

The Role of Spirituality in Pasifika/Pacific Mental Health:  
A Scoping Review

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A dissertation submitted to  
Auckland University of Technology  
in partial fulfilment of the requirements for the degree of  
Bachelor of Health Sciences (BHSc)

2021

School of Clinical Sciences

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## **ATTESTATION OF AUTHORSHIP**

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the 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:

Date: 8 December 2021

## **ACKNOWLEDGEMENTS**

I would firstly like to acknowledge my Heavenly Father for the inspiration to pursue this research topic. I am thankful to Him for providing me with the strength and ability to carry out this project, as well as the incredible support systems throughout this process.

My gratitude is extended to my wonderful supervisors, Chris Krageloh and Juliet Nanai. Your guidance and support has been vital to the completion of this dissertation. Thank you both for your kindness, for believing in me, and helping me find my way through.

To my husband Sam and our children – I cannot thank you enough for your unwavering love and support. Your patience, sacrifices and constant food deliveries from the kitchen have made all the difference.

## **ABSTRACT**

Mental health continues to be an increasing concern among Pasifika/Pacific peoples. The general lack of cultural and spiritual competency among mental health practitioners remains a barrier for Pasifika/Pacific individuals and families in accessing services. Pasifika/Pacific worldviews tend to be different from the dominant Western health perspectives, and Pasifika/Pacific people therefore seem to be underrepresented in the mental health workforce. Through the use of a scoping literature review methodology, this review explored how the role of spirituality in Pasifika/Pacific mental health is discussed and reported in the academic literature. A total of 2478 online articles were identified, and 19 met the criteria to be included in the final review. Using content analysis, the data revealed four overarching themes: Understanding Mental Health in the Spiritual Context, Spiritual Causes of Mental Illness/Distress, Spiritual Coping from Mental Illness/Distress, and Spiritual Practices for Healing Mental Illness/Distress.

The scoping literature review found that the role of spirituality is primarily understood within traditional constructions, including tapu and sacred relationships, and/or Christian constructions of wellness. Within traditional constructions, spiritual curses and possession were found to be key causes of mental illness/distress as a result of breaching tapu and sacred relationships, as well as healing practices; whilst Christian orientations of spirituality were found to provide effective coping and intervention strategies. The review emphasises the necessity of attending to spiritual relationships with God, people and the land/environment, keeping them in balance to achieve mental wellness. Viewing the Pasifika/Pacific individual as a relational, spiritual and holistic being is also essential for effective mental health interventions.

As this study looked at Pasifika/Pacific groups as a whole, further research in this area would benefit from exploring Pasifika/Pacific spirituality from an ethnic specific point of view. This would allow for a more thorough understanding of mental health constructions that would contribute to a more personalised approach to mental health services for Pasifika/Pacific service users.

## CHAPTER ONE: INTRODUCTION

Pacific populations are widely situated across the globe. Despite living across a space that covers a significant amount (15%) of the world's surface (Naepi, 2018). Pacific peoples tend to be understudied in the academic literature. Most research published in prominent psychological journals has relied on sampling Western, educated, industrialised, rich and democratic populations and is therefore largely unrepresentative of Pacific peoples (Rad et al., 2018). The Pacific Islands are spread over the vast oceans including the Hawaiian Islands in the North Pacific Ocean, Guam and Indonesia in the west, Rapa Nui in the east, and New Zealand in the South Pacific Ocean. Many Pacific Island countries comprise of multiple smaller islands and are clustered into three major ethnogeographic groups: Polynesia, Melanesia and Micronesia. These regions consist of descendants of seafarers who voyaged the Pacific seas until they discovered and settled into inhabitable islands long before European explorers arrived (Dunford & Ridgell, 1996)

The term 'Pasifika' is used in reference to a group of people in Aotearoa New Zealand with ethnic origins in Pacific nations (Burnett, 2012). The term 'Pacific' refers to individuals residing in their home country within specific Pacific nations. Despite the broadly diverse ethnicities of Pacific peoples, for the purpose of this study, this multi-ethnic group will consist of individuals who only identify with Samoa, Tonga, Cook Island, Niue, Fiji, Tokelau or Tuvalu heritage, as defined by Samu (2013). There are still pan-Pacific commonalities in terms of traditions and values that allow for this collective term to be used (Kingi-Ulu'ave et al., 2007). In this dissertation, where both Pacific and Pasifika populations are of concern, the term 'Pasifika/Pacific' will be used.

Auckland has become the largest city of Pacific people in New Zealand that holds approximately half of the nationwide Pacific population (Loto et al., 2006). The national population comprises of approximately 8% of Pasifika and is set to increase to 10% by 2038 (Statistics New Zealand, 2018a). The majority of Pasifika/Pacific peoples are now born in New Zealand (Pasifika Futures, 2017). Of the several Pacific nations in NZ, the four largest Pasifika groups are Samoan (47.8%), Tongan (21.6%), Cook Island Maori (21.1%) and Niuean (8.1%) (Statistics New Zealand, 2018a). Many of these groups significantly migrated to New Zealand in the 1960's during a season of high demand for labour (Loto et al., 2006). Despite making large contributions to the economy, Pasifika continue to experience poor health, employment, and educational outcomes (Walsh & Grey, 2019). Pasifika also contribute strong family, cultural and spiritual values to New Zealand communities,



providing relatively high levels of community service, thus enriching the country's multi-cultural landscape (Pasifika Futures, 2017).

Te Rau Hinengaro conducted New Zealand's largest study on mental health and found that Pasifika are disproportionately affected by mental disorders (Oakley Browne et al., 2006). Pasifika have a 46.5% lifetime prevalence and 25% 12-month prevalence, compared to New Zealand's overall 12-month prevalence of 20.7%. The New Zealand Mental Health Monitor Survey also supports these findings, which reports that Pasifika are 1.5 times more likely to experience mental distress and depressive symptoms than non-Pasifika groups (Ataera-Minster & Trowland, 2018). However, The New Zealand Mental Health Survey reported significantly higher rates of mental disorders among New Zealand born Pacific people (6.7%) than those who migrated as adults (3.7%) (Foliaki et al., 2006). According to Mulder et al. (2016), this suggests that migration to New Zealand contributes to poorer Pasifika mental health outcomes.

In addition to migration, the higher rates of mental illness/distress among Pasifika/Pacific people is often due to the impact of greater economic inequality and racial discrimination, which challenges the maintenance of their identity, language and traditional values (Kingi-Ulu'ave et al., 2016). The racially targeted events of the 'dawn raids' also contributes to a history of oppression and discrimination, resulting in significant trauma on Pasifika communities (Anae, 1997). With disproportionately higher psychological needs, only one quarter of Pasifika with a mental disorder are accessing mental health services in comparison to 58% of the total New Zealand population (Oakley Browne et al., 2006). Oftentimes Pasifika are not aware of the services available to access help (Ataera-Minster & Trowland, 2018).

One protective factor to developing mental illness/distress is that Pasifika generally have strong connections socially and culturally (Ataera-Minster & Trowland, 2018). Hence, according to the 2016 New Zealand Mental Health Monitor Survey, the most common point of contact in seeking help is from their family or friends (52%), followed by the general practitioner (21%) (Ataera-Minster & Trowland, 2018). Primary mental health care is mainly provided through general practice and District Health Board nurses (Ministry of Health, 2017). Even if Pasifika did learn how to access mental health services they are not usually culturally effective (Fa'alogo-Lilo & Cartwright, 2021). The mental health workforce in New Zealand only occupies 5% of Pasifika, hence Pasifika clients are mostly accessing non-Pasifika, and therefore often culturally unsuitable, services (Pulotu-Endemann & Faleafa, 2017).

The lower use of mental health services by Pasifika is believed to be due to their disconnection with the Western understanding of mental health (Agnew et al., 2004; Gunther, 2011). Many authors have highlighted the misalignment of traditional Western understandings of mental illness/distress and providing interventions for non-Western cultures, including a lack of understanding of spiritual beliefs (Koç & Kafa, 2019). For instance, Lui (2007) describes Pasifika/Pacific perceptions of mental illness/distress as a spiritual injury and states the primary healthcare system is not typically aware of this, thus, cultural differences often clash. Meaningful tools for Pasifika/Pacific individuals and their families addresses mental health holistically, incorporating the concept of the relational self, and acknowledging culture and spirituality, all which contribute to greater recovery rates (Kapeli et al., 2020).

The literature well documents the significance of spirituality and harmonious relationships within the spiritual dimension (Lui & Schwenke, 2003; Tamasese et al., 2005). For example, from a Samoan viewpoint, Lui and Schwenke (2003) define spirituality as the feeling of connectedness one has to the non-physical dimension to a person's being, including their connectedness to God/the gods, their land and to their ancestors. Spirituality is seen as an integral part of a person's sense of belonging and connectedness to what is most important, thus, spirituality is more than just religion, but rather, a fundamental aspect of the individual's psyche and belief systems (Lui, 2007). For many Pasifika/Pacific people, spirituality encompasses beliefs of the pre-European era as well as Christian beliefs (Fa'alogo-Lilo & Cartwright, 2021). In 2018, almost 70% of Pasifika identified as having a Christian affiliation (Statistics New Zealand, n.d.), and although pre-European and Christian beliefs are constructively different, they are generally accepted alongside each other (Samu & Suaalii-Sauni, 2009).

Pasifika/Pacific groups often perceive mental illness/distress to be rooted in traditional (pre-European) Pacific cosmologies or by that which was introduced by outsiders, namely the Europeans (Vaka et al., 2009). Traditionally, it is generally believed that mental illness/distress is a spiritual curse or possession as a result of a person, or their family member, breaching tapu or a sacred covenant against their gods or other people (Suaalii-Sauni et al., 2009; Tamasese et al., 2005). Tapu is described as something that is forbidden to the ordinary and requires etiquette in how one should relate to the other (Tamasese et al., 2005). Traditional forms of healing are also believed to be able to restore balance to disrupted areas (Samu & Suaalii-Sauni, 2009).

