

# Counselling Psychology from a Samoan Perspective

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*O le tele o sulu e maua ai se fagota, e mama se avega pe a ta amo fa'atasi*  
My strength does not come from me alone, but from many

Addressing the psychological health of Pasifika<sup>1</sup> people in New Zealand continues to challenge clinicians and health professionals, particularly in the provision of therapeutic care that is both beneficial and culturally anchored. This article discusses the Uputāua Therapeutic Approach, a Samoan-based perspective in counselling psychology aimed at supporting clinicians and researchers in this important endeavour. A case-study example is provided to conceptualise this approach more specifically within a therapeutic setting.

Keywords: Therapeutic Approach, Samoan Health, Pasifika, Wellness, Fa'asamoa, Spirituality, Counselling Psychology

*"...health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (W.H.O. Definition, 1947, see Morice, 2006).*

The general advancement in psychological knowledge and health practices does not necessarily equate with actual experiences for minority communities, especially those that are submerged within predominantly westernised societies like New Zealand (Nikora, 2012). It is essential that one recognise what this disparity means for minority populations such as the Samoan, in order that their psychological and emotional health needs be examined and understood. That understanding can only come from a cultured platform that takes into account this population's indigenous patterns, their ways of

living, and their understandings of health perspectives, particularly if these endeavours are to make useful contributions towards supporting recovery and overall wellness (Samu & Suaalii-Sauni, 2009; Tamasese, Peteru & Waldegrave, 1997). As such, there is a vital role required in recognising the pathways that helps to connect Samoan or Pasifika understanding of health, with contemporary practices and knowledge, instead of assuming that both translate into similar or shared meanings. In order for this objective to be realised, or at least traversing the path towards its application, the proverb that opens this article urges the collaboration of more than one voice or perspective in the process of supportive dialogue. It is on the strength of many—both Samoan (or Pasifika) and western—that Samoans and Pasifika populations everywhere will experience successful health outcomes.

## Samoan Worldview

In many instances, health paradigms are understood and practiced differently by and among Pasifika people, compared

to western ideologies or pathologies as outlined by the World Health Organisation definition quoted earlier. As Seiuli argues concerning Pasifika perspectives to health, this viewpoint takes into account the "totality of the person, especially taking care to address their spirituality, and the sacredness of their customs and traditions" (2012, p. 26). Furthermore, addressing peoples' physical, psychological and social needs must include the contexts of *olaga fa'aleagaga* (their spiritual foundations), *tu ma aganu'u* (their customs and traditions), *aiga* (their kin and relationship network), and *laufanua* (their environment) (Mulitalo-Lāuta, 2000; Pulotu-Endemann, 1982). These contexts serve as vital links that connect, and importantly protect Samoan cultural imperatives, which are intrinsic of *fa'asamoa* patterns and ways of life.

It is within this context and understanding of health that the Uputāua Therapeutic Approach finds significance as a counselling perspective, especially in the supportive role of engaging Samoan people to therapeutic interventions that are beneficial to their healing or recovery, but which are also culturally anchored. Although the Uputāua Approach is primarily conceptualised using Samoan examples, the meanings, experiences and values represented by this approach may find indigenous connections with other Pasifika groups, therefore, it can serve to support them in their quest for health and wellness, or be used as a comparative resource.

## Significant Contribution

Over the years, many Pacific health researchers and clinicians have made important contributions in the

<sup>1</sup> Pasifika (Pasifiki) is a categorisation used for South Pacific people living in New Zealand. Their ancestral homes are located in the Polynesia, Melanesia, and Micronesia groups. These are people from the island nations of Samoa, Cook Islands, Tonga, Niue, Fiji, Tokelau, Tuvalu, Kiribati, Vanuatu, Solomon Islands and Papua New Guinea.

field of holistic health perspectives (Ministry of Health, 2006; Morice, 2006; Neimeyer, 2001). As a result, the development of Pacific-specific models of health and research perspectives have been useful in supporting and achieving therapeutic outcomes so far. The *Fonofale Model* (Pulotu-Endemann, 1982) is one of the earliest examples in the collection of health-focused approaches that interweave Pacific ideas within a generalised health orientation. That is, in the context of addressing Pacific peoples' health, the model urges health practitioners to consider cultural, spiritual and family values on top of the standard aspects of physical, social and mental wellbeing. Further, it encourages the consideration of clients' environment, the context of their lives, and time constraints of their engagements. Constructively, the Fonofale model, amongst others, has been instrumental in theorising the Uputāua Approach, particularly as the conceptual framework that aided with the approaches initial development (Seiuli, 2012).

