draws our attention to the constant tension and its triggers from outside, from church, and from home.

Loto mamahi (internal pain)

Discussing the concepts of *loto* and *mamahi* enabled some participants' voices to refer to *loto mamahi*. Participants described deliberate self-harm as *loto mamahi* (internal pain that is harboured in the heart). Participants saw *loto mamahi* as the pain and suffering associated with valuable matters of the heart, which were hidden and sometimes buried away in a secretive place. A Tongan practitioner in the study shared a similar view on pain and suffering but did not reference the deepness and profound meaning of *loto mamahi,* as articulated by participants. The participants' interpretation of *loto mamahi* is similar to Morton's explanation, where the feelings are associated with negative consequences (1996). The literature reviewed links deliberate self-harm to the emotion regulation theory, where one struggles to manage their emotional states (Koole, 2009). Emotional regulation is about the responses to the sensitivity felt emotionally (Klonsky, 2007; Joorman & Quinn, 2014; Chapman et al., 2006; Fitzgerald & Curtis, 2017). In contrast, I believe that my participants are saying that *loto mamahi* is not just about regulating emotions resulting from pain but its emphases the understanding of the core onset of the pain, which is indirectly referred to as trauma by these participants. The trauma that the participants referred to in this research are the ones requiring them to remain silenced, so that no shame would be bought to the family name.

Fakamamahi (causing pain)

Participants across the three groups used the Tongan term fakamamahi to explain and describe the act of deliberate self-harm. Participants suggested that *fakamamahi* is the experience of severe *loto mamahi* (pain in the heart). Equally important, one of the Tongan practitioners in the study referred to *fakamamahi* as being an extension of the pain someone is already emotionally experiencing (*loto mamahi*). This pain prompts the act of *fakamamahi*, a response that brings control of the source of pain or turmoil to the person who experiences it. This supports Le Breton (2018)'s study on adolescents' experiences of cutting, that viewed deliberate self-harm as a symbolic way of managing pain through harming oneself to feel less pain - a defence mechanism against external suffering.

Interestingly, participants distinctly noted the value and meaning of the different forms of *fakamamahi* which describes deliberate self-harm in the Tongan language. *Fakamamahi* incorporates pain and suffering to one and/or all the dimensions of the *tangata kakato* (the person as a whole). They referred to these dimensions as *fakamamahi kita* (causing pain to the self), *fakamamahi sino* (causing pain to the body), *fakamamahi 'atamai* (causing pain to the mind/ psychological) and *fakamamahi laumalie* (causing pain to the spirit or soul). Of the various types of *fakamamahi* mentioned, participants notably expressed that *fakamamahi laumalie* is pivotal, but often dismissed and not acknowledged. They emphasised that the role and function of the *laumalie* is paramount for Tongans. In this context, to inflict *fakamamahi* to the soul and spirit

brings a sense of disconnection from something greater, and disharmony in life. This seems similar to Dash et al.'s (2017) description, where deliberate delf-harm is seen as beyond the physical infliction of harm to the self. Moreover, Pacific practitioners considered deliberate self-harm as a "deliberate disconnection from spiritual faith, feeling spiritually dead or useless, feeling hopeless, being teary, having a negative perspective of everything, and "the thoughts of doing it" [self-harming] (p.119). This insight reflects that Tongan understanding of deliberate self-harm is encapsulated in a holistic perspective that embraces the physical, mental, and spiritual interrelated and interdependent, as opposed to being separate, dimensions (Tu'itahi, 2009; Ministry of Health, 2014; Mental Health Commission, 2015).

Influence of social, cultural and religion

Participants who had indirect and no association with deliberate self-harm did not align their understanding to the opinion of Chapman and colleagues, who argued that deliberate self-harm is a strategy for avoiding uncomfortable and distressing internal experiences in forms of thoughts, feelings, or somatic sensations, that is often linked to emotion regulation (Chapman et al., 2006). Instead, they closely associated deliberate self-harm with people, relationships, and connections to the social and spiritual environment. Participants recognised an understanding of health that strongly factors a spiritual component (see Figure 9.1) which illustrates the relationship between these connections. Some of their understanding could associate cross culturally to findings of previous studies (Farrelly & Francis, 2009; Mendiola, 2011; Kingi, 2018). Perhaps participants' perceptions and experiences were more lenient towards the view of Favazza (2011), placing emphasis on the act of deliberate self-harm as religiously, culturally, and socially accepted.

Mala (a sin or curse/ wrongdoing not in line with beliefs and values)

The findings discovered that deliberate self-harm is associated with Christian beliefs and understanding, and also with cultural and social influences. Participants saw deliberate self-harm as a form of *mala* (a curse). Their understanding draws our attention to the fact that within the Tongan worldview, relationships are central to *nofo 'a kāinga* (dwelling within the family). Similarly, Tongans value the relationship with the environment, with each other, and also with those from the past and present, who are seen to be significant to human connection for the future (Ka'ili, 2005). Equally important, relationships were seen as *pelepelengesi* (sacred), which implies harmony between all elements of the *tangata kakato* (whole person) and are important for the order of things/to maintain universal order (Tu'itahi, 2007). When the sacredness of this harmony is breached, the imbalance it causes brings complexity, that can be interpreted as a curse, or a bad omen resulting from the poor actions of others and being passed on from generation to generation. The Tongan worldview concludes that understanding of the self requires embracing of nature and its interconnectedness with the sacred. Therefore, it is seen that if the *mala* is not addressed, deliberate self-harm constitutes a form of punishment to the self to restore the balance.

Tautea (punishment)

Participants understood deliberate self-harm to be a self-inflicted injury in a form of *tautea* (punishment) as a result of *mala* (curse). *Tautea* relates to how pain can be regarded as a form of punishment in a sacrificial act of seeking forgiveness for wrong doings. Participants alluded to the notion of cleansing of the self through the act of deliberate self-harm. This understanding is closely linked to a biblical view of punishment, as described in the book of Hebrews 9:22: "And according to the Law, one may almost say, all things are cleansed with blood, and without shedding of blood there is no forgiveness" (Friedman, 2003). It is possible that the deliberate self-harm acts are understood as aligned with this purification by blood, to seek forgiveness, to make right of the wrong that has been done. Stänicke (2021) talked about the 'punished self' concept, where one self-identifies as being deserving of the pain and punishment inflicted through self-harm, for being a bad person. From this perspective, the anger and the harm are directed towards the self instead of towards others. This research highlights nuances and patterns of understanding deliberate self-harm from a Tongan lens.

Puke fakatevolo (possessed by evil spirit)

Puke fakatevolo explained some of the participants' understanding that deliberate self-harm behaviours result from one being possessed by an evil spirit. Participant G2P7 elucidated that *puke fakatevolo* can be a comforting experience of an after-death communication from a loved one, as a reconciliation or restoration process. This is in line with Vaka (2014) research that found that relationships in the Tongan world are not straightforward and insisted on the importance of the relationship with the natural environment, ancestors and the dead. More importantly, Tongan people include the dead in their living community. Tongan women's view of *puke fakatevolo* is supported by Bloomfield's (2002) perspective, that illness occurs when there are poor relationships between the living and the paranormal. Therefore, at its heart, deliberate self-harm can be seen as a reconciliation process to strengthen a relationship that has been damaged.

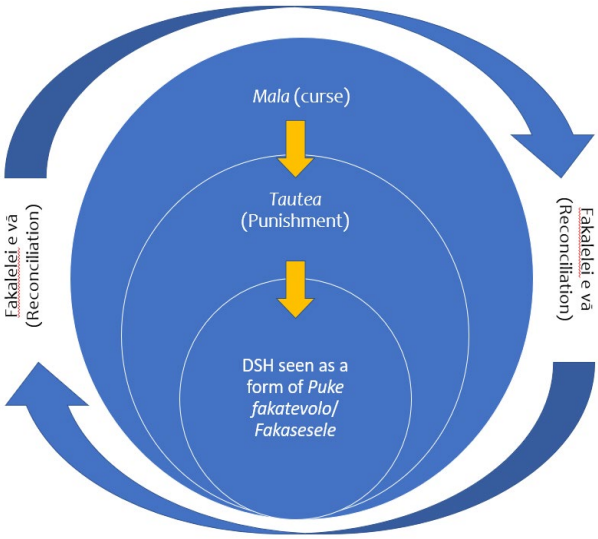
Fakasesele (silly or an eccentric manner)

The findings confirmed that someone who engages in the act of deliberate self-harm is referred to being *fakasesele* (silly or to behave in an eccentric manner). Some participants described *fakasesele* as being detached from reality, it is said about an individual who cannot tell the difference from what is real and what is imagined. Tongan people refer to such state of mind as being a *vale* (someone who is mentally ill). Perhaps this state of mind is what Mahina (2002) discussed in the theory of *tā* (time) and *vā (space),* where when conflicts create imbalance, then types of human activity rhythmically restore the state of order and harmony amongst things in the natural, mental and social dimensions of the world.

