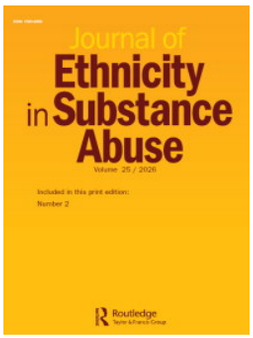

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Twelve steps and talanoa: An exploratory study of the experiences of pacific peoples in New Zealand Twelve Step Programmes

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ABSTRACT

Fewer Pacific peoples in New Zealand with substance use disorder access addictions services than the general population. This study explored the experiences of six Pacific peoples in Twelve Step Programmes *via* face-to-face semi-structured talanoa-style interviews. Four themes emerged from the data: Inadequate preparation and orientation, Communal nature, Resonance with Pacific practices, and Eurocentric and gendered nature, highlighting issues related to the lack of gendered spaces and Pacific-specific subgroups. Fellowship and connectedness were considered helpful. The findings increase understanding of issues faced by Pacific peoples in addictions recovery support and can inform future research to develop effective addictions interventions for Pacific peoples in Western countries.

KEYWORDS

Addiction; Pacific peoples; Twelve Step Programme

Background

Twelve Step Programmes (TSPs) are a fellowship of individuals who meet voluntarily to share experiences to address their shared experience of addiction (Kaskutas et al., 2009). TSPs operate worldwide and are non-clinical, community-based mutual support groups that promote abstinence from alcohol and other addictive behaviors, through the use of 12 Steps and principles (Appendix A). These guide an individual to recovery from addiction (Kelly et al., 2020). In TSPs, individuals acknowledge that they are powerless over their experiences of addiction, surrender their will to a Higher Power and are encouraged to seek professional counseling or therapy to maintain abstinence (Alcoholics Anonymous World Services, 1989).

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The Alcoholics Anonymous (AA) movement, founded by two white men in the United States of America in 1935, was the first TSP, promoting total abstinence in a peer group setting. In the USA, treatment typically involved medical detoxification, hospitalization, and a strong focus on AA, where sobriety was promoted through sharing personal recovery journeys, strength, and hope (Alcoholics Anonymous Aotearoa/New Zealand, 2017; Fuller & Hiller-Sturmhöfel, 1999). The original AA TSP and its philosophies have been adopted by several kindred fellowships such as Narcotics Anonymous for people with drug dependence, Al-Anon for affected family and friends of people with addictions, and Gamblers Anonymous for people with gambling disorder (Miller & Plants, 2014). Additionally, many residential addiction rehabilitation programmes are based on 12 Step recovery principles.

Weekly or frequent attendance at TSPs has been reported to be associated with higher and longer rates of abstinence from alcohol and other drugs compared with not attending or infrequent attendance (Gossop et al., 2008; Montgomery et al., 1995). Furthermore, higher rates of abstinence have been reported with clinical alcohol and drug treatment that integrates TSPs, compared with treatment alone (Fiorentine & Hillhouse, 2000). Clinical interventions such as counseling, detoxification, withdrawal management plans, opioid substitution programmes or use of medications integrated with TSPs have been reported to be effective for women and people from ethnic minority groups, increasing length of sobriety and continued engagement with aftercare to support longer term abstinence rates (Emrick, 1987; Fiorentine & Hillhouse, 2000). However, the few studies that have evaluated the effectiveness of TSPs for indigenous people have indicated a lack of empirical knowledge on outcomes and acceptability (Dale et al., 2019).

The limited research with Pacific peoples in New Zealand (NZ) with substance use disorder (SUD) has mainly focused on alcohol use disorder (Huakau et al., 2005), highlighting low rates of engagement with services (Ministry of Health, 2008). Pacific peoples are less likely to engage with health services overall, than NZ European people and are more likely to have adverse experiences when attempting to give up substance use due to the difficulty associated with managing acute withdrawal symptoms without support (Southwick et al., 2012). Little is known about the effectiveness of treatment interventions in facilitating recovery from SUD for Pacific peoples (Newcombe et al., 2019; Nosa et al., 2021), although talking therapies such as *talanoa* (an open dialogue in a collectively shared space) have been identified as best practice for Pacific mental health and addictions services (Te Pou o te Whakaaro Nui, 2010).

In NZ, the adoption of 'Pacific ways' is considered important to reduce the treatment outcome inequities experienced by Pacific peoples.

Pacific ways are described as a holistic approach to wellbeing using Pacific languages, with the promotion of connectedness and healthy relationships (Paterson et al., 2018). Spirituality is one aspect that has been identified as crucial in supporting recovery from mental health challenges and SUD in Pacific peoples (Te Pou o te Whakaaro Nui, 2010).

This could be achieved through active collaboration between Pacific service users, and clinicians and other health professionals who provide services to Pacific peoples. Additionally, the crafting of Pacific recovery models is a way that Pacific peoples could be supported to independently charter their recovery journeys and take ownership of their healing in a culturally centered way. Recognizing that some Pacific people may prefer Western approaches, a co-existence of both Western and Pacific-led services is likely to be ideal, focusing on Pacific ways of knowing, doing, and being. Taking an inclusive 'by Pacific, for Pacific' approach to mental health and addictions services has been identified as crucial to designing culturally relevant and meaningful supports for Pacific peoples (Vaka et al., 2016).