Needless-to-say, Pacific health models and perspectives continue to emerge with similar purpose to that of the Uputāua Approach. Hence, it is the cooperative endeavour of Pasifika researchers and clinicians to continually support healthcare research and delivery to Pacific people in New Zealand and beyond. Partly, these endeavours reflect the burden of collective responsibility that is commonly attributed to communal cultures like those of the Pacific. And also, a response to the growing needs of Pacific people that continue to be ignored, or worse, to be assumed to be the same as Maori people—the indigenous people of New Zealand (Ministry of Health, 2006). The needs of Pasifika people are unique and diverse, needing specific ethnic input and perspectives that correlate with each specific indigenous reference. Of additional importance is the need to highlight that the Uputāua Approach is not the only Samoan or Pasifika perspective in counselling psychology available. Further, the ideas presented to contextualise this approach, and the cultural references used to illustrate or express a point, do not necessarily correlate with an overall perspective or

representation of Samoan worldviews. As such, the perspectives and ideas conveyed by the Uputāua Approach, although commonly practiced by the general Samoan populace, critically provide personal observations and research by the author within a therapeutic and research context.

### An Intergenerational Gift

Uputāua Therapeutic Approach perspectives are firmly traceable to ancestral roots as suggested by Anae (1999) who states that, "...we are carrying out the genealogies of our ancestors ...over time and space" (p. 1). Genealogically, the approach represents a *meaalofa* (gift) handed down by the *tua'ā* (ancestors). One of these 'gifters' is my grandmother 'Uputāua' Leiatuaalesā Seiuli, to whom this approach accredits its title. In reflection, she passed on a *meaalofa* that is reflective of her love and life. Indeed, she left a profound impact on those she cared for, where safety and security became the symbols of her compassionate nature, providing a safe refuge in troubled or challenging times. Kindness and gentleness with both words and deeds helped nurture confidence and minimised harm, both real and perceived. Grandma Uputāua's enduring presence supports and maintains her gift and legacy in and through the important work of helping people in their distress, even many years after she passed. And like Uputāua, there are many instances where I am invited into these relational and consecrated spaces, to journey and collaborate with clients, during moments of distress, challenges and pain. For me, this is a privileged and trusted place, and the Uputāua Therapeutic Approach ensures that the work done is performed with honour and care; reflective of the clients' status as those who come as important guests into the therapeutic engagement. These are vital steps in achieving holistic care, conducive to Pasifika healing paradigms and practices.

### A Conceptual Framework

The Uputāua Approach uses the *Faletalimalo* (Figure 1) as its conceptual framework. The *faletalimalo* is a modern Samoan meeting house specifically built for hosting, welcoming and receiving esteemed guests. Uputāua contains

two Samoan words: *upu*, meaning a word or a saying, and *tāua*, which is used to indicate value, wisdom or sacredness. The combination of the two words to form Uputāua is easily translatable to mean 'words of wisdom' or 'sacred conversations' (Seiuli, 2012). Likewise, 'approach' in this context, conveys the notion of advancement or progression towards a proposed space. In Samoan social organisations and cultural rituals, the proposed space is commonly referred to as the *va fealoalo'ai*, that is, the relational space that organises the relationship between people. There is also the space that is referred to as *va tapuia*, which emphasises the sacred divide between people and all living things, inclusive of genealogical connections (Suali'i-Sauni, 2012). Moreover, 'approach' significantly represents the method of positioning one needs to embrace or be attentive to, when engaged in these important spaces.