As illustrated in Figure 9.1, This is the young Tongan women's social, cultural, and religious view of deliberate self-harm. The *mala* or a curse seen as the outer circle, can either be from a present or intergenerational wrongdoing. As a result, from the curse, the punishment is given which is the second circle. Any form of punishment can be seen as '*puke fakatevolo'* (being possessed) or *fakasesele* (acting silly or eccentric or having mental health issues) (this is the inner circle). All these things occur because the *vā* has been breached. Therefore, engaging in a restorative process uplift and breaks the curse. The restorative process of *fakalelei vā* (the outer cocoon) is the practice of deliberate self-harm to restore the *vā*.

Figure 9.1

Diagrammatical representation of the social and spiritual understanding of deliberate self-harm



What are the factors that contribute to deliberate self-harm?

Anga fakatonga

Some of the key findings examined the place of *anga fakatonga* (Tongan cultural values) traditions and their influence on Tongan young women who engage in deliberate self-harm behaviours. Those who had indirect and no association with deliberate self-harm presented positive experiences of *anga fakatonga,* such as spirituality and cultural values supporting them when dealing with struggles. *Anga fakatonga* was their lodestone marker of strength in adversity during their difficult upbringing in New Zealand. In contrast, for those who had direct association with deliberate self-harm, *anga fakatonga* had the opposite impact. Their experiences were negative and high expectations of *anga fakatonga* were seen as a causal factor and vulnerability to deliberate self-harm. One of the negative experiences Tongan young women faced was the restriction to having closer relationships with male relatives, including cousins and fathers, in accordance with the Tongan culture. One of the theoretical assumptions underpinning the Tongan culture is found in the concept of *tauhi va* or *tauhi vaha'a*, both referring to the process of caring

for the *va* (the social spaces or relationships among people) (Ka'ili, 2005; Thaman, 2004) and my findings are closely aligned with this knowledge. But it also acknowledges protocols and restrictions navigating the *vā* between the male and female interactions.

Cultural expectations of *fatongia* (duty of care) were described in a negative light by participants who had experienced deliberate self-harm, because of the pressure *fatongia* puts on Tongan young women. Both Tongan women and practitioners indicated *fatongia* as one of the factors that put strain and pressure on Tongan women. Lino and Tiatia-Seath (2016) coined the concept of 'balancing identities', highlighting Tongan youth's frustrations and anger when their parents fail to understand the stress involved in trying to balance both the traditional Tongan and the New Zealand worlds. Meeting the *fatongia* at home can undermine and be in conflict with the duty and responsibilities outside the home. For example, practitioners explained that for Tongan young women, attending to cultural duties of looking after the family becomes more important than responding to assessment tasks at school. The primary focus in the Tongan communities is on the collective, which underpins a Tongan worldview, as opposed to the individual. More often this is seen as the invisible pressure Tongan young women face and experience.

The findings revealed that some aspects of the *anga fakatonga* are central to the understanding of deliberate self-harm causal factors for Tongan young women, and they regarded familial factors, gendered expectations, and the identity struggle Tongan women experience in New Zealand.

Familial factors

This research found that Tongan young women's behaviour and their way of life are strongly influenced through their family upbringing. Relationships in their immediate and extended families, anchored on values central to the *anga fakatonga,* characterised how Tongan young women functioned within the family. Even though, these participants grew up in New Zealand, they were taught of cultural expectations at a young age by members of the *fāmili* / family, such as their parents, grandparents, aunties, uncles, and cousins. It is apparent from the findings that these Tongan young women grew up believing that this was a normal cultural obligation of being Tongan. These familial relationships were associated to familial obligations in relation to sibling rank, gender expectations, intergenerational transmission of knowledge, to sanction family ties to the *nofo 'a kāinga* circle as it was back in the homeland. As these relationships are nurtured and looked after over time (Ka'ili, 2005), their connections become an extension of the individual's identity. Therefore, it is important to acknowledge how impactful difficulties within familial relationships can be.

Stigma associated with not meeting parents' expectations was explicitly shared by Tongan women. The expectation to becoming successful was a burden participant did not carry lightly. Fulfilling parents' expectations was important, so that the family can be seen thriving. This image

is important to Tongan migrant parents because it measures how successful they have become in the new land. The findings highlighted that Tongan women torture themselves as a result of feeling inadequate and ashamed of not fulfilling and/or not being able to fulfil their family's expectations. Research argued that the impact of stigma during adolescent years is significant, as this is when young people are forming their identity. It reinforced that stigmatisation questions an individual's sense of self and self-worth (Link et al., 1991). Whilst this is western research in general, this aspect of identity also applies to Tongan culture.

It is important to note that Tongan women implicitly uncovered another meaning of *fakama,* that is often hidden, because it draws shame to the family. Feelings of *fakama* are about bringing shame and/or humiliation into the family. Practitioners ascertain that patterns and behaviours of deliberate self-harm for Tongan women are associated to shame within the family, that is often unexpressed because their intention is protect the family. It is easier for the family to remain in denial than addressing issues that underpin the harm. This causes Tongan women to feel hatred towards themselves but at the same time wanting to save face and protect the family. Stigma of bringing shame to the family compounded Tongan women's vulnerability to their deliberate self-harm behaviour.

The findings indicated that Tongan young women who deliberate self-harm would have more pressure on them than mainstream (non-Tongan, non-Pacific, and non-Māori) young women in New Zealand given familial expectations placed on them to perform across various domains in life due to collective responsibilities. These differences in the level and kind of pressure experienced were openly expressed, and they included instability caused by moving from place to place. A factor that was communicated tacitly and indirectly was the struggle with the new family construct within the home, with the added dimension of the impact that the new environment had on the family dynamics, which brought about different ways of relating to each other. This was seen in the lack of communication and communication barriers described by the Tongan young women, for example, the parents' inability to listen and understand. The lack of reference about fathers invited me to think about the place of the father within the *nofo 'a kāinga* construct and what this means for Tongan women who deliberately self-harm. Did these young Tongan women had a close relationship with their fathers, and were they sustaining the sacred *vā* between father and daughter? Practitioners argued that family provides security for those who are at risk of deliberate self-harm and a family centred approach is needed.

Identity of Tongan women in New Zealand

As briefly discussed earlier, *fatongia* plays a significant role within the *nofo 'a kāinga* construct in a Tongan worldview. The Tongan woman's identity is associated to her role as a *fa'e* (mother), which is seen as critical in the functioning of the family. My data highlighted strongly that the role of the mother was playing a significant part in the lives of the young women who had direct

association with deliberate self-harm. However, the young Tongan women's expectations of the motherly role had impacted the *vā* between them and their mother. In their explanation, they felt that the identity and/or the role of the mother nurturing the *vā* at home had been harmed as a result from poor parenting. Perhaps mother's poor parenting was a product of what Morton described as the demand struggling to overcome poverty (Morton, 1998). Or this could also be attributed to the lack of understanding about the new way of life outside of Tonga, for example the different expectations for girls in Tonga, comparing to New Zealand. Some of the young women felt that their mothers were not able to advocate and speak up on matters that were significant and important but contested Tongan views. This created a distance between the *vā* with their mother which increased their risk to deliberately self-harm. A longitudinal study who investigated the association between dysfunctional parenting and risk of offspring self-harm, depression, and anxiety, found that dysfunctional maternal relationships are associated to risk of self-harm (Pearson et al., 2018). Practitioners argued that broken and fragmented relationships with both parents, such as insecure attachment, can be the drivers for deliberately self-harming.

In this study, the findings highlighted some of the key cultural tensions and conflict experienced by the participants due to being a woman of Tongan heritage. In their experience, there are challenging aspects when trying to hold on to what it means to be Tongan in relation to traditions and at the same time, trying to embrace the contemporary environment they are now a part of and call home. For example, one of the practices they shared, related to the concept of the ideal Tongan woman, was the virgin sheet ceremony that usually occurs on the first Sunday night after the wedding takes place, and their struggle with relating to this ceremony. The subject of virginity for woman is *tapu* (sacred) and private in the Tongan culture and is often only spoken about within the immediate family. I have been told that the virgin sheet ceremony is an authentic cultural practice, but I cannot locate whether this practice had only come about after Christianity. However, this practice honours the *fatongia* of a mother and brings disgrace on her if the process is not carried out (S. Fuka, personal communication, 10 January, 2020). Participants revealed how they would be told not to engage in sex until after marriage, and about the shame that engaging in sex would bring upon. Therefore, when they received sex education at school, they were totally confused. Their friends from different cultures talking about the concept of trying before you buy, continued to fuel Tongan young women's confusion and anger. For some of these participants, it was easier to engage in deliberate self-harm to deal with this confusion and anger, so to maintain a degree of their Tongan-ness by keeping to the ideal of what it is like to be a Tongan woman, than to deal with the shame they would bring onto their mother.