The current project was an exploratory qualitative study that aimed to gain some initial insights into the subjective experiences of Pacific peoples accessing TSPs and the factors that may be meaningful and effective for Pacific peoples in their recovery from SUD. The three research questions were:

1. What are the overall experiences of Pacific peoples in TSPs?
2. What are the beneficial aspects of TSPs for Pacific peoples?
3. What are the non-beneficial aspects of TSPs for Pacific peoples?

Methods

An exploratory qualitative approach was used to focus on unique perspectives and interpretations of experiences, and allow for rich, diverse, multiple realities, shared by participants (Cresswell, 2016). Charmaz's Constructivist Grounded Theory (CGT) approach was used to guide a collaborative process of enquiry and exploration of participants' experiences (Charmaz, 2006). This paradigm is underpinned by a constructivist epistemology, where it is argued that individuals create their own knowledge of reality through existing core beliefs, life events, and activities in which they are involved (Utanir, 2012). Due to the paucity of data and information on Pacific peoples and addictions treatment, a CGT-guided approach was considered the most appropriate in the absence of existing theory offering an explanation for the outcomes of Pacific peoples in recovery from addictions.

Participants and recruitment

Advertisement flyers for research participants were purposively sent to SUD recovery groups in the Auckland area of NZ, disseminated within the first author's professional networks and sector noticeboards, and posted on social media websites Facebook, Instagram, and Twitter. Potential participants contacted the first author to register their interest in the research. Inclusion criteria were that participants self-identified as being a Pacific person, had attended at least one TSP in the preceding 24 months, and were aged 18 years or older. Six participants contacted the researchers and were recruited, comprising three men and three women of Cook Islands Māori, Sāmoan, Fijian, and mixed Niuean/Tongan descent. Participant demographics and length of attendance at TSPs are detailed in Table 1.

Talanoa framework

A *talanoa* framework was used as it involves Pacific principles of engagement such as open dialogue, and removal of rigid structures and power dynamics that exist between researcher and participant, flexibility to negotiate viewpoints, and the discussion of multi-layered complex topics in a safe, respectful and non-judgmental forum (Vaioleti, 2016). The *talanoa* framework recognizes the constraints of conducting research in a Western environment but maintains, as far as possible, the Pacific processes of *talanoa* (Matapo & Enari, 2021). *Talanoa* is a concept familiar to most Pacific nations (Te Pou o te Whakaaro Nui, 2010) and is used for general through to more meaningful and focused conversations (Enari, 2021; Newcombe et al., 2019).

Data gathered from Pacific participants through *talanoa* style interviews are often richer and more detailed than those collected using Western narrative research approaches (Te Pou o te Whakaaro Nui, 2010) as there exists a sense of ownership and shared responsibility between the Pacific researcher and their Pacific participants, characterized by traditional Pacific values of reciprocity, integrity, and service (Vaka et al., 2016). There is also an inherent understanding that information collected within the research project serves in the best interest of Pacific peoples to improve the quality of living for Pacific populations (Vaioleti, 2016).

Table 1. Participant demographics.

Pseudonym	Gender	Ethnicity	Place of birth	TSP attendance in NZ	Substance used
Amanda	Female	Cook Islands Māori	New Zealand	>2 years	Alcohol
Anae	Male	Niuean/Tongan	New Zealand	>2 years/current	Methamphetamines
Daniel	Male	Cook Islands Māori	Cook Islands	>2 years/current	Methamphetamines
Isabel	Female	Samoan	New Zealand	<2 years	Cannabis, alcohol
Jane	Female	Samoan	New Zealand	>2 years/current	Alcohol
Nicholas	Male	Fijian	New Zealand	<2 years	Methamphetamines

The first author, who conducted the *talanoa* style interviews, is a New Zealand born Niuean and the third author is a New Zealand born Sāmoan. As such, they shared, and understood Pacific ways of 'knowing, being and doing', but did not necessarily relate to the sub-cultures of the participants; specifically, their experiences of living with alcohol and drug related addictions, and their experience as members of TSPs.

Data collection

Ethical approval was granted by the Auckland University of Technology Ethics Committee (reference 21/111). Individual *talanoa* style interviews, were conducted between August 2021 and March 2022, taking place at a location that suited each participant, including public spaces and workplaces, or online using video-conferencing software. The extended recruitment period occurred due to COVID-19 and multiple extended periods of lockdown. Interviews were digitally recorded with participant permission. Each interview lasted about one hour and was conducted in English, with all participants able to speak English fluently. Refreshments were provided during in-person interviews and a NZ$30 store *fakaalofa* (gift voucher) was given to each participant in appreciation of their time, knowledge, and expertise.

Data analysis

Interview recordings were transcribed verbatim. As per the CGT approach, preliminary data analysis commenced after the first interview, with notes taken following each interview and consideration given to areas that could be expanded during subsequent interviews. An inductive thematic approach to analysis was taken (Braun & Clark, 2006) to identify patterns produced in the data (Floersch et al., 2010). Participants were given pseudonyms to protect their identity.

Results

Four themes emerged from the data. Each theme had a few subthemes. Figure 1 details the four themes and subthemes.