### Counselling Psychology: Consideration

The Uputāua Approach endorses and encourages engagement of the key components of the *faletalimalo* (see below) in order to facilitate respectful *talanoa* (dialogue) within the therapeutic space, particularly when counselling a Samoan client. Although the Uputāua Approach finds correlation with the work of talking therapies (Te Pou, 2010), importantly, it recognises that the healing journey for Samoans, like their Pasifika cohorts, is far more encompassing beyond the therapeutic encounter.

It is helpful to briefly discuss the meanings associated with each component of the Uputāua Approach, especially as it relates to counselling psychology and therapeutic practices. The following section highlights the key components of the Uputāua Therapeutic Approach and outlines their significance to Samoan epidemiological foundations.



Figure 1 Uputāua Therapeutic Approach

1. Roof – *Ola Fa'aleagaga* (Spirituality)
2. Land – *Tu ma Aganu'u Fa'asamoa* (Culture and Customs)
3. Foundation – *Aiga Potopoto* (Family, Kin and Relationship Network)
4. Internal Boundaries – *Le Va Fealoalo'ai* (Relational Space)
5. Frontal Pillar – *Ola Fa'aleloto* (Physical Wellbeing)
6. Frontal Pillar – *Ola Fa'aleloto* (Social Wellbeing)
7. Rear Pillar – *Ola Fa'alemafau* (Psychological Wellbeing)
8. Rear Pillar – *Ola Fa'alelagona* (Emotional Wellbeing)
9. Neighbourly Boundaries – *Tausi Tua'oi* (External boundaries)
10. First Step – *Meaalofa* (Gifting Process)
11. Second Step – *Loto Fa'atasia* (Collaborative 'we' approach)
12. Third Step – *Mana ma le Mamalu* (Maintaining honour and dignity)

*Ola Fa'aleagaga* or spiritual life is the covering that endorses safety and governance in the context of the *aiga* (kin and relationship network), *nu'u* (village) and *ekalesia/lotu* (church/

religion). Spiritually is often equated with Christian or religious worldviews; however, Samoan people have also maintained an entrenched understanding and practice of spirituality from their past (Fraser, 1891; Kramer, 1901; Suaalii-Sauni, Tuagalu, Kirifi-Alai, & Fuamatu, 2008). Hence, people are not just an expression of some physical, social or emotional characteristics, but significant in their holistic being is the role of their divine connection to *Tagaloa-a-lagi* or Tagaloa-who-lives-in-heaven (Kramer, 1901; Tui Atua, 2004 & 2006). These connections strongly emphasise that we are inseparable, exquisitely attached to the physical and the natural, just as much as we are to the spirit worlds and the cosmos. It is on the basis of these perspectives that a central focus of pre-Christian existence for this group emerged. Nowadays, many people prescribe to predominantly Christian teachings and values (Taule'ale'ausumai, 1997; Va'a, 2001), where the church serves "... as an important institutional referent for Samoan ethnic identity" (Kallen, 1982, p. 104). In New Zealand, Samoan churches have developed as the hub of cultural growth and religious life for its ever expanding communities (Ablon, 1971; Anae, 1998).

*Tu ma aganu'u fa'asamoa* is the cultural context that is represented by the land. The cultural context is essential to understanding Samoan people's

perspectives of health, environment and therapeutic engagement. This context advocates for the understanding and practice of appropriate protocols such as acknowledging the *va fealoalo'ai* (space to relate), or respecting the *feagaiga* (covenant) relationships and to give *tautua* (service) to all people. The principles of *fa'asamoa* essentially refer to their traditional customs (Lima, 2004). These traditions and patterns form a unique part of Samoan social identity (Mallon, 2002; Meleisea, 1995; Sahlins, 1985; Va'a, 2001). Consequently, *fa'asamoa* serves as the solid ground that upholds the family unit, endorses its cultural values, acknowledge its spiritual faith, providing pathways for customs, beliefs, and identity to be supported, elevated and preserved. The cultural component often represents a familial resolution for ordering one's social life, by providing guiding principles for gauging one's behaviour, and serving as the basis that underpins one's ethno cultural identification. It is on this basis that the cultural context finds allegiance with what Mulitalo-Lāuta (2000) reiterates as *fa'asamoa* being the "total make-up of the Samoan person" (p. 15).