Spirituality is a large protective factor that enhances Pasifika/Pacific mental health, as connecting with something greater than oneself can promote positive emotions and increase a person's sense of purpose and meaning in life (LeVa, 2014). It has also been reported that some aspects of spirituality can lead to psychological distress such as a person's sinfulness and the prospect of punishment from God (Exline, 2002). Therefore, the role of spirituality is non-negotiable in regards to healing, and permeates restorative and therapeutic health practices (Mila, 2016), hence, Pasifika/Pacific people often approach church/spiritual services in the first instance (Ataera-Minster & Trowland, 2018).

As mentioned above, the general lack of culturally appropriate health models that align with Pasifika/Pacific worldviews seems to largely contribute to the low uptake of mental health services by Pasifika/Pacific communities (Tiatia-Seath, 2014). This reinforces the importance of culturally and spiritually competent health practitioners, resulting in the needs of Pasifika/Pacific people being adequately met (Te Pou o te Whakaaro Nui, 2009; Tiatia-Seath, 2014). Supportive interventions require understandings of Pasifika/Pacific spiritual values and practices, and its association with mental wellbeing, as well as its effective application to practice (Samu & Suaalii-Sauni, 2009; Te Pou o te Whakaaro Nui, 2009).

With the growing concern of mental health issues that the Pasifika/Pacific population experiences, and given the importance of spirituality for this group, there is a paucity of existing mental health research in this area. While existing literature assists in understanding Pasifika/Pacific mental health in New Zealand (Fa'alogo-Lilo & Cartwright, 2021; Kapeli et al., 2020), there is little research that focuses on spirituality specifically for this group. In supporting such research, the aim of this study was to search, comprehensively review and present knowledge from the academic literature concerning Pasifika/Pacific mental health in the spiritual context. Specifically, this study sought to employ a scoping literature review methodology to understand how the existing literature reports and discusses the role of spirituality in Pasifika/Pacific mental health. A Pasifika/Pacific-focused search was especially important to the search strategy considering the disparities within mental health services for this ethnic group, and the need to strengthen ways of responding to their needs.

## **CHAPTER TWO: METHODOLOGY**

This study utilizes the scoping review methodology as a tool to explore the role of spirituality on Pasifika/Pacific mental health. Scoping studies aim to plot the main concepts that support a research topic that has not been well researched yet, as well as key sources and types of literature available (Mays et al., 2001). Pasifika/Pacific mental health research is sparse and more so with its intersection with spirituality. Thus, this methodology identifies what is reported and discussed across the existing research literature with the aim of identifying gaps (Arksey & O'Malley, 2005). The purpose of this study was to identify how the role of spirituality in Pasifika/Pacific mental health is reported. This review will also identify the methods and methodologies used in the literature to explore the role of spirituality in Pasifika/Pacific mental health, as well as the particular groups sampled in the studies.

This study follows the methodological framework for scoping reviews as outlined by Arksey and O'Malley (2005). This process is iterative, not linear, and requires reflexivity in each stage. The five steps in Arksey and O'Malley's (2005) framework include: defining the research question; identifying relevant articles; article selection; charting the data; and collating, summarizing and reporting the results.

### **2.1 Defining the research question**

Given the growing need for Pasifika/Pacific mental health practitioners and the importance of spirituality for Pasifika/Pacific wellbeing, the research was guided by the above-mentioned question: "How is the role of spirituality in Pasifika/Pacific people mental health reported and discussed in the academic literature?" The research question was deliberately broad, without restricting spiritual orientation or the mental health setting as the topic is novel and undefined. For the purposes of comparability, the researchers were primarily interested in particular Pacific peoples living in New Zealand and also their respective Pacific nations. The terms "Pasifika" and "Pacific" were given a relatively narrow definition which excluded Micronesia, the majority of Melanesia, Australia and American nations, as previously mentioned.

### **2.2 Identifying relevant articles**

To find relevant articles, a comprehensive search strategy was implemented. The objective of the search strategy was to collect a manageable number of articles that matched

the research question and also met the inclusion/exclusion criteria. Guidance was sought from a liaison librarian from Auckland University of Technology to perform general searches on electronic databases. New keywords were discovered and added to the generated search terms. The search terms (Table 1) and electronic databases were confirmed with the supervisors. Three databases were selected to cover various health fields which included Scopus, PsycInfo and EBSCO (CINHAL and MEDLINE). A pilot search was completed with the supervisors on Scopus on the 19<sup>th</sup> of August 2021, with no restrictions on language or publication date. Reviewing the results gave an idea of the quantities and types of articles. It was clear that a definition of “Pasifika” needed to be set with the Pasifika expert supervisor. In the pilot stage, it was expected that spirituality would be described as an intervention for Pasifika, however a review of the pilot search results had no mention of this. Therefore, the new focus of the search was to identify any articles which described (1) the role of spirituality for (2) Pasifika/Pacific people in the (3) mental health context, thus modifying the research question once familiarity with the articles increased. Further relevant articles were identified and hand selected through searching key authors of relevant studies and were added to the pool of studies to be included in the scoping review.

**Table 1**

*Scoping Literature Search Terms used in Scopus, PsycInfo and EBSCO databases*

<b>Topics of Interest</b>	<b>Search Terms</b>
(1) Role of spirituality	(spirit OR spiritual OR spirituality OR religion OR religious OR Christian OR Christianity OR faith OR church OR God) AND
(2) Pasifika/Pacific populations	(Pasifika OR “Pacific Island” OR “Pacific Islander” OR Polynesia OR Polynesian or Pacific People OR Samoa OR Tonga) AND
(3) Mental health	(healing OR depression OR anxiety OR therapy OR therapeutic OR mental OR “mental health” OR counseling OR counselling OR psychological OR psychology OR intervention)

### **2.3 Article selection**

To identify relevant articles, the inclusion/exclusion criteria were drafted for the title, abstract and full text stages when searching each of the three databases. Hand searched articles were to be included in addition to the database selections. Grey literature such as dissertations and thesis were also to be included in order to keep the search broad. Other than articles having to be in English, there were no exclusion criteria prior to conducting the title review. Microsoft Excel software was used to assist with article management.

An iterative process then took place in which articles were screened and selected using a consensus approach against the inclusion/exclusion criteria, refining the exclusion criteria, and refining the research question. In the title review stage, articles were immediately excluded if the title did not include at least one of the three topics of interest, i.e., spirituality, Pasifika/Pacific, or mental health. In cases where articles may not have had sufficient information in the title alone, they were passed into the next stage, otherwise they were either immediately deselected by the title exclusion criteria or moved into the abstract review stage. Abstracts were then reviewed in which articles were excluded if they did not primarily include at least two of the three topics of interest and if Pasifika/Pacific peoples were not the sole focus of the study. The articles that had no abstract were immediately passed into the next stage for full text review.

In the full text review stage, articles needed to mention all three topics of interest and had to be discussed in a manner which addressed the research question. To give an example, the article by Sawrey et al. (2011) focuses on Samoa and mental health but only mentions spirituality very briefly and peripherally. It did not discuss spirituality in the mental health context so therefore, this study was excluded. A hand search of the authors discovered more articles that were added to the database article selections.

### **2.4 Charting the data**

Step four of the scoping study involved charting key elements obtained from the 19 articles being reviewed. Charting is a procedure for synthesizing and interpreting qualitative data which involves sifting, documenting and sorting material into key issues and themes (Arksey & O'Malley, 2005). Data from the reviewed articles were tabulated under the following headings: Author/Year, Study Design, Sample Description, and Aim and Findings (Table 2). The findings were identified and extracted according to how well they reflected to the research question. A qualitative content analysis was used to analyse the findings.

Reflexivity was employed during this step to ensure researcher bias minimised in order to identify all possible data. Patterns of data were identified, coded and then similar codes were grouped together into themes and subthemes.

## **2.5 Collating, summarising, and reporting the results**

In this final stage of the scoping review, the data which reflected to the research question were collated, summarised and reported to provide an overview and insight into the reviewed articles (Arksey & O'Malley, 2005). The data were discussed under four major themes: (1) Spiritual Causes of Mental Distress, (2) Spiritual Understandings of Mental Distress, (3) Spiritual Coping and (4) Spiritual Recovery.