- Theme 1: Inadequate preparation and orientation
- Theme 2: Communal nature
- Theme 3: Resonance with Pacific practices
- Theme 4: Eurocentric and gendered nature.

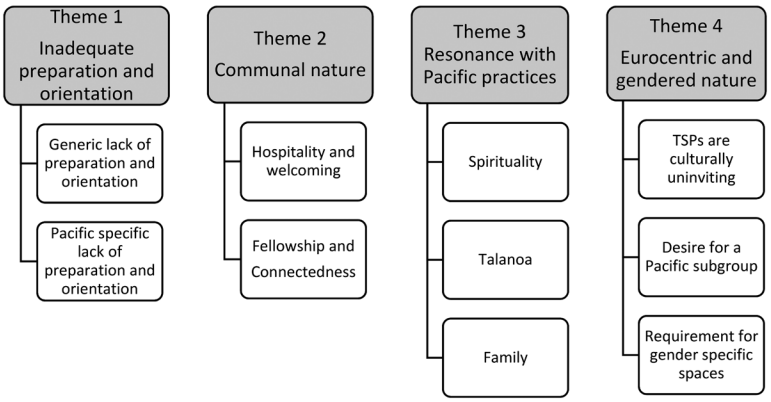

Figure 1. Emergent themes and subthemes.

Theme 1: Inadequate preparation and orientation

This theme related to inadequate preparation and orientation of what to expect in a TSP meeting. There were two subthemes relating to: (1) Generic lack of preparation and orientation, and (2) Pacific-specific lack of preparation and orientation affecting Pacific peoples' ability to meaningfully participate in TSPs.

Generic lack of preparation and orientation

All participants, prior to attending their first meeting, had little to no knowledge of what attending a TSP entailed, what they could discuss nor what benefit they might expect to receive, describing their first meeting as "foreign". This appeared to be compounded by professional addictions treatment staff also having limited knowledge of TSPs and their benefits, despite recommending TSPs to their clients. All participants said that they would have liked a resource, or an explanation about TSPs, prior to attending their first meeting.

> If somebody were to come and tell me what this is like, and what to expect, I think that would help. (Nicholas)

All participants felt that the initial meetings were difficult to comprehend due to the frequent jargon and sayings that hindered ability to actively apply the 12 Steps.

> I found it quite hard to take on all these clique-y sayings. They had all these funny sayings like, 'one too many', 'thousand never enough'. I just couldn't grab all these different sayings, you know. (Anae)

Pacific-specific lack of preparation and orientation

This subtheme related specifically to the context of Pacific worldviews, values and belief systems. One of the main concepts was that addiction is not well understood or recognized within Pacific families, nor is seeking help from professional services, which are considered Western ways.

> For Pacific peoples, certainly Sāmoan people, the concept of an alcoholic or a drug addict is a new one, relatively speaking. So, there's not so much awareness or acceptance of that as an illness or even as a thing. (Jane)

Three participants said that Pacific peoples would be more inclined to ask their families or turn to their faith for help and healing.

> There would also be either the concept of 'we should be able to fix this as a family' or 'God should be able to fix this'. Go to church more, not go to AA or go to treatment. (Jane)

The notion of having a loved one attend an addictions treatment service or support group was not recognized as the "Pacific way" of dealing with mental health and addictions-related challenges and was often a final option.

> We don't send our own to rehab[ilitation]. We don't send them to Twelve Step Programmes. That is just a massive barrier, there should be more education on what a Twelve Step Programme is exactly, and getting islanders [people from Pacific islands living in NZ] to make it for islanders… (Isabel)

Theme 2: Communal nature

The second theme related to two aspects of TSPs resonating with the communal nature of Pacific cultures: (1) Hospitality and welcoming, and (2) Fellowship and connectedness.

Hospitality and welcoming

All participants identified hospitality and welcoming as important in their introduction to, and ongoing sense of belonging within, TSPs as these were crucial in enhancing the experience of a newcomer within the fellowship.

> The welcoming aspect, that when you do identify that you are early in recovery, that people do come to you, and they do welcome you and the women will offer you their phone numbers. (Amanda)

Participants mentioned the food and refreshments available at every meeting, and the strong focus on supporting one another to continue attendance at meetings. Sharing of food and drink is a universal Pacific gesture of hospitality and respect, and appeared to play a significant role in the feelings of acceptance and belonging within the fellowship, described as particularly meaningful by the male participants. Nicholas described the benefit of extending these Pacific values to other newcomers:

> I think to myself, is hospitality and making them feel welcome would come in. And hopefully they take that concept, and it's reciprocal. (Nicholas)

Fellowship and connectedness

TSPs are based on a culture of support and hope that recovery is possible. One key component of TSPs that distinguishes them from professional addictions treatment is the strength of fellowship and connectedness amongst members of the programme. Participants described how the traditions and guidelines within a TSP were intended to help them feel that they were not alone, and that they had people for support. This resonated strongly with all participants. Regardless of socio-economic background, class or ethnicity, participants felt that there was validation in hearing stories similar to their own, leading to a strong sense of acceptance and belonging, often for the first time in the participant's life.