While the literature argues that the Tongan culture is very patriarchal (James, 1992; Morton, 1998), Tongan women hold power in the Tongan society and have explicit gendered roles and expectations. Scull (2004) researched how the role of women contribute to preserve their culture in society. More specifically, he focused on how women maintain the home. My findings shared

similar views about gendered expectations of Tongan women. In particular, participants discussed ongoing tensions for them to fulfil their traditional cultural roles which were important to the *vā* within the immediate and extended family. Most of the time they found themselves unquestionably obedient, mostly because the Tongan culture values women and places a great deal of respect on women. They mentioned the institution of *fahu* (respected position of woman in the highest regard). As discussed in Chapter 2, the *fahu* line is commonly the eldest sister(s) of the father, and her daughters and so forth. Each family has their own *fahu* for family ceremonies. In recent years, the *fahu* practices in diaspora have become increasingly controversial within the family. Many conflicts occur within ceremonial occasions such as weddings, funerals, or birthdays due to the *fahu* system. Although it is a prestigious role, participants of my research regarded it as having a negative impact on them. They described that the authority and power that is executed by the *fahu* have not only impacted them but they have also seen the effect it had on their mothers. Perhaps the practice and meaning of *fahu* have evolved in diaspora, as indicated by the conflicts mentioned, and has moved away from its purpose and function, that it is no longer about the nurturing of the *veitapui* (sacred relationship) between brother and sister and is not fulfilling its role of *kumi koloa* (in search of wealth). While participants have expressed a negative impression of the *fahu* system, I consider that *fahu* can have a positive impact, especially when engaging the family in the process of helping young women at risk of deliberate self-harm.

Managing negative emotions

For Tongan young women, the motivation to deliberately hurt themselves was to manage and deal with negative feelings. They specifically spoke about the need to maintain power and control over their emotions, to accede to a happy place. Maintaining power and control of emotions was important when upholding harmony for the collective at the risk of the individual. It was evident that their deliberate self-harm behaviour was driven by their emotions to escape to a place where they could be in control and therefore, protect the collective. This supports the theory that deliberate self-harm serves an emotion regulation function (Klonsky, 2007; Miller et al., 2021). Further qualitative research also emphasised that one of the primary functions of deliberate self-harm is to cope with emotions and deal with interpersonal conflicts (McAndrews and Warne, 2014; Sinclair and Green, 2005; Wadman et al., 2018).

It was evident that Tongan young women who engaged in deliberate self-harm found it challenging to regulate their emotions, and they found it difficult to communicate them. For instance, the act of deliberate self-harming via piercing and tattooing was chosen by some participants, especially those under 20 years old, as a form of communication. Participants described that they had an emotion that they tried to communicate but no-one listened which made them feel invalidated. This feeling of invalidation caused further silence which contributed to the increased need to deliberately self-harm, to feel in control of the physical pain, but also the desire

to convey the suppressed narrative. In the context of the spiral of silencing theory, people's readiness to express their opinions is affected largely by their unconscious perceptions. Their voice continues to be marginalised and oppressed because their views tend to be unpopular (Noelle-Neumann, 1993).

Strategies and intervention

This section focuses on key learnings relating to strategies and interventions offered both by Tongan young women and practitioners to address deliberate self-harm amongst Tongan young women. The key ideas outlined below involve crucial skills and knowledge identified by participants in this research. Of significance is that these ideas were formulated from a Tongan lens. In the second and third findings chapter, from the perspectives of the Tongan young women and the practitioners. I purposely separated the voices of these two groups to highlight each one's uniqueness and differences. However, to strengthen the message of strategies and interventions that work for young women in overcoming their deliberate self-harm behaviours, in this chapter I have weaved the findings and drawn collectively from all participants' voices.

Understanding of deliberate self-harm

One of the goals this research achieved was to explore Tongan women's understanding of deliberate self-harm. Experiences of Tongan women in this research confirmed that navigating the multiple terms used for deliberate self-harm was a complex process, in comparison to professionals. As mentioned in the first part of this chapter, Tongan young women's understanding embodied Tongan words and grounded theorisation in a worldview that is Tongan.

This research reinforces that understanding of deliberate self-harm involves negotiating complex and contesting terrains of medical understanding against a Tongan worldview that carries knowledge of how one behaves, practices and is/exists in this world. The voices of these young women highlighted that understanding begins by valuing their Tongan language and how this is communicated and located in a space that is often in competition with the dominant worldview. In such process, Tongan young women living in New Zealand are silenced. This aligns with Noelle-Neumann (1993) theory of the spiral of silence, where the dominant view reflects the majority while the minority has no opinion. In this light, the spiral of silence intensifies reluctance for cultural understanding and knowledge to co-exist parallel to the medical definition. As seen, this continues to fuel the complexities that hinder the ability for sharing, listening, and understanding to occur. In response, it is important that courageous conversations take place, to bring together the worldviews when discussing how we understand deliberate self-harm from a Tongan lens.

As described by all Tongan young women and practitioner participants, trauma (as defined in Chapter 3) and grief were linked to the experiences of those who had direct association with

deliberate self-harm. Understanding the cause of their harm and having the ability to respond appropriately and work with the young women is important. Moreover, it is also about understanding the impact of childhood trauma and how it manifests into adulthood (Hawton et al., 2006). The descriptions offered by participants illustrate that there is a lack of understanding associated with the transmission of intergenerational trauma.

Breaking the silence through education

Breaking the silence through courageous conversations and education is crucial to increase awareness and understanding of deliberate self-harm. All participants emphasised the value of education as a preventative measure to deliberately self-harming. Those who directly engaged in deliberate self-harm insinuated that education and learning start from within the home. This view is illustrated in a famous Tongan saying "*Koe fuofua 'apiako ko 'api*" (The home is where education begins) (S.Fuka, personal communication, 10 July, 2015). Facilitating a learning environment within the home and building a genuine relationship between parent and child is necessary. It is important for parents to learn about better communication styles, issues that young people face that may conflict with parents' expectations and learning about some of the vulnerable issues young women experience, such as deliberate self-harm. This learning environment can create and develop knowledge that builds both parents' and children's confidence and may help to break down barriers and open new ways of understanding.

Secondly, participants with direct association to deliberate self-harm and one Tongan practitioner strongly felt that practitioners also needed education too. They understood it can be a stretch asking non-Tongan practitioners to learn the language but getting them to recognize cultural values, beliefs and systems that are of importance to Tongans is useful in understanding cultural identity. The Tongan practitioner shared how in her educational journey to become a practitioner, she never received any specialised training about navigating family systems, her knowledgebase was primarily influenced by her cultural experience as a Tongan. Therefore, cultural competency training needs to be incorporated into the curriculum, into the classrooms, not just for practitioners but also for others that may come into contact with young people at risk of deliberately self-harming. This intervention is supported by the lack of cultural understanding and knowledge by non-Tongan practitioners in this research (Government Inquiry into Mental Health and Addiction, 2018; Tiatia-Seath, 2018).

Thirdly, participants who had no association with deliberate self-harm identified the church as the space where education can take place. In their eyes, interventions such as workshops at the church was the way to go. In their opinion, workshops in the areas of family violence, suicide prevention, health promotion have been delivered in their congregation, for example programmes offered by *Taulanga U* Social Services, *Siaola* Social Services, Toko Collaboration, *Langima'a* Oceania Counselling Services which were delivered from within the church and focused on wellbeing

centred on values associated to a Tongan worldview (see Chapter 3). Tongan practitioner participants in this research placed emphasis on educating members of the church who are in positions of influence, for example the ministers and their wives, those who are looking after the Sunday School and the youth. To encourage someone to become unsilenced, one must know how to *tauhi vā*, to look after, to nurture the relationships. The need for education within the church is to learn to unlearn ways to accept differences, diversity, to learn how to care unconditionally.

Establishing a trusted relationship (*fakalelei e vā*)

Data derived from the findings and also from observations of the *talanoa* reflected a great sense of mistrust derived from oppressive relationships that these Tongan young women have been engaged in. Participants who had experienced direct association with deliberate self-harm expressed the mistrust they endured within the home, but especially from the system that was supporting them. The mistrust was a result of the engagement process they had with the professionals they worked with, which made them feel undervalued and minimised their self-worth. Participants shared that the breakdown of these relationships contribute to the ongoing pressure they feel. Therefore, the need to re-establish trusted relationships is crucial and for the practitioners and/or systems to value ways of engagement that are pertinent to Tongan young women, as they live in a different system whose values and beliefs may not reflect those of practitioners'. Additional to what has been highlighted above about practitioners acquiring cultural education, there are ways of engagement that would be valuable, for example, listening and speaking from the heart and cultural dimensions of engagement to connect and rebuild the *vā* (Ka'ili, 2005).