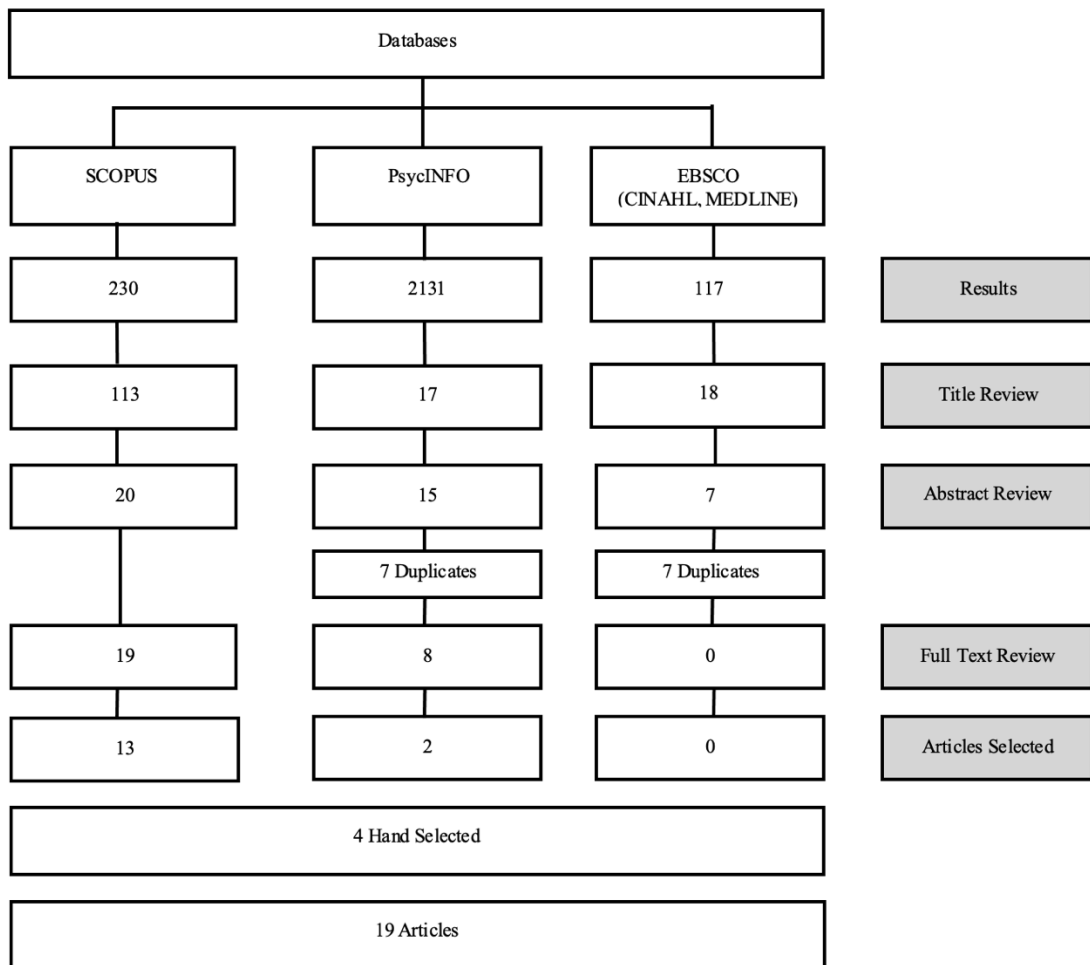
## **CHAPTER THREE: RESULTS**

Chapter three conveys the results of the scoping literature search as well as the results discovered through content analysis. The scoping search was conducted across three databases: Scopus, PsychInfo and EBSCO (CINHAL and MEDLINE), which yielded 2478 results. Fifteen of these articles were found to respond to the research question in that each of the articles reported or discussed the role of spirituality in Pasifika/Pacific mental health. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow chart (Figure 1) demonstrates the progression of the method of article selection. Including the hand searched articles, a total of 19 articles were reviewed which are listed in Table 2.

The studies that were reviewed were relatively diverse representing a range of different qualitative methods as well as reflections, theoretical and narrative contributions. Among these, six used indigenous qualitative methodologies (Culbertson, 2007; Dash et al., 2017; Tamasese et al., 2005; Vaka et al., 2016a; Vaka et al., 2020b; Vaka et al., 2020a) six were narrative reviews (Mageo, 2001; McRobie & Makasiale, 2007; Puloka, 1997; Tamasese et al., 2020a; Tamasese et al., 2020b; Tiatia, 2007), three were reflection essays (Anonymous, 2007; Lui, 2007; Makasiale, 2007), one theoretical article (Vaka, 2016b), one case study (Seiuli, 2013) and two basic qualitative studies (Bush et al., 2005; Gibson et al., 2019). Of the indigenous qualitative methodologies, one study used fa'afaletui (Samoan) methodology and the remaining five used talanoa (Pacific) methodology. Among the indigenous and basic qualitative studies only single methods were employed including three studies which adopted interviews (Culbertson, 2007; Dash et al., 2017; Gibson et al., 2019) and five studies that adopted focus groups (Bush et al., 2005; Tamasese et al., 2005; Vaka et al., 2016a; Vaka et al., 2020b; Vaka et al., 2020a).

**Figure 1.**

*PRISMA Flow Chart for the Search and Selection of the Included Articles*





**Table 2.***Data Extracted from the 19 Relevant Articles of the Scoping Literature Search*

<b>Author/Year</b>	<b>Study Design</b>	<b>Sample Description</b>	<b>Aim</b>	<b>Key Findings</b>
Tamasese et al. (2020a)	Narrative review of a specific programme	1295 children from 11 villages affected by the tsunami throughout Upolu and Manono in Samoa	To describe a one-day group intervention designed to address mental health needs of young Samoans affected by the tsunami	The post-disaster response programme was grounded in psychological and spiritual practices including opening with prayer. Facilitators encouraged making use of spiritual practices to cope with the effects of the tsunami. The programme had a high degree of acceptability based on anecdotal responses from participants, their families and community leaders.
Tamasese et al. (2020b)	Narrative review of a specific programme	301 households in 19 villages affected by the tsunami throughout Upolu and Manono in Samoa	To describe an indigenous intervention designed to address psychosocial needs of Samoan communities affected by the tsunami	The programme incorporated Samoan concepts of self and wellbeing that emphasised spiritual values and practices to promote healing and resilience. Calmness and safety was fostered by familiar spiritual calming practices.
Tamasese et al. (2005)	Fa'afaletui (Samoan methodology)	4 gender-specific Samoan focus groups: 12 Elder men, 12 Elder women, and mental health service providers (10 men, 8 women) living in Wellington, New Zealand	To explore the experience of mental health issues of Samoan adults and the meaning and definitions they construct for mental health.	For the participants, tapu exists in the physical and spiritual domains whose purpose is to protect human wellbeing through its sacred nature. It was reported that mental ill-health is often understood to be a result of breaching tapu (or forbidden or sacred relationships). They often result in a curse which could be intergenerational, and healing comes through reconciliation. Participants described mental and spiritual dimensions as very closely related for Samoan people, that

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				<p>psychiatrist interventions which dismissed the spiritual aspect (connection to land, sea, ancestors and God) would unlikely succeed. Participants identified the role of the church in enhancing mental wellbeing as they provide spiritual support.</p>
Vaka et al. (2016a)	Talanoa*	7 focus groups with 62 Tongan participants in total representing a wide range of demographics and mental health service users in New Zealand	To discuss the implementation of Talanoa in getting to the heart of Tongan interpretations of mental illness	<p>One Tongan interpretation of mental distress is the possession by spirits, being cursed, and disruptions to social and spiritual relationships. Another influence for the construction of mental distress is the influence of Christian faiths in Tonga. The women's focus group alluded to avanga which refers to psychosis symptoms as explained by being possessed by spirits.</p>
Vaka (2016b)	Theoretical Article	Not applicable	To explore conventional definitions of health and mental illness and compare to Tongan constructions, and to propose a model of care	<p>In Tongan society mental distress is mostly associated with the spirit world. Traditionally it is associated with evil spirits and abduction from the expected norms and values of society in Tonga, or broken tapu, and manifests as psychotic symptoms. When Tongan people are possessed by spirits they call on traditional Tongan medicine and Western medicine. Powerful smelling leaves that smelled like a spirit were used to scare the spirit off thus bringing healing. Another perspective is the Christian influence in Tongan life highlighting that faith in God heals mental illness, not doctors, by giving people power and knowledge to heal through prayer.</p>

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Vaka et al. (2020a)	Talanoa*	18 New Zealand based Tongan participants in total. 2 focus groups: 9 men from a range of backgrounds, and a group of 9 mixed-gendered community leaders	To explore the meaning of distress for Tongan males and community leaders	The participants perceived mental distress to be caused by spirits of the dead who possess and control aspects of the lives of individuals. One participant shared how spirits from the underworld (a place where spirits go to rest after death), Pulotu, physically assault living people and disrupt their thinking causing mental distress and marked changes i.e. running and crying.
Vaka et al. (2020b)	Talanoa*	2 focus groups: 7 New Zealand dwelling Tongan youth (18-35 yrs) and 12 mental health service users (20-50 yrs)	To describe views of mental distress among New Zealand dwelling Tongan youth and mental health service users	Among the Tongan youth, there were few spiritual (Christian) interpretations of mental illness as this group mostly interpreted mental illness with biopsychosocial constructions. In the larger study these groups belonged to, both groups challenged traditional Tongan constructions of mental health of being cursed, possession by spirits, and disruptions to social and spiritual relationships. They explain that traditional Tongan interpretations of mental illness were not always true and believed any spiritual strategies were not seen to be effective.
Dash et al. (2017)	Talanoa*	20 Pacific health professionals, interviewed one-on-one, over 18 years old (10 female, 10 male) from mental health, social and addiction sectors in Auckland, New Zealand.	To explore Pasifika understandings of Deliberate Self-Harm (DSH) from the perspective of Pacific health professionals	A number of participants felt that DSH is not just intentional physical harm but also harm to the mental and spiritual self, such as deliberate disconnection from spiritual faith, feeling spiritually dead or useless, feelings of hopelessness, self-harming thoughts and having a negative outlook on everything. Harms to spiritual self were identified as rejecting the church which upsets relational harmony, which is important to traditional Pacific identity. Participants reported

				that Pacific families associate DSH as being cultural and spiritual, attributing a young person's DSH to an inherited intergenerational family curse.
Seiuli (2013)	Case study	Case study of a Samoan prisoner in New Zealand	To discuss a Samoan-based perspective in counselling psychology using the Uputaua Therapeutic Approach	The case study describes how spirituality was incorporated for a Samoan client in jail, as part of the Uputaua framework. Counselling sessions often opened with prayer, poems, letters written while in jail, a bible verse, or a church-related discussion. The spiritual connection maintained a safe covering for the duration of the session extending to safety over the clients family. This opened opportunities to explore the clients spiritual needs which included praying for his victim's family. The safe spiritual covering depicted in the Uputaua framework allowed the client and therapist to weave together physical, emotional, psychological, social, familial, and spiritual narratives in the participants healing journey.
Makasiale (2007)	Reflection essay	Not applicable	To promote further discussion, understanding and growth to the evolving Pacific identity in New Zealand in the counselling/psychotherapeutic context.	The author describes the psyche and spirit are inseparable for Pacific Islanders; the spirit is God, who provides moral guidance over thinking, behaviour, and feelings.; spiritual maxims significantly sway toward the Christian tradition; a theistic, spiritual perspective has a strong impact on how a Pacific client perceives growth, development, and healing; Carl Rogers proposes the therapeutic heart requires empathy for the client which aligns with the Pacific/Christian