> I've attended a lot of other meetings in different parts of Auckland, but I feel that's my place and where I need to be. Today I'm a lot better, I'm comfortable in those rooms now. (Daniel)

Five participants said that the relationships formed within the programme were very important and made the TSP more meaningful. The participant with a different point of view said that being a minority ethnicity in the fellowship made it difficult to establish a trusting relationship. For the other participants, the relationships formed within the TSPs continued outside the fellowship.

> It's called a fellowship for a reason, because it's not just about the meetings… it's the community it builds and when I got sober, a lot of my friends that I grew up with didn't want to know me anymore. I had broken those relationships through years and years of unacceptable behaviour because of my addiction. So, all of my close friends became people in the fellowship and that unconditional acceptance was something I had never experienced before. (Amanda)

Three participants said that they would often go for a meal or a hot drink after TSP meetings and that this time together strengthened their relationships and built a social circle of others who were in recovery from alcohol and drugs.

Of relevance to the three male participants was the ability to join a men's group within the TSP, with each sharing that they felt more accepted, and free to speak openly on issues they did not feel comfortable discussing in the mixed-gender meetings. This is discussed further in Theme 4: Eurocentric and gendered nature.

Theme 3: Resonance with Pacific practices

In this theme, participants identified three aspects of TSPs that related to Pacific practices: (1) Spirituality, (2) Talanoa, and (3) Family.

Spirituality

Spirituality and faith bring Pacific peoples a sense of connection and togetherness. Together they are considered one of the cornerstones of Pacific values and cultures, contributing to the strength and resilience of Pacific peoples and their families. While participant responses varied in terms of personal experience of the role of spirituality in their recovery, there was unanimous agreement that the aspect of spirituality in TSPs would be appealing to many Pacific peoples. Participants described that prayer, used to open and close each meeting, was familiar to Pacific peoples.

> For a lot of Pacific peoples, they are raised in the church, and so a lot of those principles and the traditions and the Steps are based in Christianity. Obviously, that's our colonised culture but that would probably bring familiarity and comfort to a lot of Pacific peoples. (Jane)

Participants from non-Christian denominations also felt that the spirituality component of TSPs supported their overall ability to engage with the 12 Steps, and with the fellowship.

> I honestly feel that the only reason why I was more successful with the LDS [Latter-Day Saints] Twelve Steps was one, because I didn't have to explain my faith to anyone, because I love Jesus as much as the next islander but I'm not praying to a white guy in the sky you know. And I didn't have to explain that to anyone because they already knew me, they already knew my testimony. (Isabel)

Initially, all participants viewed the programme's strong reference to God as a deterrent to meaningful engagement with the programme.

> When I went to that first meeting, and that God word is there front and centre, that put me off straight away. And that's the reaction of a lot of people that I've come across - that God word put them off straight away because they've had bad experience with church. (Amanda)

Once they understood that God was one interpretation of what may be understood as a person's Higher Power, this became a key part of their recovery.

> But then hearing that God just means Higher Power, and that can mean anything you want to make it. And you know, someone had their door handle as their Higher Power, because it opened the way to new opportunities. So that really made me feel so much better. (Amanda)

The flexibility to be guided by any chosen Higher Power appeared critical for the success of TSPs, with three participants stating that they felt more included and empowered when aligning the 12 Steps to their own personal belief system.

Talanoa

Despite the complexity and nuances that exist within the process of *talanoa*, the concept of *talanoa* and its place in TSPs was recognized by all participants. Specific aspects of *talanoa* were felt to be particularly meaningful and beneficial to the experience of the fellowship. This included listening and being heard without judgment, open sharing of experiences, and the perspective that was gained through hearing another's point of view. All participants stated that sharing was strongly encouraged by the fellowship and was an important part of working through the Steps.

> Twelve Step is *talanoa*. If you don't feel like you want to share they don't force you to share … if you want to share, they will listen to you. They also tell you, yes I've done that, when it comes to somebody else. When you finish your *talanoa*, somebody else will … say 'like you, I went through that similar situation'. (Nicholas)

For some participants, the *talanoa* process that exists in TSPs allowed them to develop confidence and freedom to talk about what may be considered *tapu* (sacred, taboo) topics. Two male participants noted that sharing did not come easily at first but learning how to speak about their experiences, and sharing these with others through a process of *talanoa* contributed to their overall sense of belonging in the fellowships.

> You're asked to share some of this explicit stuff. As a Pacific Island male, the stuff that you talk about was once upon a time taboo. We didn't speak outside the family, you didn't have the opportunity to speak about some of the stuff that was going on for you and so I suppose it becomes really foreign for some of them. Foreign in the sense that, they want me to share about something, but some of that can become overwhelming. (Daniel)

Family

Participants discussed the concept of family and the role that family may have within TSPs. Five participants considered family to be a key motivation for ongoing attendance in TSPs and reported improved family relationships as a result.

> She [mother] would ring me up … and she would say 'what Step are you on?' and I'd 'oh you know, it's whatever' but when she would see me she would say 'whatever you're doing, keep doing those Steps!' (Anae)

Another concept was likening the fellowship to *aiga* (Sāmoan word for family). Most participants viewed the family approach to dealing with addictions more beneficial than dealing with addictions as an individual, consistent with their general worldview as Pacific peoples. Two participants shared that their Higher Power was a family member, and that this brought a different meaning to the way in which they worked the Steps.