Peer support through group *talanoa*

Feedback from all the group *talanoa* highlighted the value of nurturing and maintaining connections. All Tongan young women who were involved in group *talanoa* were thankful that they had the opportunity to come together and share their understanding and experiences of deliberate self-harm. For most participants who had direct association with deliberate self-harm, this was their first time sharing about their deliberate self-harm behaviours, and about things that were very private in their life. They described that the space provided felt non-judgemental and safe which enabled them to open some of the deepest areas that are often hidden away. They hoped and wished for spaces or opportunities to be available in the future, to come together again. These experiences were parallel to how *rangatahi* Māori felt during Kingi's study, where they responded positively to the cultural process of *hui* during her data collection (Kingi, 2018). Similar to *rangatahi* Maori, the young Tongan women felt that they would not feel the same if *talanoa* was facilitated by a counsellor, due to past experiences. The difference in experience might be because our *talanoa* was exploring their experiences and understanding and they did not

feel like they were seeking support. But also, it may be because the researcher was Tongan and this lived experience of being Tongan enabled connections too.

One of the reasons participants enjoyed the group *talanoa* was because they all associated with being Tongan. Listening to common stories that reflected similar cultural realities was reassuring for them. It meant that they were not alone and the tensions they were trying to deal with as Tongan born in New Zealand were commonly shared amongst the others. Some participants shared that hearing others' struggles also helped them feel that they were not isolated in their experience of deliberate self-harm. Others were strengthened and encouraged in the process to reconnect back to being Tongan. A young woman felt that engaging in the group *talanoa* session appeared more helpful and beneficial in comparison to other Dialectical behavior therapy groups she had attended in the past. She explained that feeling safe in the group and the ability to trust those in the group, although she had only met them, have contributed to her positive experience. For some, this comes back to the collective worldview and feeling safe to share as a group.

Cultural framework involving the family

The voices of all participants, including practitioners, highlighted the place of the family in any intervention or prevention to address deliberate self-harm. It is evident in my findings that the Tongan young women's desire is to involve their families in any work with them, even if they indicated that some of the struggles they experience are usually caused by their family. However, at the same time, they identified that strategies that work start with the family. For example, when asked what would be helpful to decrease deliberate self-harm behaviours, one participant responded: "medicate the family". She described: "It is like someone who is an alcoholic, the person can attend all the programmes to learn and address their problems with alcohol. But at the end of the day, she returns back home and is surrounded by her father who drinks every day and her mother who drinks every weekend. The problem is still there". Therefore, medicating the family means including the family despite knowing that they may be the source of the problem. A family-based response and approach is key in addressing deliberate self-harm behaviours.

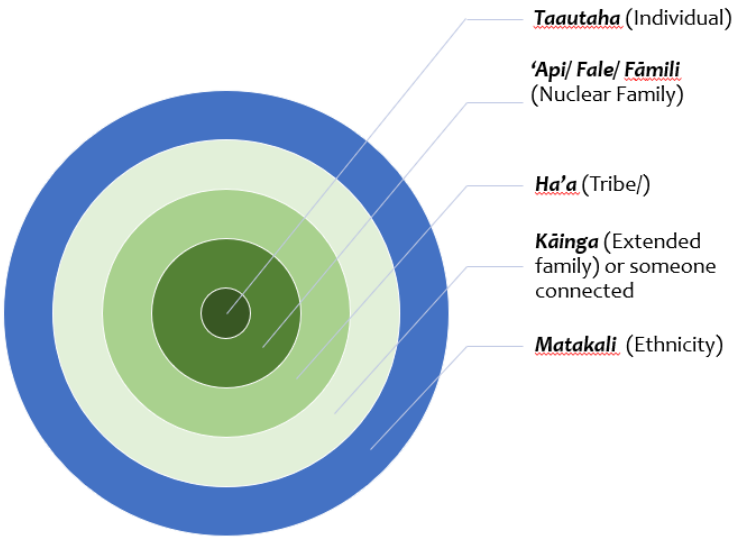
One of the solutions offered by practitioners and the participants is embracing the culture of the family. Some of the practitioners expressed that one of the things they struggled with was the lack of cultural insight of the people they worked alongside, their inability to place cultural contextual information to assist in understanding the individual. Further, they recommended that there need to be models or frameworks that are culturally appropriate and to consider the diverse and changing environments our families live in. As mentioned in Chapter 2, there is the *Nofo a kainga* Tongan kinship system that defines the various roles within the Tongan family (Crane, 1978). Over time this system has been refined by Kalavite (2010), to incorporate roles that were not included in Crane's work, such as recognising that the *kāinga* can also include in-laws, and family friends who may not be blood related.

Additional to the work of Kalavite (2010), Figure 8 illustrates the *Nofo 'a kāinga* system that identifies the individual at the core, with four outer systems that surround the individual. The *'api/ fale, fāmili* system is inclusive of the mother, father, and children. These systems are interrelated and can be used to describe the interactions within amongst the members of the systems.

The *Nofo 'a kāinga* model is grounded in the Tongan principles of: *Faka'apa'apa* (respect), *Tauhi vā* (nurturing relationships), *Loto to* (humility), and *Mamahi'e me'a* (to remain loyal) and is centred on 'ofa (love). The model is based on cultural theories. The purpose of the *Nofo 'a kāinga* model is to identify the strengths and weaknesses within the family system. For example, when engaging a young Tongan woman who is at risk to deliberate self-harm, the *nofo 'a kāinga* model can assist is drawing on information about the young woman and her connections to the family and support systems. This will allow the practitioner to know key players in relation to her, also weaknesses within the *Nofo a kāinga* system that needs to be strengthened. Therefore, the practitioner will utilise these links to begin addressing the issue(s) and this will inform a plan of action.

Figure 9.2

Nofo 'a kāinga model



Summary

This chapter discussed and reviewed the findings from this research in relation to the existing deliberate self-harm literature. The concept of deliberate self-harm was contextualised within and underpinned by the Tongan worldview which provided the cultural platform to understand why Tongan young women engage in deliberate self-harm behaviours and acts.

Tongan young women understanding of deliberate self-harm was grounded in the Tongan words, nuances, and meanings, which described emotional and psychological experiences that embodied a holistic perspective. This understanding was closely connected to their cultural, spiritual, and religious beliefs which was similar, yet different to indigenous literature on deliberate self-harm. Some of the factors associated with Tongan young women motivations to deliberately self-harm were the same as what the literature outlined. But for these Tongan young women, tensions and competing cultural expectations often intensified the motivation to deliberately self-harm.

Cultural and educational strategies for preventing and reducing deliberately self-harm were also discussed and reviewed. These strategies counteract the effect of understanding deliberate self-harm within a contested medical environment that does not recognise the Tongan worldview. The importance of trauma informed practice and breaking the silence through education was highlighted. Most importantly, incorporating families into interventions and developing cultural appropriate frameworks that factors Tongan worldview and realities were seen as highly needed.

The following chapter sets to outline the key summaries, the limitations of this research and makes recommendations for practice and further research.

Chapter 10: Conclusion

Deliberate self-harm has become an increasingly common phenomenon, still it remains largely misunderstood. The intention and purpose of deliberate self-harm is misinterpreted. It is a source of anxiety for families and communities and for service provisions of mental health. The prevalence of deliberate self-harm amongst New Zealand's Pacific youth has become a national concern. Indications are that Pacific youth, especially women, are three times more at risk to acts of deliberate self-harm than the general population (Oakley et al., 2006). The field of deliberate self-harm has been well researched through a medical lens. However, more recent studies have highlighted that there are cultural differences in the understanding of these phenomena and have urged more research on whether and how Pacific beliefs, values and practices might influence the thought and practice of deliberate self-harm (Dash et al., 2017; Kingi, 2018; Dash, 2015). Although deliberate self-harm by Pacific women is now evidenced in the literature, this has not been well reflected at policy level or in programmes to understand and seek ways to address deliberate self-harm. This lack of knowledge about the influence of culture on deliberate self-harm heightened my drive to carry out this qualitative research in response to this need.

Given that Pacific communities are diverse and made up of different ethnic groups, I considered the value of carrying out an ethnic-specific study with the view of gaining a deeper understanding of deliberate self-harm. And being a woman of Tongan ethnicity, I chose Tongan young women between the ages of 16 – 30 years old, as my informants. Additionally, practitioners who work in the field of deliberate self-harm with young Tongan women also participated in this study. Employing the Tongan *Kakala* Research Framework underpinned by a phenomenological approach and Tongan worldview, I organized individual and group *talanoa* to capture the voices of Tongan young women and their understanding and experiences of deliberate self-harm.

There were three main research questions that this research was set out to answer:

1. What are young Tongan women experiences and understanding of deliberate self-harm?
2. What cultural factors impact on deliberate self-harm and how?
3. What strategies can help prevent deliberate self-harm?