Lui (2007)	Reflection essay   Not applicable	To highlight gaps and welcome solutions in healing the spiritually injured from a Samoan perspective	beliefs of warmth, love, and respect as core elements of a relationship with God, others and self.
			<p>The author discussed that Pacific mental health service users have a higher need for the spiritual realm in their healing and recovery; a person is made up of the physical and spiritual body, both integral to the whole person and cannot be separated; the spiritual dimension also includes the mental dimension. The author states that respecting tapu by maintaining safe and balanced relationships with God/gods, people and land/environment enables wellness, but breaching tapu may result in mental unwellness; and mental unwellness in fa'a-Samoa (Samoan way) can be a person struck by a spirit because they offended the spirit; or when a person is affected by the spell of a spirit when they trod on sacred ground guarded by a spirit; or a condition influenced by a curse from parents or village chiefs when a tapu is breached. Successful treatment of mental illness was said to require correct identification of the spirit or guardian of the tapu that was breached, which is done by the healer and then traditional treatment is administered which may involve talking, massage or using herbs. The author discussed spiritual injury often is mistaken as mental illness because the symptoms of spirit illness are similar to Western psychiatric illnesses, and spirit illnesses are often misdiagnosed as schizophrenia or psychosis.</p>

Bush et al. (2005)	Qualitative	A focus group of 8 European Psychiatrists in Wellington, New Zealand	To compare psychiatrists' perspectives on the meaning of self with Samoan perspectives of self	There were large differences between the dominant psychiatry views on spirituality and religion, and Samoan views. Religion is commonly observed in psychiatry from a secular perspective. Spirituality was noted as an important topic to address with Samoan patients. Hearing voices in the spiritual context was acknowledged as part of the Samoan self rather than as psychiatrists would typically view as schizophrenia.
Mageo (2001)	Narrative Review	Not applicable	To present a projective method for working with dreams of Samoan people	Traditionally in Samoa, illnesses were conceived as induced by spirits as a punishment. In Samoan narratives, girls who wear a flower in their hair in sacred places guarded by a spirit would cause her to become possessed, often leading to the shedding of clothes. If girls wear long hair down in sacred places they would also likely become possessed.
Gibson et al. (2019)	Qualitative	Semi-structured interviews: 16 non-government organisation informants (doctor, traditional healer, pastor, police officer, etc) and 23 lay residents on Funafuti atoll in Tuvalu	To explore determinants and idioms of distress and cultural responses to coping with climate change	The capacity for Tuvaluan's to cope with distress was partly attributed to the strength of their faith. Faith helped the participants accept suffering, and prayer was comforting and practical. For some participants, recovery was attributed to divine intervention. The belief that climate change was part of Gods plan was comforting. The church provided solace, meditation and spiritual guidance. The participants discussed that Tuvaluan's either seek treatment for distress from a traditional healer, from the hospital, or both.

Puloka (1997)	Narrative Review	Not applicable	To present a Tongan perspective on mental illness and the significance of folk-healing practice	The author discusses the pre-Christian era where Tongans generally believed in a power and intelligence, superior to humanity, that could control their actions and knew their innermost thoughts. The author describes different classifications of 'avanga' – a culture-bound syndrome typically known by cognitive, emotional, perceptual and behavioural disturbances (altered consciousness, possession behaviour); another spirit-caused disorder, 'teia' is being struck and possessed by a spirit; some types of avanga should be solely treated by folk healers and other types including 'teia' should seek western approaches to healing before folk healing is used; when a folk healer simply touches the sufferer with herbs the sufferer reacts which proves it is a spirit-caused illness.
Culbertson (2007)	Talanoa*	One unstructured interview with a Pacific mental health professional	To address ways in which the negative side of Pasifika culture needs transforming.	One of the participant's clients suffered anxiety from lack of finances due to supporting her stepfathers' church affairs as the church minister. Church ministers preach that God is their only happiness. From the participants view, Pacific people are so spiritual but their minds are asleep; mindlessness is soothing since it makes oppression hurt less for them; when people leave the church they lose their entire social network and they are showered with shame; Pacific people claim to be so spiritual believing that God is in everything; they experience a fantasy that culture and God are the ultimate, however asking for church donations

				has become part of Pacific culture that creates suffering.
Anonymous (2007)	Reflection Essay	Not applicable	Not applicable	The author discussed that church was perceived as a useful place to be successful in life but if her people did not go to church they were considered cursed, and they would bring shame on the family and amount to nothing; for some Pacific people in Auckland, church is central to their existence. The author reflects on the voices of those who demand that she forgives her (sexual) abuser, saying they make her feel abused all over again by their bullying tactics. She turned herself into a celibate so that she could focus on repairing her life through service to God but realised it was healing she needed, not repairing.
Tiatia (2007)	Narrative Review	Reflection on interviews with three New Zealand-born Samoan youth who attempted suicide	To explore cultural and spiritual explanations in Pacific youth suicidal behaviours in NZ	The author discusses that some religious practices harm self-esteem due to the fire and brimstone approach; reducing religious affiliation can also harm self-esteem and be accompanied with isolation from family. Spirituality enhanced the participant's commitment to life and their capacity to cope with distress. They perceived God as someone to connect with post-suicide attempt. God compensated for what was missing and everything that had failed them. God was present as someone to talk to who provided hope and gave them reasons to live.



McRobie & Makasiale (2007)	Narrative Review	Not applicable	To explore Pacific values and spirituality in trauma counselling	In the author's professional experience, spirituality is the most common significant factor in trauma healing for Pacific clients; faith in God provides a platform for emotional, relational and sexual healing; they search for God in the depths of pain, yearning for love, comfort, harmony and peace with self and others. Tongan and Samoan survivors lessened their despair by believing God would provide justice, so they release the pain, thus spirituality is a resilience factor. In the Samoan case example, God was a source of strength throughout the women's healing process, using bible passages to reinforce God loved her. The author explain church ministers sometimes mediate serious issues within Pacific families.
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\*A qualitative Pacific research method

Eight of the studies were conducted in New Zealand (Tamasese et al., 2005; Vaka et al., 2020b; Vaka et al. 2016a; Vaka et al., 2020a; Dash et al., 2017; Seiuli, 2013; Bush et al., 2005; Tiatia, 2007), two were conducted in Samoa (Tamasese et al., 2020a; Tamasese et al., 2020b), one was conducted in Tuvalu (Gibson et al., 2019), one article was unclear where it was conducted (Culbertson, 2007) and the remaining seven articles were non-empirical and therefore had no geographical sample to study (Vaka, 2016b; Makasiale, 2007; Lui, 2007; Mageo, 2001; Puloka, 1997; Anonymous, 2007; McRobie & Makasiale, 2007). Of the studies conducted in New Zealand, three solely focused on Samoan participants (Tamasese et al., 2005; Seiuli, 2013; Tiatia, 2007), three focused on Tongan participants (Vaka et al., 2016a; Vaka et al., 2020a; Vaka et al., 2020b), one consisted solely of participants of European descent (Bush et al., 2005) and one study focused on the Pasifika/Pacific ethnicity in general (Dash et al., 2017). Almost half of the studies contained mental health service stakeholder participants. The sample sizes of the studies mostly ranged from 1 to 62 participants with one exception being 1295 participants. The ages of the participants ranged from children to the elderly although most of the articles studied adult populations aged 18 years and older.

Through analysing the content of the relevant articles there were components of spirituality in Pasifika/Pacific mental health that appeared to be discussed within certain categories. Once extracted from the literature these findings were coded which highlighted similarities in ideas that were then grouped into themes and sub-themes. There was no evidence of major differences between the various Pasifika/Pacific ethnicities.

### **3.1 Understanding Mental Health in the Spiritual Context**

One of the themes that emerged from the scoping review relates to how Pasifika/Pacific mental health is understood in the spiritual context. Within this theme, the sub-themes Tapu and Sacred Relationships, and Christian Perspectives of Pasifika/Pacific Mental Health, were identified.

#### *3.1.1 Tapu and Sacred Relationships*

This sub-theme describes the protective nature of tapu on Pasifika/Pacific mental wellness. It also highlights the importance of maintaining sacred relationships as reported in three articles in the scoping literature search (Dash et al., 2017; Lui, 2007; Tamasese et al., 2005).

In Lui's (2007) reflection essay, the author states that respecting tapu by maintaining safe and balanced relationships with God/gods, people and the land, enables mental wellness to be maintained. This is reflected in Lui and Schwenke's (2003) definition of spirituality which refers to one's connectedness to God/gods, one's ancestors, and the land/environment. Each of these relationships are considered sacred and guarded by tapu, and specifically, the relationship between God and individuals is guarded by a spirit. Similarly, in the study by Tamasese et al. (2005) that investigated definitions and meanings of mental health, the participants reported that tapu exists in the physical and spiritual domains whose purpose is to protect one's wellbeing through its sacred nature. By honouring cultural etiquette and protocol in these spiritual relationships the wellbeing of individuals and society is maintained (Tamasese et al., 2005).