> For my God, in the beginning I used my Nana… She was someone who had high respect in our family, she could say to do something and people would do [it]. (Anae)

The notion that family is an important aspect within one's recovery emerged organically during the initial *talanoa*-style interviews; however, it became more apparent once the interview schedule evolved to include a question specifically relating to family. While the way participants included family in the TSP journey aligned with Pacific practices, the inability to take family members to meetings did not. All participants stated that family participation in the programmes would be beneficial, and that this would support family understanding of addictions, recovery and the principles of TSPs.

> I still think to get the full lesson of it the family should be there to hear how … for me it was, I drank, they always said it was my fault. But I can look at my own family now and say 'what you said to me, you were doing it as well'… I'd want them to listen to other stories, then I'll share mine, then just look at them and say 'see it's not only me'. (Nicholas)

Two participants believed that a person's fellowship should be made up of family, as this would help support sustainable behavior change outside the meetings. Attending TSPs without family was seen as counterproductive, leading to feelings of demonization and shame.

> The reason a lot of our Twelve Step Programmes don't work is because you're going by yourself. You're not taking your mum and your husband and your kids, who are all a part of your addiction. You all need to do therapy and you all need to get educated to help you, the one person. You need your village there. (Isabel)

Theme 4: Eurocentric and gendered nature

This theme related to the Eurocentric and gendered nature of TSPs that were alien to Pacific cultures. These ranged from feeling inferior to others within a TSP fellowship to the influence of gender on the dynamic of the fellowship from a Pacific perspective. There were three subthemes of: (1) TSPs are culturally uninviting, (2) Desire for a Pacific subgroup, and (3) Requirement for gender specific spaces.

TSPs are culturally uninviting

All participants observed that Pacific peoples are generally a minority in TSPs, with a domination of NZ European people. This was a deterrent to meaningful participation due to feelings of inferiority. Furthermore, the three female participants discussed how the negative effect of being a 'double minority', meaning being of Pacific ethnicity AND a woman, was challenging. Four participants said that as the minority ethnic group in the rooms,

they felt inauthentic and unable to be themselves. Some participants who had experience of state institutions such as prison, disclosed experiences with Western systems that that led to an initial mistrust of TSPs.

> You go into those groups already feeling *ma* [embarrassed] and then when you walk in and can see that it's only *palagis* [Europeans] or one or two Asians and you feel like 'oh great, now I'm the stereotype' that they think we all are. Alkies [alcoholics], like druggies [drug addicts]. (Isabel)

Participants discussed how some interactions with others in TSPs were culturally inappropriate, having the potential to cause problems in Pacific families. Generally, this centered around gender with the sentiments expressed mostly by the female participants.

> I'm a married woman and I don't think it's appropriate for me to connect with men like that… because my husband will beat you up, and your partner will probably want to beat me up if we're texting each other when we're about to relapse 'hey I really need to talk to you, I need some support'. Little things like that, that I don't think they think about because they're not… us. (Isabel)

Desire for a Pacific subgroup

All participants desired Pacific subgroups to complement the main TSP meetings, like the Māori (indigenous population of NZ) subgroups that currently run within TSPs in NZ. Participants explained that benefits of Pacific subgroups would include increased appeal to Pacific newcomers, stronger synergies with other Pacific peoples in the group, increased relatability of the Steps in the programme and better understanding of the unique culturally related nuances that can affect one's recovery journey, that non-Pacific people would not understand.

> Because they [non-Pacific people] don't understand the cultural context of why that's happening. And then you end up wasting your whole one-hour session explaining the cultural significance of… the background. The cultural background and layers of everything. (Isabel)

Participants appreciated TSPs in regions with a high population of Māori and Pacific peoples, describing these fellowships as "having more brown faces".

> I live in South Auckland now and my home groups are in South Auckland so we're not the minority. We're the majority at the meetings … that's been a big thing for me as well, to be in the South Auckland fellowship. Whereas the Auckland [fellowship] is more *Pākehā* [NZ European] dominant. (Jane)

There were mixed opinions on how a Pacific subgroup would operate and what the limitations might be. Some participants had concerns about whether they would be "Pacific enough" to attend. Other participants felt

that regardless of the cultural processes or practices implemented within a subgroup, it would be dependent on the fellowship itself to give meaning to the cultural components of what would still very much be a Eurocentric programme. Even in the Pacific Island of Sāmoa, when Jane attended TSP meetings during a visit to that country, she noted that the meetings still had an essentially Western approach.

> I have attended quite a lot of meetings in Sāmoa … what I've noticed is that … the core of the fellowship there are either … white people living in Sāmoa, or they are Sāmoans who were born in Sāmoa but have spent extended periods of time living in Western countries … the fellowship doesn't seem to resonate with Sāmoan people who were born and bred in Sāmoa and who have lived in Sāmoa." (Jane)

Requirement for gender specific spaces

Interactions between men and women are considered *tapu* (taboo) in some Pacific contexts. Participants suggested separate spaces for men and women within TSPs would be valuable. All female participants felt that the male presence strongly influenced the dynamic and narratives shared within the fellowship, alongside feeling intimidated and uncomfortable in a space dominated by NZ European men. Female participants stated that their interactions with men were not always pleasant and agreed that more women's groups are required. Although a few exist in some TSP fellowships, the smaller number of women attending meetings precludes women's groups in most.