This research answered these questions by drawing on Tongan women' s voices, as shared in the *talanoa.* Notably, three different groups emerged in the *talanoa*, participants who had no experience or had little understanding of deliberate self-harm, participants who had some knowledge of deliberate self-harm and participants who had engaged in deliberate self-harm. Classifying *talanoa* responses according to these differences added a further dimension to the experiences shared. The enduring importance of the *anga fakatonga* in the daily lives of the study participants was an overarching finding. In the next paragraphs I will consider the limitations of the research as well as recommendations for further study.

Research findings

Reaching the destination of this research, I experienced a great deal of *māfana* (heartfelt warmth) as I reflected on my journey and on my participants' responses to the research questions, in line with the process of my *kakala* making in this section. I must *luva* (gift) our *kakala* by presenting how the research questions have been answered. However, I cannot do this in isolation without acknowledging those who responded to what is known in Tonga as *tangi mei he ate* (a cry from the heart) which helped me to *toli* (collect the most exquisite flora) and also aided in the *tui* (putting together through analysis) of the most precious, aromatic plants for the final *kakala* (garland). This chapter begins by addressing the three research questions for this research.

Research question 1: What is the understanding and experiences of Tongan young women about deliberate self-harm?

A first finding was the importance of clarifying an understanding of the difference between the terms 'self-harm', 'deliberate self-harm' and 'suicide'. Findings indicated a greater reference by this group of Tongan women and girls to the term 'self-harm' as opposed to *deliberate* self-harm. Additionally, there was confusion about the term 'deliberate' amongst participants who had direct association with deliberate self-harm. They felt that the term 'deliberate' diminished their feelings and reasons leading to acts of deliberate self-harm. In addition, there was a strong correlation between deliberate self-harm and suicide for nearly half of the participants. By group, those with indirect and no association saw deliberate self-harm and suicide as the same behaviour. However, participants who have experienced deliberate self-harm stated quite firmly that it was different from suicide. However, an important point was that participants felt that deliberate self-harm may be seen as a critical sign of someone wanting to end their life.

Secondly, an important finding was that participants used multiple Tongan words to convey their understanding of deliberate self-harm. Participants in this study who did not speak the Tongan language did not come up with the same words but used words which had an equivalent meaning. Participants who used Tongan words to convey their understanding of deliberate self-harm distinguished between the internalisation of the harm, and the externalisation of the harm. The words they used were clearly and profoundly connected to their emotions and the interplay of the heart. When they internalised the term deliberate self-harm, this group shared Tongan words such as *loto mamahi* (grieved/ saddened heart), *loto lavea* (wounded heart), *loto mafesi* (broken heart) and *ongosia* (to feel complete exhausted). When externalising deliberate self-harm, participants used words such as *fakamamahi sino* (to inflict pain to the body), *fakamamahi 'atamai* (to inflict pain to the mind), *fakamamahi laumalie* (to inflict pain to the spirit) and *tā ke lavea* (hit to see the wound). This distinction warrants further in-depth study.

Thirdly, and again warranting further in-depth study, participants' understanding of deliberate self-harm was grounded in the Tongan culture which, in turn, was influenced strongly by their upbringing. In their sharing, there were notable connections to values and beliefs that were central to their *nofo 'a kāinga* (dwelling within the family). Some of these words indicated a belief that deliberate self-harm was associated with a *mala* (sin or a curse) which had its beginning in an intergenerational result of a family wrongdoing. Deliberate self-harm was perceived to be the *tautea* (punishment/ retribution) which could occur in a form of *puke fakatevolo* (being possessed), of *fakasesele* (mad) and/or violation of their being.

Research question 2: What are the factors that contribute to deliberate self-harm?

Participants believed that their upbringing was very much grounded in the strong teachings of the *anga fakatonga* (Tongan way) cultural practices. They all spoke positively about their pride in the Tongan culture, especially the spirituality which was central in their family. In their view, there were some aspects of the *anga fakatonga* that were positive, and there were practices that were challenging for them. One important finding was that those who had no association with deliberate self-harm generally seemed to share the positives of the *anga fakatonga* in comparison to participants who had direct and indirect association with deliberate self-harm.

Family related factors, such as changes within the home environment, roles, and responsibilities, were factors that increased the risk of deliberate self-harm. For example, increased responsibility within the home meant that some of those with direct association of deliberate self-harm played significant parental roles in looking after younger siblings. Although these responsibilities were regarded as part of the inter-relational responsibilities in the *nofo 'a kāinga* system, many participants shared that they were quite anxious taking on these responsibilities.

Relationships were highly significant to all participants and positive and negative relationships with key people played a key role in their lives. It was evident that those who had direct and indirect association with deliberate self-harm experienced some strains with their mother-daughter relationship. This group alluded to a lack of good parenting style as having caused unnecessary anxiety and difficulties between them and their mothers.

Reconciling the Tongan worldview and the Western way of life they experienced in New Zealand was difficult, especially for those with direct and indirect association with deliberate self-harm. The struggle of cultural expectations at home, being respectful, knowing your place and when to speak, raised challenges in them communicating their feelings, ideas and aspirations within the home and family circles. In fact, for many, their family communication patterns were in direct contrast to those of the school, where having a voice and asking questions was expected and

signalled understanding, confidence. and competence. Yet, at the same time, participants highlighted parents' expectations that they become successful in their education.

For these participants, there were the added pressures associated with trying to be the ideal Tongan girl, such as knowing how to cook, looking after the husband and family, and maintaining certain behaviours and images pertaining to being a proper Tongan girl. The ongoing burden and sensitivity of "*sio 'a e kakai*" (the ongoing need to maintain the family prestige and good reputation within the family, church and community), together with upholding the virtue of a Tongan woman, were considered to be tremendous risk factor for deliberate self-harm. Gender inequality, such as girls not being able to do what boys could do, left these participants bruised and angry.

Trauma, which in turn triggered deep emotional experiences, was seen to be a high-risk factor for deliberate self-harm amongst all participants across the three different groups. Participants found coping with the negative emotions to be challenging, and that engaging in deliberate self-harm gave them power and control over their emotions, especially when facing unbearable situations. Therefore, the emotional pain they experienced through the cutting was seen as a way of surviving.

Research question 3: What strategies can help to prevent deliberate self-harm and acts?

The young Tongan women spoke of the importance of having someone to share and talk to, and/or voice their concerns and emotions in regard to deliberate self-harm. The process of sharing helped to affirm their value and worth as people during different and troubled times. Participants found the group *talanoa* we shared to be an empowering process. They said that they preferred that this sharing occurs in a group rather than on an individual based environment.

Given that the majority of those who have direct association with deliberate self-harm come from a space where their trust of others is in question, experiencing and building safe relationships is fundamental in their engagement to change these behaviours. According to these young Tongan women, while there were many online services available, they had not been able to develop and experience the same depth of relationship which they achieved in the 'face-to-face' discussions. Similarly, while texting and/or phone conversations were useful, these were not as effective in building a trusted and safe relationship.

The young Tongan women and practitioners both felt that understanding the expectations, roles and responsibilities of Tongan women and girls in the *nofo 'a kāinga* family system is essential too, in providing cultural insight and understanding of the factors influencing their acts of deliberate self-harm. Support for deliberate self-harm must be sensitive and take account of the

cultural needs of the individual and their families. The inclusion of family in deliberate self-harm directed strategies needs to be at the core of interventions, as in a family-based response.

Education emerged as key platform to prevent deliberate self-harm from both the young Tongan women and practitioners. Participants shared the importance of gaining the skills and confidence to engage in courageous conversations within the home. Therefore, educating both parents and children about the importance and validity of youth voice and effective communication requires a fundamental change in attitude if courageous conversations are to occur. In addition, there is an urgent need to raise awareness amongst the church and community leaders about the importance of youth voice, especially in matters of concern to them, including the phenomena of deliberate self-harm. Hand in hand, practitioner training in cultural diversity, knowledge, and family-based interventions is a priority.

Significance of the research

This research has provided a study of Tongan young women experiences and understanding of deliberate self-harm in Auckland, New Zealand. This research has significant value for several reasons. It has deepened and enhanced understanding of deliberate self-harm by listening to the voices of Tongan women, voices that are usually silenced within family and community discussions. The exploration of the deliberate self-harm phenomena has offered insight and has identified factors that are of importance to increasing understanding of deliberate self-harm and putting processes in place to address it. Further, recognising the constructs of deliberate self-harm as highlighted in the talanoa amongst these Tongan young women, has contributed to providing knowledge about positive engagement and intervention which lead to positive consequences.

By applying an ethnic-specific approach (Vaka, 2014; Tiatia-Seath, 2014; Puna, 2013; Tiatia, 2003) this study has also highlighted the vital importance of gaining a cultural perspective of deliberate self-harm (Dash, 2015; Farrelly & Francis, 2009; Kingi, 2018; Mendiola, 2011). This study applied a cultural lens, drawing on the understanding that people do things for reasons that matter to them. Research findings have emphasised that while acts of deliberate self-harm may be similar in practice, there is a likelihood that they are differently interpreted within different cultures, and also differently lived and experienced. The research findings are a contribution to working to ensure that interventions protecting against deliberate self-harm and postvention support are culturally responsive.