Participants in the study conducted by Dash et al. (2017) perceived deliberate self-harm to include intentional harm to the mental and spiritual self and not just physical harm. This involves deliberately disrupting the harmony of sacred relationships by rejecting the church and disconnecting oneself from spiritual faith, thus feeling spiritually dead, hopeless with a negative outlook and thoughts of self-harm. Interestingly, despite tapu and sacred relationships being traditional concepts, participants reported that these concepts were still relevant to young Pasifika/Pacific people raised in New Zealand when facing a crisis even though they were less influenced by them (Tamasese et al., 2005).

### *3.1.2 Christian Perspectives of Pasifika/Pacific Mental Health*

This sub-theme describes Christian orientations of the mental health paradigm which was reported across four articles identified in the scoping literature search (Makasiale, 2007; Vaka et al., 2020b; Culbertson, 2007; Anonymous, 2007). Most of these articles suggest that God is central to the existence of Pasifika/Pacific peoples.

In one reflection essay, the author discussed that many Pasifika/Pacific people significantly sway toward Christian perspectives of spirituality and therefore mental wellbeing (Makasiale, 2007). Many Pasifika/Pacific people with Christian orientations believe God, as a spiritual entity, is "someone" out there who provides moral guidance over their thinking, behaviour and feelings. This theistic perspective has strong bearing on how Pasifika/Pacific clients view growth, development and healing. For the author (Makasiale, 2007), going through psychotherapy training and having spirituality disregarded, she felt that an essential part of her was missing and concluded that God is seen to make all the difference in any human experience.

Similar to Makasiale's (2007) views, Culbertson (2007) and Anonymous (2007) mentioned in their reflection essays that God is central to Pasifika/Pacific people's existence and their happiness. To Pasifika/Pacific people, culture is God, and they have both become the only means to happiness. However, Culbertson (2007) states that many times Pasifika/Pacific people can be so spiritual but their minds are asleep. Pasifika/Pacific people believe it is their cultural/religious duty to give over their money to the church minister. This thinking lulls them into a mindlessness that has led to anxiety and panic due to having no money to feed their families.

An indigenous qualitative study (Vaka et al., 2020b) found that some participants had spiritual interpretations of mental distress as it pertained to the Christian faith. Unfortunately the authors of this study did not elaborate on this finding, however, they only stated that the participants' Christian beliefs contributed to the biopsychosocial construction of mental wellbeing. While these articles suggest that Christianity and mental health go hand in hand, unfortunately they did not comprehensively discuss how Christian beliefs contribute to mental illness or wellness.

### **3.2 Spiritual Causes of Mental Illness/Distress**

Another theme that emerged from the literature relates to spirituality as the cause of mental distress or mental illness in Pasifika/Pacific people. The literature reported associations to the spirit world within the following sub-themes: Breaching Tapu and Spirit Curses, and Possession by Spirits

#### *3.2.1 Breaching Tapu and Spirit Curses*

The spiritual causes of mental distress/illness in this sub-theme specifically refer to the breaching of tapu and spirit curses, as was mentioned in four articles (Tamasese et al., 2005; Vaka et al., 2016a; Lui, 2007; Dash et al., 2017). Each of these findings allude to self-inflicted spiritual causes of distress.

One indigenous qualitative study reported that its participants stated that, prior to the year 1920, rare events of mental illness were attributed to breaching tapu (Tamasese et al., 2005). The participants gave the following example: If a brother mistreated his sister, she has the power to curse him due to the sacred nature of their relationship being breached, particularly because a Pasifika/Pacific brother's role and responsibility is to ensure his

sister's welfare. The curse uttered by the sister is the cause for mental distress for her brother. The author (Tamasese et al., 2005) states that curses could frequently condemn a person to living outside of the family or village, as breaches were viewed as grave transgressions of these respective relational boundaries.

In Lui's (2007) reflection essay he mentions that a person can be physically struck by a spirit or afflicted by its spell for offending that spirit such as trespassing on sacred ground. In some cases, mental illness/distress is brought upon by a curse that was placed upon a person's direct lineage for tapu that was historically breached.

Pasifika/Pacific health practitioners in the qualitative study by Dash et al. (2017) describe a young Pasifika/Pacific person's deliberate self-harm to also be seen as spiritual self-harm, including deliberately disrupting harmonious relationships which are fundamental to Pasifika/Pacific identity, thus causing mental distress. The participants state that deliberate self-harm can also be attributed to an intergenerational family curse. Disrupting the sacredness of relationships with God and others by leaving the church, individuals and their families are showered with shame as they are considered to be cursed upon breaching sacred relationships (Dash et al., 2017). A similar perspective was briefly shared by participants in the study by Vaka et al. (2016a) which found that one interpretation of mental distress is the disruption to social and spiritual relationships which can result in a curse upon the offending person. Although these articles mention the types of behaviour that inflict a curse, it is not clear exactly how or by whom these curses are placed upon Pasifika/Pacific people.

### *3.2.2 Possession by Spirits*

The studies in this sub-theme (Vaka et al., 2020a; Puloka, 1997; Lui, 2007; Vaka et al., 2016a, Mageo, 2001) mention mental distress as mostly associated with the possession of evil spirits which are described in five articles. In all of the articles, possession by spirits are mentioned within negative connotations.

One qualitative study that explored the meaning of mental distress found that adult Pasifika/Pacific participants perceived mental distress to be caused by spirits of the dead who possess Pasifika/Pacific individuals (Vaka et al., 2020a). Spirits are reported to physically assault living people without leaving any marks on the body, and disrupt their thoughts which leads to obvious changes in the possessed person's behaviour such as irrational crying, a tense body and sudden shaking. This traditional construction of mental

distress is associated with a person deviating from expected norms and values of society or breaking tapu (Vaka, 2016b).

In a narrative review of mental illness and the significance of folk healing, Puloka (1997) mentioned that Spirit possession is perceived as a culture-bound syndrome with cognitive, emotional, perceptual and behavioural disturbances, including an altered state of consciousness, where the mind of the sufferer is taken away by a spirit. Oftentimes the spirit is unidentified and sometimes it is a dead relative. Most sufferers of spirit possession experience the spirit as a vivid, imaginary companion who affects their memory, and commands the sufferer what to do, sometimes within a love or hate companionship, as well as experiencing an irresistible urge to run. There is a sudden onset of socially inappropriate, erratic behaviour. One author within the narrative review (Puloka, 1997) categorised groups of spirits who are believed to cause possession-type behaviour such as: spirits of dead kin who are disturbed by the inappropriate behaviour of living family, spirits of the dead who haunt a close relative or friend for offending another close living acquaintance of the spirit, spirits of dead chiefs who punish the living for not conforming to village values, spirits of dead strangers who trespass on the spirit's territory, and random spirits who deem a person to have disturbed cultural ways of life.

In another narrative review of discovering cultural psychology through dreams, Mageo (2001) regards spirit possession as an illness resulting from a spirit's blow, which illness was inflicted as punishment. Females are common victims of spirit possession, particularly those with half-caste features. This contributed to the spirit possession epidemic in the 20<sup>th</sup>-century which was predominantly among young females, however the details of the epidemic are unclear in the article. Mageo (2001) mentioned that in common Pasifika/Pacific narratives, if a female wears a flower in her ear or wears her long hair down in a place sacred to a spirit, she will likely become possessed by that spirit because she was supposedly flaunting herself within the spirit's territory. When possessed, the female victims often shed their clothes, however, Mageo (2001) does not elaborate on the reasons for this possession type of behaviour.

Both Lui (2007) and Vaka et al. (2020b) state that spirit possession is often manifested as having similar symptoms to schizophrenia and psychosis, and if the sufferer seeks Western mental health services, this would likely lead them to treat it as such. Lui (2007) states that Western treatment in the form of medication may have provided temporary relief but would not have addressed the cause of illness, which cause is often a breach of

tapu. Unfortunately the articles in this sub-theme fail to comprehensively describe the reasons for spirit possession across all groups of Pasifika/Pacific victims.

### **3.3 Spiritual Coping from Mental Illness/Distress**

This theme includes research that mentions spiritual means of coping with mental illness/distress. Spiritual coping practices were mentioned in four articles and each of them were reflective of Christian orientations (Tiatia, 2007; Gibson et al., 2109; Tamasese et al., 2020b; McRobie & Makasiale, 2007).

One narrative review on Pasifika/Pacific youth suicide in New Zealand, reports that all participants highly regarded the powerful role spirituality played in enhancing their capacity to cope with personal suicide attempts (Tiatia, 2007). Participants felt that God gave them another chance to live and thus they began prioritising religious practices such as church attendance and praying daily which helped release stress as God was seen as a trustworthy person to talk to. Faith promoted an optimistic perspective, kept them busy and also provided a reason to keep living (Tiatia, 2007).

Participants in another study which explored coping with the distress of climate change, described that a Pasifika/Pacific person's ability to cope was attributed to the strength of their faith (Gibson et al., 2019). They mentioned spiritual guidance, meditation and solace is often provided through the church. Many also find comfort through prayer and believing in God's greater plan which helped them accept their suffering (Gibson et al., 2019). Similarly, in the narrative review by McRobie and Makasiale (2007), the authors discussed that their Pasifika/Pacific clients of sexual abuse had expressed that their relationship with God enabled them to reduce feelings of hopelessness, despair and depression. Prayer provided peace and assurance that they were not alone, and they had faith that God would provide justice for their suffering thus releasing anger, shame and guilt. The authors concluded that these Christian beliefs and practices are contributing factors toward developing resilience (McRobie & Makasiale, 2007).