Two of the female participants described seeking women of color as sponsors as this felt culturally safe, although this was not always possible due to the few women of color in the programmes.

> When I first got sober it was really important for me that my sponsor be a woman of colour because I did definitely feel like a minority within the rooms. And yeah, that still is important for me but I haven't always managed for that to be the case because we are still such a minority. (Jane)

Similarly, male participants felt it was important for the availability of men's groups as this enhanced their sense of acceptance and belonging, and allowed for open and honest talk without the risk of disrespecting or offending women in the fellowship. All male participants had attended men's groups and found these to be safe spaces.

> I attended a men's meeting, strictly men. It's my home group. I've attended a lot of other meetings in different parts of Auckland, but I feel that's [the men's group] my place and where I need to be. (Daniel)

Discussion

The aim of this exploratory research was to gain initial insights into the subjective experiences of Pacific peoples accessing NZ-based TSPs so that

meaningful and effective Pacific-appropriate aspects can start to be understood, ultimately to improve TSPs for Pacific peoples living in NZ. Four themes were identified: (1) Inadequate preparation and orientation, (2) Communal nature, (3) Resonance with Pacific practices, and (4) Eurocentric and gendered nature. While all themes respond to the first research question relating to the overall experiences of Pacific peoples, the first theme is especially pertinent as it relates to the initial impression on attending a TSP and is likely to be a major contributor to whether a person continues to attend future meetings or not. Themes 2 and 3 respond to the second research question on beneficial aspects, while the fourth theme relates to the third research question on non-beneficial aspects.

Inadequate preparation and orientation

Participants reported an initial lack of understanding of what to expect in a TSP meeting. There were two aspects to this. First, a generic unknown that is likely to be common to anyone, irrespective of ethnicity, who attends a TSP for the first time. Additionally, participants described that in Pacific cultures, treatment for addictions was an unfamiliar concept, with support usually provided by, and within, families. Thus, guidance and information provided before being introduced to TSPs would help participants benefit from the programmes, enabling a more positive experience. This issue is likely to resonate with other minority cultures, particularly those living in Western countries, and presents a challenge to addiction treatment and recovery. Pacific peoples who had attended TSPs and achieved abstinence could provide a 'lived experience' perspective to prospective newcomers, whilst peer support and the alcohol and drug workforce could also play a pivotal role in providing this information.

Communal nature

The importance placed on belonging to a Twelve Step fellowship is consistent with school and church-based interventions preferred by Pacific peoples due to the importance placed on community and faith (Annandale et al., 2008, p. 8). Annandale et al. (2008) commented on the spatial dispersal of Pacific peoples, which is pertinent to understand the implications of being a minority group in NZ-based TSPs. A spatially concentrated population tends to create an atmosphere where core cultural values and practices are consistently and routinely exhibited and become the normal way of behaving. In this context, it could be argued that TSPs may only be effective for Pacific peoples who live in parts of NZ with larger Pacific populations. Simply put, for TSPs to be more culturally

inviting, more Pacific peoples need to attend to enable normalization of Pacific practices in SUD recovery. This was evident for participants who lived in South Auckland, which has a large population of Pacific people, and the resultant increase in "brown" faces at local TSP meetings.

One of the most common values in Pacific cultures is the importance and respect for relational space, known in Sāmoan as the *va* or 'the space between' (Wendt, 1996). When understood in the context of relationships between people, *va* refers to the way we talk to, act, and treat one another. As such, the way individuals engage with others can either nurture the *va* or trample on the *va*. One of the many ways that Pacific peoples nurture the *va* is through the act of hospitality and welcoming (Te Pou o te Whakaaro Nui, 2010). These two Pacific values, *via* the provision of food and refreshments, were identified by all participants as being a key feature of TSPs and were recognized as meaningful, not only when first attending TSPs, but in extending these Pacific values to other newcomers who joined the fellowship after them. The sharing of refreshments extended beyond the meetings, with members of the fellowship often attending what was referred to by participants as "the meeting after the meeting". This was described as the sharing of food or nonalcoholic drinks after a meeting, where the strengthening of relationships occurred. For some participants, this concept of hospitality and welcoming appears to have been a foundation for strong and enduring relationships with others in recovery, and were described as very important, especially by those who had lost relationships due to their problematic behaviors during active addiction.

Discrimination and prejudice surrounding mental distress and addictions is high among Pacific peoples living in NZ and is recognized as a barrier to Pacific peoples engaging with formal support services (Ataera-Minster & Trowland, 2018). Traditionally, some Pacific populations believed that the cause of mental health and addictions was a breach of *tapu* (taboo, sacred bonds of spirituality), or punishment for committing a sin. Even now, many Pacific families feel shame in seeking professional support, feeling this reflects their inability to heal their family member with their own love, faith, and care (Te Pou o te Whakaaro Nui, 2010). A conflict between Pacific knowledge, ways of being and *tapu* often exists in Pacific communities living in foreign countries where Western perceptions are dominant, and where sense must be made of traditional knowledge to fit within the contemporary environment (Efi, 2005; Tamasese, 1994). Pacific peoples also tend to look upon others experiencing mental distress less positively, perpetuating stigma within their own communities (Flett et al., 2020). Thus, the feeling of belonging and acceptance engendered in TSPs was an important motivating factor for continued attendance and application of the Steps by participants. It is possible that this connectedness contributed to the ongoing sobriety

and abstinence of all participants through reduced exposure to some of the social and environmental triggers often experienced by people who have relapsed. Nonetheless, the limited ability to involve family members in the programmes was contrary to Pacific practices.