This research has clearly identified new knowledge that will contribute to the development of a cultural framework and/or tools with respect to addressing deliberate self-harm and the language of intervention for Tongan communities. Its aim is to address at-risk behaviours amongst this population and to offer a cultural perspective that continues to optimize Pacific Health and Wellbeing in New Zealand (Turia, 2014). Its findings add to the existing body of knowledge and

literature that previously has featured predominantly an epidemiological investigation about deliberate self-harm from a mainstream perspective. The findings will inform policy and practice (Beautrais et al., 2005).

Limitations of the research

This study has the following potential limitations:

- It is important to note that the sample size for this study is not representative of all young Tongan women in Aotearoa New Zealand.
- The recruitment was open and was not limited to those who deliberately self-harm. If the sample had been directed only to those who experienced deliberate self-harm, the data would have likely been different.
- Participant's age was restricted to 16-30 years old, the view of those younger than 16 years old may have influenced the data collection as well as interpretation. This would be the same for our older generation. Inviting data from other age groups would be an area for future research.
- While the study was Auckland based, many participants were from South Auckland and a few were from central Auckland. There were no participants from West Auckland. Extending the study to include the wider Auckland and New Zealand community may provide different results, which is recommended.
- While the aim of the study explored Tongan young women's experiences and understanding of deliberate self-harm, gaining the views and experiences of family members of those who deliberately self-harm may also provide a different perspective.

Research process

This research has provided new insights to the literature about understanding deliberate self-harm from Tongan women's perspectives. As mentioned in this study, there is a dearth of literature about Pacific young people and deliberate self-harm, namely Tongan young people. This qualitative study is a new contribution to literature within this field, providing understanding of experiences that is relevant to Tongan young people. The findings are of importance at policy level, service provision and within the community. Researchers, organisations, practitioners, community, and educators can use these findings towards understanding the phenomena of deliberate self-harm, further research, appropriate frameworks, and towards engaging with those at risk and with their families.

Recommendations for future research

The following recommendations result from this research:

Policy makers

- It is recommended that deliberate self-harm have a prominent and nuanced place within the Suicide Prevention Strategy 2019-2029, so that adequate systems are put in place to focus on areas addressing deliberate self-harm.
- Support the development and evaluation of cultural models and frameworks,
- Adequate resourcing for research and treatment of deliberate self-harm,
- Ongoing evaluation to be undertaken on reporting systems, to capture and track the prevalence of deliberate self-harm.

Practice

- It is recommended that research be undertaken specifically on developing culturally appropriate training for practitioners. An ethnic-specific focus is preferable.
- Further exploration of trauma and what this means for Pacific people.
- Further to create empirical research on specific Pacific ways to promote the shared awareness and increase help seeking behaviour on deliberate self-harm amongst Pacific young women and their families from psychosocial education and/or public health campaigns.
- To create further research on specific risk and protective factors alongside tangible reasons why this behaviour occurs.

Recommendations for practice

I want to start off with a Tongan proverb: *Fangota ki he kato ava* (fishing with a bag that has holes in it). This proverb reflects that while one may possess all the skills and the right attitude, if you do not look after the basic needs, you will fail. The participants of this study have provided some valuable *koloa* (treasures) about factors impacting deliberate self-harm, and in doing so, they have reminded us that even though we may be skilful and knowledgeable, we must care and look after what Tongan young women have described their experiences and how they have described their basic needs for wellbeing. As prompted by the findings, I would like to offer the following recommendations on how Tongan young women who are at risk to deliberate self-harm can be supported.

Family at the centre

The role of immediate and extended family plays a crucial part in the lives of Tongan young women. We know that learning starts in the home: many of the behaviours that are learnt are

from the home environment. There is a need for family-based systems approach that incorporates cultural understanding of the *anga fakatonga,* of the things that are central to the Tongan worldview, of the relationship between body, mind, and soul, and of the values, beliefs, roles, and responsibilities these systems entail. It is imperative that a collaborative partnership with families and relationships with families are developed, right at the beginning and through the levels of family engagement. The question is about how working together is important for our young people. Can we do this, and how? Can interventions be delivered collaboratively alongside the family? The research has indicated that building resiliency within the family interventions is a priority, as are feelings of trust and safety.

Strengths-based approach

Any intervention must focus on the strengths of the individual, family, and community because as seen, participants see themselves very much in terms of the family or nofo ‘a kainga context, therefore interventions which support the person as part of a family and community and nation are needed. A strengths-based approach within a cultural framework training is central to the training package to all disciplines who are working in the space of deliberate self-harm. Incorporating a strengths-based approach when working with families draws on their self-determination and strengths. This also reminds Tongan young women and their families that they are capable and can work through their own adversity.

Community involvement

There is a growing number of community-led initiatives that are achieving success. These programmes are delivered within the churches, and they are working with limited resources to educate and strengthen Pacific families, as mentioned in Chapter 3. Mainstream deliberate self-harm organisations and government departments can partner valuably with these community led agencies and share best cultural practices.

The Tongan young women have shared that they belong to a family, and the family belongs to a community. Therefore, community involvement should take place during each stage of the deliberate self-harm intervention. And where intervention and preventative work is carried out with the family, this should also be reflected in the community. While they may be tensions in or between the family and community, priority should be given to finding ways to bridge these tensions and build a collective partnership to address deliberate self-harm.

Cultural frameworks

Cultural frameworks that recognise the diversity of New Zealand’s Pacific peoples and communities are a priority in addressing deliberate self-harm. It is important that practice that works for Pacific people, that works for our communities and that works for our families, informs

policy. This research invites practitioners and researchers to work together and find ways to translate this cultural knowledge into policy and practice, because cultural competency and key cultural frameworks should reflect the multi-cultural realities of our Pacific communities. Our practitioners need strong relational skills, so that they are able to engage our Tongan young women culturally and safely. In turn, these practices will assist young people who are also engaged in locating themselves in their culture. The use of cultural research and practice frameworks has the potential to strengthen families and equip and empower them to take ownership of their own lives.

Peer *talanoa*

Participants expressed the benefits of engaging in a peer *talanoa* facilitated by someone who understood their culture and protocols. They found support in sharing common narratives that reflected cultural challenges and struggles they experienced. This peer *talanoa* reflected the essence of belonging to a collective worldview and, as a result, they felt safe to share.

Trauma informed practice

As highlighted in the findings, the participants associated their deliberate self-harm behaviour to a result from a trauma they had experienced. Not all practitioners in the health discipline receive trauma informed training, for example the social work profession does not have trauma embedded in their training like the discipline of Psychology. Understanding the cause of the harm and its impact is critical to responding to the needs and treatment provided. Therefore, it is beneficial for all practitioners to undertake training about trauma informed practice.

Lack of use for digital apps

An area of significance in the findings was that Tongan young women preferred face-to-face interactions as opposed to using digital apps. They found that using digital apps was quite distressing and frustrating for them, as they could not measure the genuineness of people over the phone or using an app. The apps and free calling numbers give the impression that these are accessible and fast, and right at your fingertips. Unfortunately, a couple of the participants said that it was difficult to get through, and they were advised to leave a contact number and details. It took a couple of days before they had received follow-up contact. Some of the younger participants felt some apps worked for them, to have someone to chat with when they were feeling lonely.

Final reflections

After my final group *talanoa*, I had been approached by one of the participants who asked me if she could stay behind to help me tidy up. I could sense she had something that she probably wanted to share. Indeed, she shared her story. I asked her permission to record it. After

transcribing her narrative, I requested her consent to use her story as my final reflection of this study, as it encapsulates key areas of my motivation to research in the area of deliberate self-harm. I am going to tell her story from the first-person perspective, as she told it:

> "You will never know what this talk and meeting others today meant to me. I was mocking my friend who invited me to this group. I was very cynical because I didn't know that many Tongan girls were just like me. They were going through the same struggles as I did. While I was listening in to the others sharing, I couldn't help but feel they were telling my story, it's just that I wasn't speaking, they were. You know, I did not share everything, and I wished I had the guts, and there was more time for me to share my truth. I know it's too late, but I hope that you can use this, and it can help someone else, someone like me who did not have the balls to speak up.
>
> The first time it happened [cutting] was when I was eight years old. Looking back, I could see that I was bottling everything up inside. I remember feeling so alone, ugly and ashamed. At first it was hard to get rid of these feelings, but I learned from one of my cousins a way to get rid of the pain. On my first day when it happened [cutting], I remembered coming home to an empty house and I can remember this wave of pain, stitching pain in my chest as I cried, hiding away in my room, sitting with my dad's razor. On that day I learned that to get rid of these pains was to simply pay a visit to my dad's razor.
>
> When I left primary school and entered Intermediate, the move was not easy, and it was incredibly painful. I did not know where to turn to a lot of the time. I knew that I needed to keep what I was doing [cutting] hidden. Can you imagine the shame I would bring to my family? I knew and felt it wasn't good, but I needed to continue to protect the rest, I could see what would happen if my whole family knew. My poor mum, she would not hear the end of it. My aunty will continue to remind her of not being able to fulfil her role as a mother.
>
> It was three years before anyone found out. My sister and I were at home, it was during summer. I was pretty good until now at keeping my scars well-hidden, but my sister had seen them. That was the end of that. She told my mum who started to get family members to pray over me, to cast the evil spirit away. When that didn't work, my mum totally freaked out and started to tell my family I was going to kill myself. In fact, it was completely the opposite, I was trying to live.
>
> I am free of [cutting] now, there are times when I think about it but that is all, just thinking. Some days when things are hard, I cannot feel a sense of harmony. I have scars on my arms, a lot of it, but it has been covered with my tattoos. People do not usually see unless it's up close and personal.