In a narrative review of a specific intervention programme, Tamasese et al. (2020b) briefly mentioned the use of spiritual practices for tsunami survivors which seemed to have resulted in a positive response from its participants. Facilitators of the programme used spiritual values and practices, including opening and closing the programme with prayer, to foster healing and resilience through distress. Through incorporating spiritual calming practices feelings of calmness and safety were increased (Tamasese et al., 2020b). It was not

clear exactly how effective the spiritual coping practices were in this programme as the authors did not comprehensively discuss the coping practices nor did they sufficiently discuss the mental health outcomes of the intervention programme.

### **3.4 Spiritual Practices for Healing Mental Illness/Distress**

Spiritual practices for healing mental illness/distress emerged as a theme in the literature. Of the articles that discussed such findings, each of them reported either Christian-oriented practices or traditional practices of healing.

#### *3.4.1 Christian-oriented Practices*

The articles in this sub-theme specifically refer to Christian-oriented practices employed in recovering from mental illness/distress. This sub-theme was mentioned in three articles identified in the scoping search (Seiuli, 2013; Makasiale, 2007; Vaka, 2016b).

One case study integrated Christian practices in a counselling psychology session with an imprisoned Pasifika/Pacific client (Seiuli, 2013). The session included prayer, sharing bible verses, and church-related discussions which facilitated a spiritual connection between the client and the therapist and maintained spiritual safety over the whole session. This spiritual safety provided opportunities to embrace the client's spiritual desires such as praying for his victim's family. It also provided a sacred space that allowed the weaving together of all narratives of the multiple dimensions of the client's wellbeing in his healing journey (Seiuli, 2013). These spiritual practices were strongly influential in the clients improved wellbeing as their collective prayers were considered to be answered such as by being allowed regular physical visits with this family.

In the narrative review by McRobie and Makasiale (2007), the authors reflected on their own counselling practice and discussed that most of their Pasifika/Pacific clients have spoken of spiritual components in their lives. Their Christian faith in God provides a platform for emotional, relational and sexual healing. They search for God when they are in the depths of pain longing for love, comfort and peace with themselves and others. They felt that God deeply cared and listened to their deep cries. God is the source of strength throughout their healing process which is often found by reading bible passages, as they are reminders that they are loved by God.



The theoretical article by Vaka (2016b) discussed that for Pasifika/Pacific people, it is their faith in God that heals mental distress. Healing does not come from the doctor alone but it comes from God who gives people knowledge and power to heal. Therefore, one can heal oneself if done through prayer. Although these articles describe how Christian practices are used for healing and recovery of mental distress, they did not measure the effectiveness of these spiritual tools.

### *3.4.2 Traditional Healing Practices*

This sub-theme describes traditional healing methods that specifically relate to spirit-induced mental illnesses/distress. Traditional healing methods were mentioned in six articles (Tamasese et al., 2005; Gibson et al., 2019; Puloka, 1997; Lui, 2007; Vaka, 2016b; Vaka et al., 2020b).

In a qualitative study exploring the determinants of distress, Pasifika/Pacific residents affected by climate change discussed that they either seek treatment for mental distress from a traditional folk healer or they opt for Western treatment methods, or both (Gibson et al., 2019). The narrative review on folk healing by Puloka (1997) similarly reported that spirit possessions are solely treated by traditional folk healers, although sometimes it requires Western assessment and treatment, such as antipsychotic drugs, in conjunction with traditional methods. A folk healer experiments with traditional healing methods, such as the use of herbs, to establish whether the ailment is caused by a spirit. If the sufferer responds to the sight of the folk healer, or the sight or smell of the herbs, this indicates a spirit caused the illness. The sufferer becomes more restless and irritable, causing resistance and shouting with an unusual physical strength. Various plants are used by crushing, or chewing, where the liquid is squeezed and released into the sufferers eyes, nostrils, ears and mouth. Macerated leaves are also applied and massaged with oil to the body whilst the healer mumbles words to expel the dead spirit from the sufferers body. Puloka (1997) states that folk healing is constantly in a state of transformation and development, and healers also provide counselling related to the social context of the ailment.

Puloka (1997) states that successful treatment often requires the healer to correctly identify the spirit or the guardian of the breached tapu in which traditional treatment methods are administered. These methods may involve talking, applying massage or using herbs (Lui, 2007). Vaka (2016b) states that powerful smelling leaves which often resemble the smell of a spirit are said to have the power to scare spirits off. Unfortunately, the reasons

for this was not made clear by Vaka and colleagues (2016b). The participants in this study, however, challenged these traditional views of spirit-caused illness saying these interpretations of mental illness are not always true as no spiritual strategies were seen to effectively treat these conditions.

In the case example within the article by Lui (2007), the traditional healer discovered that the sufferer's father breached a village tapu and was exiled from the village. Having identified the root of the cause of illness, the sufferer and her family were able to identify how to heal her and formally apologised to the village which led to a full recovery. Similarly, Tamasese et al. (2005) mentions that reconciliation is believed to heal the curse where the cause was the disruption of sacred relationship.

## **CHAPTER FOUR: DISCUSSION**

This scoping review aimed to explore how the role of spirituality in Pasifika/Pacific mental health is reported and discussed in the academic literature. Previous research indicated a paucity of published knowledge involving Pasifika/Pacific people and spirituality in the mental health context, and yet, spirituality is a large component to the wellbeing of many Pasifika/Pacific people (Lui, 2007). This scoping literature review of the academic literature identified 19 articles that provided information on Pasifika/Pacific spirituality. Using content analysis, the way in which spirituality was addressed in these articles was categorised into four themes: (1) understanding mental health in the spiritual context, (2) spiritual causes of mental illness/distress, (3) spiritual coping from mental illness/distress, and (4) spiritual practices for healing mental illness/distress.

Within Pasifika/Pacific health paradigms, spirituality is seen as a fundamental component to (1) understanding how mental health is constructed. According to Pasifika/Pacific understandings of mental health, there are (2) spiritual causes or reasons for the development of mental illness/distress, as well as (3) spiritual coping strategies that buffer mental illness/distress, and (4) spiritual practices that aid in the healing of mental illness/distress. The role of spirituality was primarily reported within both traditional and Christian constructions of Pasifika/Pacific mental health across all themes. However, the dichotomy of these two constructions was not explicitly stated in the literature.

### **4.1 Traditional constructions of mental illness/distress**

In terms of traditional constructions of Pasifika/Pacific mental health, the literature reported how mental wellness is achieved, how mental illness/distress is seen to be caused, and methods of healing. Traditional constructions were discussed across 18 of the articles identified in the scoping review. Unfortunately, there were no articles that discussed spiritual coping from this viewpoint.

The maintenance of mental wellness is emphasised in the literature in terms of tapu and sacred relationships (Dash et al., 2017; Lui, 2007; Tamasese et al., 2005) under the theme (1) understanding mental health in the spiritual context. Tapu is a traditional spiritual concept that was established among Pasifika/Pacific peoples prior to the Christian era (Puloka, 1997). Lui (2007) explains that relationships between God/gods, the people and the land/environment are sacred, and the role of tapu is to protect the quality and sacredness of the space between relationships. It is proposed by Lui and Schwenke (2003) that by

maintaining these relationships in a culturally safe and healthy manner one is able to maintain wellness. Similarly, in previous research, one's connection to family and the land/environment is also emphasised as central to the overall wellbeing of other indigenous groups, such as Maori and Anishinabek First Nations peoples (Mark & Lyons, 2010). In the current study, Lui (2007) further explained that for Pasifika/Pacific people, spiritual guardians protect the boundaries of these sacred relationships, thus tapu exists in both the physical and spiritual domains.

By behaving in a manner in which the tapu defines as breaching sacred boundaries, this usually leads to negative consequences to a person's physical, mental and spiritual wellbeing. By breaching boundaries, one enters an area of risk where relationships become unbalanced and therefore one's sense of identity and feelings of belonging are misplaced (Tamasese et al., 2005). The scoping literature review reported the Pasifika/Pacific self as a relational self, which only has meaning in relationship to one's ancestors, village, culture, land/environment and family (Tamasese et al., 2005). This is supported by Dash et al. (2017) who found that deliberate self-harm also included harm to the spiritual and mental self, not just physical, which was achieved by deliberately disrupting the harmony of sacred relationships. Therefore, as also discussed by Bush et al. (2009), it is impossible to grasp the impact of breaching tapu and sacred relationships if one does not understand the Pasifika/Pacific relational self.

The literature also reported the inseparable nature of the mental, physical and spiritual domains for Pasifika/Pacific people, where spirituality often includes the mental dimension (Lui, 2007; Tamasese et al., 2005). This is inconsistent with Western medical perspectives as mentioned in existing literature, where the spiritual dimension is often considered separate from psychosocial dimensions (Carroll, 2001). Unlike Western medical worldviews, the Pasifika/Pacific worldview integrates spirituality into the self and the whole person cannot be divided (Tamasese et al., 2005). Thus, the Pasifika/Pacific self is a holistic, spiritual and relational self.

#### *4.1.1 Traditional causes of mental illness/distress*

Breaching tapu and sacred relationships was explicitly discussed by Tamasese et al. (2005), Vaka et al. (2016a), Lui (2007) and Dash et al. (2017) as a cause of Pasifika/Pacific mental illness/distress within theme (2) spiritual causes of mental illness/distress.