Participants also recognized the significant relationship between sponsor and sponsee, with guidance provided by sponsors viewed as helpful in meaningfully orienting to the programme. Sponsors were recognized as mentors and role models for participants and as proof that the programme worked. The female participants described seeking women of color as sponsors but reported that this was difficult due to the few women of color in TSPs. Thus, this aspect, whilst being positive, was also challenging due to the Eurocentric nature of TSPs. Best and Laudet (2010) describe social relationships that are supportive of a person's recovery efforts to be an important part of a person's overall recovery capital; in other words, internal and external resources to initiate and maintain recovery from severe addictions. In the Recovery Capital Model, social capital is crucial to increasing the success of a recovery journey from addictions (Best & Laudet, 2010). In this context, it is clear that participants in this study felt an increase in their own social recovery capital derived from belonging to a TSP fellowship, but there was room for further alignment with Pacific practices.

Resonance with Pacific practices

Spirituality, one of the cornerstone values of Pacific cultures, is often a source of strength, meaning, and comfort and is a key domain of most Pacific models of health (Ataera-Minster & Trowland, 2018), existing alongside physical, emotional, and familial aspects of Pacific wellbeing. Traditionally, Pacific cultures have viewed spirituality as characterized by religious beliefs, mainly Christianity, following the introduction of religion to the Pacific Islands by missionaries during the early 1800s (Suaalii-Sauni et al., 2009). Recent Pacific generations, however, have moved away from this traditional belief system and are embracing alternative spiritual beliefs and practices (Te Pou o te Whakaaro Nui, 2010).

This was exemplified by participants who varied in their discussion of the role of spirituality, or Higher Power, in TSPs, although there was concordance that the reference to God was an initial deterrent due to the inherent expectation that, in order to successfully complete the programme, one must be a "believer". Once it became apparent to participants that they could interpret their Higher Power as a universal spirit, in a meaningful way for them, this changed their experience. For some participants, TSPs were a catalyst for reconnecting with their overall spirituality, identified as a significant part of their recovery journey. Studies have shown that spirituality and faith are viewed as a fundamental aspect of mental

health and addictions treatment for Pacific peoples, with both religious and indigenous spiritual beliefs being an implicit part of overall individual and familial wellbeing (Suaalii-Sauni et al., 2009).

Talanoa is one of the only evidence-based therapeutic approaches for working with Pacific peoples experiencing mental health and addictions challenges (Te Pou o te Whakaaro Nui, 2010). An important aspect of the *talanoa* process is the establishment of the *va*. Participants discussed how respect of this relational space was apparent in TSPs, especially in the structure of the 12 Steps, and the closing of meetings with the Serenity Prayer. By discussing the Steps in depth using *talanoa*, participants were able to apply the principles in their own lives, gain insight into their strengths and weaknesses and, most importantly, develop strength and hope for recovery. Other aspects of *talanoa* in TSPs also resonated with participants, such as face-to-face communication, indirect discussions (rather than direct and intrusive), use of metaphors to describe sensitive matters, and lack of imposed directions given by others in the fellowship, with participants given space and freedom to share from the heart.

The benefits of including family in the treatment and recovery journey of Pacific peoples is well documented (Te Pou o te Whakaaro Nui, 2010). Family is believed to be the foundation for most Pacific families and communities, extending beyond the nuclear family to include people associated by kinship, title, marriage or partnership. Family involvement in TSPs is not actively encouraged, and this is counter to Pacific values, although participants are able to bring a support person to 'open' meetings. Al-Anon is a separate TSP support group for family of those affected by addictions. Nonetheless, participants found a way to include family in their TSP journey, for example by thinking of family members as their 'Higher Power' and receiving encouragement from family members.

Participants felt that family involvement in TSP meetings would enhance their experience of the programmes, as well as their overall recovery. The validation, support and understanding that might come with family involvement was viewed as powerful and meaningful. Even if family members were using substances themselves, participants felt it would be beneficial for them to be exposed to the meetings and to perhaps develop their own motivation to make changes. It may be that people from other cultures, including Western cultures, may also wish for a more family-friendly TSP culture than currently exists creating a more holistic recovery-oriented environment.

Eurocentric and gendered nature

An important finding identified by participants in this study was the Eurocentric and gendered nature of TSPS, contrary to Pacific cultures. All participants found TSPs to be uninviting from a cultural

perspective and identified that this may contribute to the low numbers of Pacific peoples who attend TSPs in NZ. Retention in addictions treatment generally is an issue, with up to half of adults dropping out of professional treatment within their first month and up to 80% of adults disengaging with treatment within the first three months (Schroder et al., 2007). Factors influencing a person's retention in addiction supports have been described as fixed personality characteristics, dynamic client characteristics, and intervention related variables (Schroder et al., 2007).