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Appendix A: Ethics approval

AUTEC Secretariat

Auckland University of Technology
D-88, WU406 Level 4 WU Building City Campus
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

31 October 2017

Peggy Fairbairn-Dunlop
Faculty of Culture and Society

Dear Peggy

Re Ethics Application: **17/335 Conceptualising deliberate self-harm from a Tongan female youth perspective in South Auckland, New Zealand**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 31 October 2020.

Standard Conditions of Approval

1. A progress report is due annually on the anniversary of the approval date, using form EA2, which is available online through http://www.aut.ac.nz/researchethics.
2. A final report is due at the expiration of the approval period, or, upon completion of project, using form EA3, which is available online through http://www.aut.ac.nz/researchethics.
3. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form: http://www.aut.ac.nz/researchethics.
4. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
5. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.

Please quote the application number and title on all future correspondence related to this project.

AUTEC grants ethical approval only. If you require management approval for access for your research from another institution or organisation then you are responsible for obtaining it. You are reminded that it is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard.

For any enquiries, please contact ethics@aut.ac.nz

Yours sincerely,

Auckland University of Technology Ethics Committee (AUTEC)

Auckland University of Technology
D-88, Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

9 June 2020

Peggy Fairbairn-Dunlop
Faculty of Culture and Society

Dear Peggy

Re: Ethics Application: **17/335 Conceptualising deliberate self-harm from a Tongan female youth perspective in South Auckland, New Zealand**

Thank you for your request for approval of amendments to your ethics application.

The amendment to the data collection protocols to include individual interviews is approved.

I remind you of the **Standard Conditions of Approval**.

1. The research is to be undertaken in accordance with the Auckland University of Technology Code of Conduct for Research and as approved by AUTEC in this application.
2. A progress report is due annually on the anniversary of the approval date, using the EA2 form.
3. A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.
4. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.
5. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
6. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.
7. It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard.

AUTEC grants ethical approval only. You are responsible for obtaining management approval for access for your research from any institution or organisation at which your research is being conducted. When the research is undertaken outside New Zealand, you need to meet all ethical, legal, and locality obligations or requirements for those jurisdictions.

Please quote the application number and title on all future correspondence related to this project.

For any enquiries please contact ethics@aut.ac.nz. The forms mentioned above are available online through http://www.aut.ac.nz/research/researchethics

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat
Auckland University of Technology Ethics Committee

Cc: aulolal@hotmail.com; Julia Ioane

Appendix B: Group and individual Talanoa schedule

I was wondering if you can tell me a bit about yourself.

Prompts:

Are you NZ-born? Or were you born in Tonga? How long have you been in NZ?

Where abouts in Auckland do you live?

Tell me a bit about your family?

Do you still go to school?

In any given time, have you been at risk to DSH?

1) **What is your understanding of Deliberate Self-harm? (Exploring Understanding of DSH)**:

- Firstly, have you heard about the term deliberate self-harm (DSH)?
  Prompts: What do you think it is? How did you hear of this? Where did you hear about this?

- What is your understanding about DSH?
  Prompts: Why do you think youth (Tongan) DSH? What are their reasons (motives)? What do you think the causes might be?

- Do you think different people have different understanding?
  Prompts: Is it different for a female? What extent do you think gender has role in your understanding? As a Tongan or New Zealand-born Tongan?

- How would you describe DSH so that our Tongan old people understand?
  Prompts: As a Tongan youth, what might they call DSH? Any Tongan name? Why do you think they call it that name? Or why do you think we don't have a Tongan name for DSH?

2) **What cultural factors might implicates and/or contribute to DSH?**

- How would you describe your cultural roots?
  Prompts: Are you strongly connected to your Tongan culture and ways of doing things? Or are you more into your palangi ways? What does this mean to you?

- If you are Tongan but also from other ethnicities, what does this mean for you and how has this influence your experiences?

- Would you say Tongan values are important to you?
  Prompts: Can you tell me which kinds of Tongan values are important to you? Are there other Tongan values that may not be so important to you?

- According to data about DSH, there is an increase in Pacific youth engaging in DSH, do you believe this is true?

1

Prompts: How and why do you think this has come about?

- What do you see as the biggest challenges facing young Tongan female in New Zealand today in relation to DSH?

  Prompts: For example, self-image, peer expectations, technology,

- Are there any cultural issues that might lead young people, especially Tongan female to DSH?

  Prompts: Can you described the sorts of issues or situations where this might happen?

3) **What are the interventions and strategies that is helpful to Tongan youth who deliberate self-harm?**

- Again, given that many young Pacific people in New Zealand are struggling and high numbers are deliberately self-harming, why do you think your experiences have been different?

  Prompts: Do you think you had good support systems? Why you may or may not have been able to deal with stress, challenges and possibly at risk to DSH?

- Please explain what is about your experiences or personality or background or beliefs that have helped you be resilient (your ability to deal with stress)?

- Finally, what have been some of the most important influences on your life? What really made a difference? Can this help those who are at risk to DSH?

  Prompts:
  Moments or experiences that made a difference?
  People that made a difference?
  Family values or practices that made a difference?
  Other experiences?

TALANOA - PRACTITIONERS

Background and experience in service provision

DSH

1 What is your understanding of DSH? (How would you define DSH?)

2 would you like to share your experience of DSH (professional, community, other)

3 In your view, what makes people consider/ engage in DSH?

4 The DSH rate for Pacific people is very high in New Zealand

- Why do you think is so?
- Do you think that DSH for Pacific people is influenced by cultural factors?

5 In your experience, what is the best way to approach/ deal with/ DSH?

- (General cases/ Pacific specific cases; individual or family based …. Etc)

6 Would you like to share an experience you have had with DSH?

- challenges, constraints, what worked, what didn't work

7 Going forward.

In your view what steps need to be taken to a) reduce DSH and, b) by whom

Appendix C: Participant information sheet

Participant Information Sheet

Group Talanoa

Date Information Sheet Produced:

01/09/2017

Project Title

Conceptualisation of Deliberate-Self Harm from Tongan young women's perspective in Auckland New Zealand.

An Invitation

Malo e lelei,

My name is Aulola Lino and I am inviting you to participate in my Doctor of Philosophy research project by sharing your perceptions and insight about Deliberate Self-harm. Deliberate Self-harm is an issue amongst young people, in particular for Pacific females. Your participation in this research is voluntary and you may withdraw at any point and any time during this research.

What is the purpose of this research?

Pacific females are identified as having the highest risk of vulnerability to Deliberate Self-harm. There is little research on cultural considerations relating to Deliberate Self-harm. The purpose of this research is to capture the perspectives and experiences of Tongan young women about Deliberate Self-harm which will deepen and enhance understanding. Further, this research may also identify factors that will contribute to better policy and programmes in addressing Deliberate Self-harm.

How was I identified and why am I being invited to participate in this research?

You have responded to the invitation through my presentations to Tongan youth groups because you have met the potential criteria as a participant being female who self-identify as Tongan aged between 16-30 years and live in Auckland New Zealand. However, as this research is focusing on a community sample of those not engaging in Mental Health Services, if you are currently engaging with services under District Health Boards, you will not be able to participate in the study.

How do I agree to participate in this research?

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You are able to withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

Participant Information Sheet

What will happen in this research?

You will participate either in a Group Talanoa or Individual Talanoa guided by sets of questions relevant to the aim of this research project. A Participation Information Sheet and clear explanation about the research and expectations will be outlined so you are able to make an informed decision. Consent is given by your completion of the Consent Form. Each Talanoa are expected to take approximately up to 2-3 hours long. The Talanoa will take place at MH building, AUT University, South Campus (640 Great South Rd, Manukau City) or in WT building in AUT University, Wellesley Campus. The agreed time and venue will be of convenience to you. The Talanoa will be audio taped and the information for the talanoa session will only be used for the purpose of this research. Respect of diversity and difference is important when participating both in Group and Individual Talanoa. However, given that the Group Talanoa will involve the participation of others, the protection of information pertaining to each individual is important. By agreeing to participate in the Group Talanoa means respecting and maintain confidentiality of the sharing that occurs within the space.