The scoping literature review found that breaching tapu or sacred space leads to a spiritual curse being placed upon the offender, which can also be passed down into subsequent generations (Lui, 2007; Tamasese et al., 2005). Aiono (1996) specifies that such sacred space exists between siblings, parents and children, guest and host, the village chief, the living and the dead, man and his environment, flora and fauna, the created and the creator. Dishonouring these sacred relationships is considered a grave transgression and offends the spirit who guards and protects the boundaries of these relationships (Tamasese et al., 2005). This can result in the person being struck by the spirit or punished by its spell, leading to experiencing mental illness/distress. Thus, as reported in existing Pasifika/Pacific literature, mental wellness in the traditional sense is not believed to be embedded entirely within a person, but rather, it is perceived as being influenced by an external entity (Bathgate & Pulotu-Endemann, 1997).

A person may deliberately disrupt a relationship with God and others by leaving the church in order to intentionally inflict harm upon their sense of self. As Lui (2007) explains, such breaches of tapu causes a relational imbalance thus resulting in unwellness. This behaviour often leads to the offender being disowned by their family or the village they offended, which promotes mental distress on its own. The individual is also considered to be cursed upon breaching these sacred relationships (Tamasese et al., 2005). However, it is unclear in the literature whether mental distress is perceived to be inflicted by the guardian spirit or by the person harming their Pasifika/Pacific relational self.

Tamasese et al. (2005) described an example where a person was deliberately cursed for breaching a sacred relationship. In the example, a brother broke tapu by mistreating his sister. The sister uttered a curse upon her brother for failing to uphold his sacred role and responsibilities toward her. This suggests that a curse can also be inflicted upon someone by a living person. Although, it was not discussed whether the curse needed to be uttered or whether it would have automatically applied in this situation. Lui (2007) offers some insight as he suggests that although a person enters an area of risk when breaching tapu, it is the seriousness of the breach that determines whether or not a person becomes mentally unwell. Thus, it seems it is not always guaranteed that a person is cursed for breaching tapu which may be the reason someone intentionally places a curse upon another. Unfortunately, the literature did not comprehensively discuss under which circumstances a person is struck or influenced by a spirit within each of the sacred relationships.

In addition to being afflicted by a curse, the findings also substantially reported the possession by evil spirits as a result of breaching tapu (Lui, 2007; Mageo, 2001; Puloka,

1997; Vaka et al., 2016a; Vaka et al., 2020a) as categorised within its own sub-theme, “Possession by spirits”. This traditional construction of the cause of mental distress was explicitly reported to be due to a person deviating from the cultural norms and values of society (Vaka, 2016b). Spirit possessions were largely reported to be caused by trespassing on sacred land, or if a young female flaunts herself on land that is guarded by that spirit. Although the distinction between a curse and spirit possession was unclear, it appears the characteristics of spirit possession are the marked behaviours of socially inappropriate and sudden erratic behaviour with an irresistible urge to run. In spirit possession the spirit controls the person’s actions (Puloka, 1997). Thus, the findings of the scoping literature review suggest that a curse merely influences a person whereas in possession, the spirit seems to have total control.

#### *4.1.2 Traditional healing of mental illness/distress*

This scoping review also discussed traditional healing practices of mental illness/distress across six articles (Gibson et al., 2019; Lui, 2007; Puloka, 1997; Tamasese et al., 2005; Vaka, 2016b; Vaka et al., 2020b) as per the theme (4) spiritual practices for healing mental illness/distress.

Puloka (1997) reported that spirit possession is often healed by a folk healer which can include the use of herbs in, on, or around the body. Successful treatment requires firstly identifying the spirit possessing the body, although the author did not explain how this is done. Where the cause of mental illness/distress is the disruption of sacred relationships between people, or perhaps an ancestor had an unresolved relationship resulting in the intergenerational curse, reconciliation would often result in full recovery (Lui, 2007; Tamasese et al., 2005). Thus, achieving closure from past relational disturbances is believed to heal certain breaches of tapu. Previous literature reports that traditional healers are believed to have the ability to access supernatural assistance in restoring balance to disturbed areas (Suaalii-Sauni et al., 2009). However, the study by Vaka et al. (2020b) reported that some Pasifika/Pacific people believe traditional constructions of mental illness/distress are not always correct as they perceive traditional healing methods to be ineffective. Therefore, not all Pasifika/Pacific people believe in the traditional constructions of mental health.

Unlike Western health paradigms where symptoms of schizophrenia and psychosis are treated with biomedical or psychological approaches, this scoping review informs that a traditional Pasifika/Pacific paradigm views these mental issues as spiritual illnesses (Lui, 2007). Thus, as Lui (2007) suggests, traditional Pasifika/Pacific and Western paradigms are

often at odds with one another. Therefore, applying Western approaches to treatment for a spiritual illness can have a dismal effect on the patient. However, the scoping review findings indicate that if one paradigm is not effective, the other paradigm is often adopted to inform treatment (Gibson et al., 2019; Lui, 2007; Puloka, 1997). Previous research also demonstrates the use of a mixture of biomedical and traditional healing methods in other cultures such as Ghana, where traditional healing pathways are typically used prior to seeking biomedical treatment (Badu et al., 2019).

In the current study, the literature unfortunately did not thoroughly discuss how a person restores broken tapu with God and with the land/environment specifically. There is also little mention of a person's experience living under the influence of a spirit and their journey to heal from it, which presents opportunities for future research.

#### *4.1.3 Implications of the traditional paradigm*

This scoping literature review reveals contrasting paradigms between traditional Pasifika/Pacific worldviews and Western medical worldviews. Understanding the Pasifika/Pacific worldview highlights the importance of addressing spirituality in terms of these traditional constructions in order to better understand Pasifika/Pacific mental health issues.

Similar traditional notions of spirituality and wellbeing have been reported in existing literature for indigenous Maori of New Zealand, in which breaching tapu could result in a makutu (curse) such as experiencing spirit entities and having out-of-body experiences (Gallagher, 2008; Lindsay et al., 2020). Lindsay et al. (2020) emphasises the need for practitioners to clearly differentiate Maori spiritual experiences from the range of pathological conditions embedded in disciplines of Western psychology and psychiatry. It seems the same can be applied to people with Pasifika/Pacific worldviews, where mental illness/distress is often traditionally viewed as a spiritual injury (Lui, 2007).

It is crucial for mental health service providers to firstly inquire whether the Pasifika/Pacific client identifies with the traditional worldview and perhaps explore whether they believe their distress is related to the breach of tapu before adopting this paradigm in mental health interventions. Also, by acknowledging the client's spiritual, relational and holistic Pasifika/Pacific self, the mental health practitioner is able to aid the development of the therapeutic relationship and the sacred relational space that exists between the practitioner and client.

Since the traditional constructions are rooted in the beliefs that a person's relationship to God/gods, their ancestors, and the land/environment are central to their sense of identity and belonging, these relationships should be addressed in mental healthcare. The findings suggest that practitioners should explore where tapu has been potentially breached by the sufferer or by someone in the family where the curse is believed to have been inherited. This involves exploring the various sacred relationships that exist for the client and their family, by seeking to understand stories woven into the family's history to identify where these relationships have been dishonoured. The practitioner may also work with traditional healers in mediating the reconciliation process.

Since the literature does not sufficiently address breached tapu within relationships with God and the land/environment, it is somewhat difficult to describe how to reconcile these specific relationships. To gain a better understanding, it would be useful to work alongside traditional healers, thereby approaching mental health problems from both clinical and cultural perspectives.

#### **4.2 Christian constructions of mental illness/distress**

In Christian constructions of Pasifika/Pacific mental health, 11 articles in the literature described Christian perspectives in developing mental wellness, coping with mental illness/distress and also recovering from it. Unlike traditional constructions, the literature did not report any causes of mental illness/distress from the Christian viewpoint. Further, although Christianity and religion are not distinguished from one another in the literature, the two terms are often used together in Pasifika/Pacific discourses (Lui, 2007).

Several articles (Makasiale, 2007; Vaka et al., 2020b; Culbertson, 2007; Anonymous, 2007) pointed to Christian constructions of achieving mental wellness as recorded within the theme (2) understanding mental health in the spiritual context. Many Pasifika/Pacific people significantly sway toward Christian views of mental wellness, although both traditional and Christian orientations of spirituality are generally accepted alongside each other (Samu & Suaalii-Sauni, 2009). Unfortunately, it was not thoroughly discussed how the two spiritual constructions co-exist. Although, it is pervasive in indigenous Aboriginal culture for traditional notions of wellbeing, such as one's connection to the land, to be inseparable from spiritual wellbeing, and yet this perspective co-exists with Christianity that was introduced thousands of years later (Calma, 2010). Similarly, from a Samoan perspective, it was an easy transition to accept Christian beliefs since it aligned with pre-existing traditional ideologies. For example, restoring peace and harmony through



forgiveness as founded on Jesus' love and respect for others, was already part of their traditional experience in respectfully reconciling relationships to restore tapu (Lavatai, 2018).

In the scoping literature review, the Christian God is seen as a spiritual entity who provides moral guidance over a person's thoughts, feelings and behaviour (Makasiale, 2007). It is reported that God is central to one's existence and one's happiness (Anonymous, 2007; Culbertson, 2007), thus, a closeness with God implies increased mental wellness. However, Anonymous (2007) refers to church in the Pasifika/Pacific context as 'the schizophrenic church' because church is viewed as the place for spiritual people to enhance their lives, yet simultaneously, those who do not attend church are believed to be cursed, and shame is felt by the whole family. In previous literature, it is commonly believed that sin creates separation from God where a person may be destined for 'hell' unless they repent of their sins and choose to reconnect with God (Rangiwai, 2018). Tiatia (2007) mentioned that the practice of removing a person from religious activities for committing sin can also harm their self-esteem. On the other hand, a person can be so spiritual and yet their minds are asleep when it comes to financial obligations toward the church organisation, as anxiety and panic can develop from the economic pressure (Bush et al., 2005; Culbertson, 2007). To Pasifika/Pacific people, culture is God and therefore this combination is believed to be the ultimate happiness (Culbertson, 2007), however, it promotes mental and emotional distress for many families.