For Pacific peoples in NZ, financial, cultural, and language barriers are recognized as contributing to the lack of access and engagement with health services, with increasing cultural competence of services being recognized as one significant way of improving outcomes (Paterson et al., 2018). Further barriers include the stigma of having an addiction, and a lack of an equity-focused health system particularly in relation to Pacific models of addiction care and service delivery (Nosa et al., 2023). The implications of being a minority population in a TSP meant that initially, the programme felt culturally uninviting and difficult to comprehend for participants. It is unknown how many Pacific peoples attend one meeting and then choose not to return; however, the small representation of Pacific peoples who regularly attend TSPs suggests that much like other professional addictions services, first impressions of meetings may not have been positive due to feeling "othered" culturally.

Participants mentioned the absence of Pacific resources, language, and motifs within TSPs made the environment feel Eurocentric and unfamiliar. Some of the language used in the Steps and the readings were also described as sometimes difficult to understand. Furthermore, from a cultural perspective, the interaction between men and women was culturally inappropriate and unsafe, with the majority male presence influencing what both Pacific men and women felt able to speak about. Efforts to navigate this tension included men joining weekly men's subgroups, and women finding sponsors who were of the same color. If TSPs included more gendered settings, this might increase the appeal and, therefore, attendance by Pacific people and other cultures where gender interactions are different from Eurocentric norms.

Participants desired a Pacific subgroup within TSPs. Creating specific meetings for groups with distinct and nuanced needs, allows for a more curated experience, and for the provision of safe spaces for cultural and emotional security, particularly for historically marginalized groups. A Pacific subgroup within TSPs would allow Pacific participants to apply Pacific practices, protocols, and meanings to the steps and traditions, and create self-governed spaces in a Eurocentric programme.

In this exploratory study, all participants had attended multiple TSP meetings, and three had attended for longer than two years. The participants were all recruited from the Auckland region of New Zealand, which has a large Pacific population, and five were New Zealand born. These participants found benefit in attending TSPs through the communal nature of the programmes and resonance with some Pacific practices. Yet other identified aspects such as the Eurocentric and gendered nature of TSPs are likely to be a barrier for many Pacific peoples (e.g. for those who drop out of, or do not access TSPs), as the participants themselves recognized when talking about Pacific peoples in general rather than their personal experiences. Further research is required to understand Pacific peoples' experiences of TSPs, and we specifically recommend that experiences are sought from those who have not found such programmes to be useful.

Strengths and limitations

Research on effective addictions treatment for Pacific peoples is largely underdeveloped, making it difficult to gain an accurate portrayal of the situation and conceptualize suitable resolutions. Therefore, a strength of this exploratory study is that it contributes to emergent literature focused on treatments for SUDs experienced by Pacific peoples, highlighting some areas of future focus for making TSPs and other addictions services more culturally welcoming and appropriate for Pacific peoples living in Westernized countries.

A limitation of this study might be considered to be the small number of participants. Qualitative studies generally involve interviewing participants until data saturation is reached. However, this was not the purpose of this exploratory study, which has now indicated focused areas for investigation in larger more robust studies. Further research with a greater sample size, including with Pacific people who drop out of TSPs, is necessary to fully understand the complex experiences of Pacific peoples in addictions treatment in NZ and other Westernized countries.

Conclusion

This exploratory study highlighted issues Pacific peoples living in NZ, as an ethnic minority, have in TSPs. Overall, there are aspects of TSPs that are appreciated by Pacific peoples such as the communal nature of the programmes with fellowship and connectedness, and there are aspects that resonate with Pacific practices such as the inclusion of spirituality, and a talanoa style approach. Conversely, several Eurocentric and gendered aspects of TSPs made attendance challenging and often unwelcome. These included a need for separate spaces for men and

women, the ability to involve family members in the programmes, and for a Pacific subgroup for Pacific peoples to apply their cultural beliefs and practices, within their recovery.

Although a larger more robust study is required to build on the findings of this exploratory study, the findings from this research have relevance for the alcohol and drug profession, frontline addictions services, mental health and addictions workforce development bodies, Pacific health organizations, policy makers, and Pacific communities. This research has increased the very limited understanding of issues facing Pacific peoples seeking support for their addictions, and can be the basis upon which effective, evidence-based addictions interventions for Pacific peoples may start to be developed.

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Appendix A. The 12 steps of a twelve step programme

1. We admitted that we were powerless over our addiction, that our lives had become unmanageable.
2. We came to believe that a Power greater than ourselves could restore us to sanity.
3. We made a decision to turn our will and our lives over to the care of God as we understood Him.
4. We made a searching and fearless moral inventory of ourselves.
5. We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. We were entirely ready to have God remove all these defects of character.
7. We humbly asked Him to remove our shortcomings.
8. We made a list of all persons we had harmed, and became willing to make amends to them all.
9. We made direct amends to such peoples wherever possible, except when to do so would injure them or others.

10. We continued to take personal inventory and when we were wrong promptly admitted it.
11. We sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts, and to practice these principles in all our affairs.

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