What are the discomforts and risks?

Given that the Tongan community is small, it is possible that you will know of participants who may also be participating in the Group Talanoa which may be discomforting for you. Additionally, information that is shared within the Talanoa may develop distress or unexpected feelings that could be distressing. In the event where you feel uncomfortable and distressed, you may withdraw from the study. A list of support services will be made available to you. Should this occur, support can be accessed from several services such as: Youthline 0800543354 – free text 234 or email: talk@youthline.co.nz, Lifeline 0800543354 – available 24/7, Depression Helpline 0800111757 – text 4202, LeVa 092613490 or www.leva.co.nz, Outline NZ 0800668463, Samaritans 0800726666.

How will these discomforts and risks be alleviated?

Discomforts and risks can be improved by understanding your Rights as a Participant. You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- Decline to answer any questions
- Withdraw from the study at any time
- Ask any questions about the study at any time
- Ask any questions about the study at any time before/during participation
- Provide information on the understanding that your name will not be used unless you give permission to the researcher
- Be given access to a summary of the project findings when it is concluded
- Ask for the recorder to be turned off at any time if you have any questions or concerns regarding this research

AUT Health Counselling and Wellbeing is able to offer three free sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research, and are not for other general counselling needs. To access these services, you will need to:

- drop into our centres at WB219 or AS104 or phone 921 9992 City Campus or 921 9998 North Shore campus to make an appointment. Appointments for South Campus can be made by calling 921 9992

- let the receptionist know that you are a research participant, and provide the title of my research and my name and contact details as given in this Information Sheet

You can find out more information about AUT counsellors and counselling on http://www.aut.ac.nz/being-a-student/current-postgraduates/your-health-and-wellbeing/counselling.

What are the benefits?

This research will be of value to the community as it will contribute to the understanding of sensitive issues Tongan youth experience in diasporic communities. Additionally, this study will increase cultural awareness and understanding of factors influencing Deliberate Self-harm.

This thesis will help me obtain a Doctor of Philosophy qualification. Furthermore, this ethnic specific research will contribute, extend and enrich the knowledge base of why Tongans Deliberate Self-harm in New Zealand.

What compensation is available for injury or negligence?

In the unlikely event of a physical injury as a result of your participation in this study, rehabilitation and compensation for injury by accident may be available from the Accident Compensation Corporation, providing the incident details satisfy the requirements of the law and the Corporation's regulations.

How will my privacy be protected?

Information about you will be kept strictly confidential and will not be shared with anyone. Although your perspectives will be documented in the final report of this study, your name will not be used. A coding system will be used to refer to your responses in the main findings. The information you will provide will be kept in secure-facility at AUT University for six (6) years then destroyed.

What are the costs of participating in this research?

The cost of your participation in this study will be your time of one – two hours.

What opportunity do I have to consider this invitation?

Once you receive the participant information sheet, I will give you the opportunity to contact me in a week's time to confirm if you agree to participate in this research.

Will I receive feedback on the results of this research?

A summary of findings will be given to you after the research data has been collected and summarised. The summary of findings will be given to you to comment on the findings.

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, Professor Peggy Fairbairn-Dunlop, peggy.fairbairn-dunlop@aut.ac.nz, (09) 921 9999 ext. 6203/

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, Kate O'Connor, *ethics@aut.ac.nz* , 921 9999 ext. 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Aulola Lino

P: 0275687071

E: aulolal@hotmail.com

Project Supervisor Contact Details:

Professor Peggy Fairbairn-Dunlop

Foundation Professor Pacific Studies

School of Social Sciences and Public Health

P: (09) 921 9999 ext. 6203

E: peggy.fairbairn-dunlop@aut.ac.nz

Dr Julia Ioane

Lecturer

Faculty of Health and Environmental Sciences

P: (09) 921 9999 ext. 6674

E: Julia.ioane@aut.ac.nz

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

Date Information Sheet Produced:

30/04/2020

Project Title

Conceptualisation of Deliberate-Self Harm from Tongan young women's perspective in Auckland New Zealand.

An Invitation

Malo e lelei,

My name is Aulola Lino and I am inviting you to participate in my Doctor of Philosophy research project by sharing your perceptions and insight about Deliberate Self-harm. Deliberate Self-harm is an issue amongst young people in New Zealand and for Pacific females. Your participation in this research is voluntary and you may withdraw at any point and any time during this research.

What is the purpose of this research?

Pacific females are identified as having the highest risk of vulnerability to Deliberate Self-harm in New Zealand. However, there has been little exploration of whether DSH is influenced by cultural considerations. The purpose of this research is to capture the perspectives and experiences of Tongan young women about Deliberate Self-harm which will deepen and enhance understanding. Further, this research may also identify factors that will contribute to better policy and programmes in addressing Deliberate Self-harm. Talanoa with 27 young Tongan females have been completed.

How was I identified and why am I being invited to participate in this research?

To add context and meaning to the perceptions and experiences of DSH shared by Tongan women and girls (AS ABOVE) an additional part of this study is to present a picture of some of the support services available to those engaging in or considering DSH and the nature of these services. This will be achieved by carrying out individual talanoa with up to six professional people who provide support services to women and girls, such as counsellors, social workers, psychologists, community support workers. You have been recommended as a potential participating this this study because of deep professional knowledge and experience in this field.

What will happen in this research?

You will participate in an individual talanoa guided by sets of questions relevant to the aim of this research project. A participation information sheet will be provided to give a clear explanation about the research project and expectations, so you are able to make an informed decision. Consent is given by your completion of the Consent Form. Each Talanoa are expected to take approximately up to ONE hours. The Talanoa will take place via zoom or by phone at a time which is convenient to you. The Talanoa will be audio taped and the information for the talanoa session will only be used for the purpose of this research.

What are the discomforts and risks?

Information that is shared within the talanoa may develop distress or unexpected feelings that could be distressing for you. If you feel uncomfortable and distressed in the course of the talanoa you may withdraw from the study.

How will these discomforts and risks be alleviated?

Discomforts and risks can be improved by understanding your Rights as a Participant. You are under no obligation to accept this invitation. If you decide to participate, you have the right to decline to answer any questions, AND/ OR withdraw the study at any time.

What are the benefits?

This research will contribute to increasing community understanding of DSH and of other issues Tongan youth experience in diasporic communities, and their understanding of factors influencing Deliberate Self-harm and services available. Research outputs will also assist set a platform for further discussion and measures to understand and address DSH. This research will help me obtain a Doctor of Philosophy qualification. Furthermore, this ethnic specific research will contribute, extend and enrich the knowledge base of why Tongans deliberate self-harm in New Zealand.

What compensation is available for injury or negligence?

In the unlikely event of a physical injury as a result of your participation in this study, rehabilitation and compensation for injury by accident may be available from the Accident Compensation Corporation, providing the incident details satisfy the requirements of the law and the Corporation's regulations.

How will my privacy be protected?

Information about you will be kept strictly confidential and will not be shared with anyone. Although your perspectives will be documented in the final report of this study, your name will not be used. A coding system will be used to refer to your responses in the main findings. The information you will provide will be kept in secure facility at AUT University for six (6) years then destroyed.

What are the costs of participating in this research?

The cost of your participation in this study will be your time of one – two hours.

What opportunity do I have to consider this invitation?

Once you receive the participant information sheet, I will give you the opportunity to contact me in a week's time to confirm if you agree to participate in this research.

Will I receive feedback on the results of this research?

A summary of findings will be given to you after the research data has been collected and summarised. The summary of findings will be given to you to comment on the findings.

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,

Professor Peggy Fairbairn-Dunlop, peggy.fairbairn-dunlop@aut.ac.nz or fairbairndunlop@gmail.com or 0211251488.

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, Kate O'Connor, ethics@aut.ac.nz, 921 9999 ext. 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Aulola Lino

P: 0223268642 E: aulolal@hotmail.com

Project Supervisor Contact Details:

Professor Peggy Fairbairn-Dunlop

Fairbairn-dunlop@gmail.com Te: 021 125 1488

Dr Julia Ioane, Senior Lecturer

Julia.ioane@aut.ac.nz Tel: 0274352519

Appendix D: Participant consent form

Participant Consent Form

Project title: Conceptualisation of Deliberate Self-harm from Tongan female youth perspective in Auckland, New Zealand.

Project Supervisor: Tagaloatele Professor Peggy Fairbairn-Dunlop

Researcher: 'Aulola Lino

- ○ I have read and understood the information provided about this research project in the Information Sheet dated ____/____/____.
- ○ 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 taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ○ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ○ I agree to take part in this research.
- ○ I wish to receive a summary of the research findings (please tick one): Yes○ No○

Participant's signature: .....

Participant's name: .....

Participant's Contact Details (if appropriate):

.....

.....

.....

.....

Date:

Approved by the Auckland University of Technology Ethics Committee on 31st October 2017, AUTEC Reference number 17/335.

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