Unfortunately, the scoping literature review did not explicitly discuss the spiritual causes of mental illness/distress pertaining to Pasifika/Pacific Christian orientations. Christian causes of mental illness/distress was primarily discussed with respect to the social aspects of church culture in terms of the influence of expectations, judgements and being offended by church goers which often revictimises the sufferer (Anonymous, 2007). Thus, mental distress is often attributed to the influence of church culture and church goers rather than one's spiritual connectedness to Christian divinity. However, it has been reported in previous literature that mental distress is equated to lacking faith, or the demonic infiltration or possession by the main antagonist in Christian theology, Satan, as a consequence of sin (Lloyd, 2021).

#### *4.2.1 Christian-oriented coping*

As mentioned, unlike traditional constructions, spiritual coping was discussed within Christian constructions of mental health as per the theme (3) spiritual coping from mental

illness/distress. The findings across all four articles within this sub-theme reported a high regard for the role of Christian spirituality in enhancing one's capacity to cope and build resilience (Tiatia, 2007; Gibson et al., 2009; Tamasese et al., 2020b; McRobie & Makasiale, 2007).

Survivors of Pasifika/Pacific youth suicide reported that religious practices aided in releasing stress and remaining hopeful about the future (Tiatia, 2007). A person's ability to cope is attributed to the strength of their faith in God and trust in His greater plan for them which helps to accept suffering (Gibson et al., 2019). Prayer can provide comfort as well as spiritual guidance. As previously mentioned, mental wellness is attributed to a closeness to God as this personal relationship enables Pasifika/Pacific people to reduce feelings of despair and depression (McRobie & Makasiale, 2007). They search for God in the depth of their pain and feel him deeply listening and caring for them (McRobie & Makasiale, 2007). One article described an intervention programme for tsunami survivors (Tamasese et al., 2020b) which incorporated spiritual practices and was found to foster feelings of calmness and safety. However, the type of coping practices in this study were not clearly described, nor were the mental health outcomes of the programme comprehensively discussed or measured which highlights an area of future focus.

In previous studies, even low levels of positive religious coping have been found to be associated with post traumatic growth among Chilean adults, whereas negative religious coping predicts post traumatic stress (García et al., 2017). It is also reported that negative religious coping is related to higher depressive symptoms and lower life satisfaction among Jews and Muslims in Israel (Abu-Raiya et al., 2020). Thus, religious coping strategies are widely used and beneficial in buffering mental distress, which therefore may be effectively practiced among the various Pasifika/Pacific religious beliefs.

#### *4.2.2 Christian-oriented healing*

Three articles described Christian notions of healing and recovery from mental illness/distress (Seiuli, 2013; Makasiale, 2007; Vaka, 2016b). These findings formed a sub-theme within the theme (4) spiritual practices for healing mental illness/distress.

McRobie and Makasiale (2007) mentioned that Christian faith provides a platform for emotional, relational and sexual healing as God becomes their source of strength throughout the healing process. Strength comes from reading bible passages which are useful reminders that they are unconditionally loved by God. This scoping literature review

discovered that some Pasifika/Pacific people believe it is faith that heals mental distress which offers more power than a doctor's ability to heal (Vaka, 2016b). In a similar manner, Pasifika/Pacific health providers state in previous literature that most Pasifika/Pacific people dislike taking pharmaceutical drugs for mental illness/distress as they believe God is the best form of medication (Fa'alogo-Lilo & Cartwright, 2021).

There was just one article identified in the scoping review search that addressed the application of Christian notions of spirituality in a mental health therapy setting. Seiuli (2013) described the integration of prayer, bible verses and church-related discussions, which fostered spiritual safety throughout the session and also a spiritual therapeutic relationship with his Pasifika/Pacific client. The integration of Christian practices provided a sacred space and spiritual safety, which allowed all narratives of the client's wellbeing to be weaved together in the healing journey. There is opportunity for further research to address how spirituality of Christian notions is integrated in therapeutic mental health interventions as well as its perceived effectiveness from both a client and practitioner's viewpoint.

In previous literature, the New Zealand Mental Health Monitor survey reported that for Pasifika/Pacific individuals suffering from depression, the third most common point of contact for seeking help is through church/spiritual services (Ataera-Minster & Trowland, 2018). Thus, consistent with the findings in the current study (Seiuli, 2013; Makasiale, 2007; Vaka, 2016b), many Pasifika/Pacific people are seeking spiritually appropriate services. Within The Church of Jesus Christ of Latter-Day Saints, church leaders often refer church members to psychological services which are funded by the church organisation (The Church of Jesus Christ of Latter-Day Saints, n.d.). Many of these practitioners are typically approached for their spiritual competence in terms of Christian orientations and cultural competence in terms of understanding Pasifika/Pacific values. This demonstrates the importance of spiritually focused mental health services for Pasifika/Pacific clients. Future research could address the impact of incorporating spirituality across the different Christian sects including the previously mentioned.

#### *4.2.3 Implications of the Christian paradigm*

With the misalignment of Pasifika/Pacific spirituality in mainstream Western approaches, this creates a barrier for Pasifika/Pacific people accessing help. Where Western approaches to mental health typically involve individuality and objectivity, often excluding spirituality, they are often at odds with collectivistic and dominant spiritual worldviews of Pasifika/Pacific groups (Koc and Kafa, 2019). More specifically, the Diagnostic and

Statistical Manual (DSM) is a Western tool that is viewed as inconsistent with how Christian-oriented Pasifika/Pacific perceive mental health. Thus, the DSM is often seen as an inappropriate diagnostic tool for Pasifika/Pacific people and should be used with care (Bush et al., 2009).

The findings of the scoping review highlight the importance of teaching spiritual competence within mainstream mental health educational institutions, as well as training non-Pasifika service providers in both Christian and traditional perspectives. Offering to open and close the session with a prayer appears to be a minimum component to Pasifika/Pacific healing that should be incorporated with Pasifika/Pacific clients at the very least, as many Pasifika/Pacific mental health practitioners who are Western-trained often pray with their clients to provide cultural safety (Mila-Schaaf & Hudson, 2009).

This scoping review indicates that Christianity plays a significant role in spiritual coping (Tiatia, 2007; Gibson et al., 2109), thus, practitioners should support their Pasifika/Pacific clients in their desired spiritual coping strategies as they may find that these practices improve resilience and recovery. As a precaution, practitioners need to make distinctions between whether a client's issues are linked to the social aspects of church or it's spiritual teachings, such as consequences of sin, in order to correctly attribute the association of the mental health problems.

Overall, as a collectivist culture it is important that Pasifika/Pacific clients are considered within their family, church and village context when addressing mental health problems (Fa'alogo-Lilo & Cartwright, 2021). Practitioners must embrace the values of the relational, spiritual and holistic Pasifika/Pacific self, and see the client through this lens. Incorporating ways of relating to Pasifika/Pacific clients such as the use of spiritual practices and narratives, being respectful, and understanding the individual holistically is fundamental for therapeutic work. Lastly, there must be respect for both traditional and Christian practices in order to support the client, however it is important not to assume that every Pasifika/Pacific client holds either of these beliefs. For clients who affiliate with Christian beliefs, it would be helpful to consider their stage of faith development, such as using Fowler's (1981) model, to assess their level of spiritual understanding and determine the best approach to address their mental challenges.

### **4.3 Limitations and future research**

There were a number of key limitations in this review. Firstly, as there were no quantitative studies reported in the scoping literature search, this highlights an area of research to be explored, such as quantitatively measuring the effectiveness of spirituality which would add rigour to the findings. There were also no Christian-oriented causes of Pasifika/Pacific mental illness/distress explicitly discussed which is another area of future focus. In addition, little comprehensive discussion was provided on how spirituality is incorporated and experienced as an intervention tool from both a practitioner and client perspective, thus presenting an opportunity to qualitatively explore the impact of spirituality on one's mental wellbeing.

The literature did not comprehensively discuss how someone breaches or reconciles their relationship with God nor their relationship with the land/environment specifically. There is also little reported on a person's lived experience living under the influence of a curse and healing from it. Finally, the findings only reported on Christianity as a whole rather than its separate denominations which hold slightly different beliefs and views. Exploring specific Christian sects within Pasifika/Pacific populations is an area for future focus. Similarly, given the small size of this scoping study, Pasifika/Pacific was addressed in general as this population was viewed as a whole. The literature demonstrates that Tongans have a slightly different view of spirituality than Samoan groups, therefore future research could look at spirituality from an ethnic specific point of view.

### **4.4 Conclusion**

The authors conclude that this scoping review responds to the research question adequately with opportunity to further explore the various limitations. The key notion in this review is that spirituality must be addressed in mental healthcare if a difference is to be made with Pasifika/Pacific peoples. Spirituality is at the centre of the Pasifika/Pacific self as well as their relational and holistic view of wellness, where culture and spirituality are concepts that cannot be separated, as with a person's mental, physical and spiritual dimensions. Therefore, increasing spiritual Pasifika/Pacific competence amongst service providers in terms of traditional and Christian constructions, as well as exploring further ways to acknowledge spiritual beliefs and values, will help remove barriers for Pasifika/Pacific people accessing services. As demonstrated, not only are culturally responsive treatments crucial in improving mental health outcomes, but spiritual

responsiveness must be included in this approach in order to help achieve equity in Pasifika/Pacific healthcare as a whole.

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