The cultural context also represents one's *tulagavae* (footprint) in locating one's ancestral connections and birthplace. For many who live in New Zealand, it is a re-negotiated identity inclusive of multi-ethnic

diversity resultant from their diasporic experiences. Because of this diversified identity, culture is fluid and evolving, dependent on context and one's level of integration into the adopted community (Pulotu-Endemann, 1982). Therefore, culture is not rigid or concrete, but living and breathing, meaningfully forming Samoan identity wherever situated. More specifically, the flexibility of culture gives space for accessing both traditional and contemporary knowledge that support people in their development, and their healing and therapeutic journeys.

*Aiga Potopoto* is the family, kin and relationship networks. The *aiga* is situated as the foundation of the *faletalimalo*. For Samoan people, the *aiga* connects, supports and elevates them in their spiritual responsibilities, their physical spaces, their social relationships, their emotional wellbeing, their psychological functioning and in their economic sustainability. Samoan identity is germinated, nurtured, matured and replicated within the *aiga*. Gender issues, sexuality, roles and responsibilities, learning, observing, and activity all find their purposes and meanings within the family context. Furthermore, vital roles such as the family *matai* (chief, leader) and other statuses (minister, elderly), *feagaiga* (covenant relationships), *taule'ale'a* (untitled men), *auaaluma* (unmarried women) and *tama'iti* (children) find their places, identity and belonging within family relationships. A Samoan proverb that reflects this sense of belonging says; *o le tagata ma lona fa'asinomaga*; exhorting that each person has a designated role and responsibility. It is the *aiga*, particularly those in leadership and decision-making roles, who define and designate these roles to its members.

*Le Va Fealoalo'ai* is the relational space as represented by the internal boundaries of the *faletalimalo*. These boundaries serve to protect the family while simultaneously maintaining safe limits with those outside of the family construct. A well-known Samoan expression that reflects the importance of safeguarding the internal boundaries advocates; '*Ia teu le va.*' This declares that one must always take care to 'nurture, cherish and take

care' of the relational space, firstly within one's family, and then with the wider community (Pereira, 2011, Seiuli, 2012). The internal boundaries encompass the practises of *aga'alofa* (love/charity), *fa'aaloalo* (respect/deference), *agaga fesoasoani* (support/helpfulness) and *fealofani* (relational harmony) (Mulitalo-Lāuta, 2000; Seiuli, 2010). The relational space needs continuous attention so that the possibility of being *solu* (trampled) is avoided (Pereira, 2011). This concept is critical, particularly when considering engaging a Samoan family or community in therapeutic work. The proper context of *va fealoalo'ai* helps people understand their appropriate connections with one another. The lack of awareness or understandings of the important role required to nurture and take care of the *va* has invariably led to the dishonouring of the relational space (Pereira, 2011), in addition to the trampling of the sacredness of the people's dignity. Resultant is the breakdown of communication between parties, or the refusal and withdrawal of some to further participate in any conversation until the space has been restored and healed. Healing the *va* represents by the notion of *teu*, that is, to restore back to its rightful condition and purpose. If the space is deemed unsafe, the prospect of achieving any beneficial outcome is minimal at best.

*Ola Fa'aletino* represented by the left pillar of the *faletalimalo* stands for the physical aspect of life. Its forward position characterizes the physical presence and surrounding, which are easily recognisable when engaged with Samoan people. It represents their humble nature, their strong sense of loyalty, their happy attitude, their unique language, their cultural surroundings and their supportive community. The physical aspect of life encompasses a high regard for values of reciprocity and collectivity. Samoans understand that they are all connected in the larger tapestry of life, and that all are sacred and related (Morice, 2006). We are, therefore, an intimate manifestation of the greater whole (Tui Atua, 2009). It is both our duty and responsibility to nurture our physical, social and spiritual worlds in a harmonious relationship. Achieving this balance is conducive to

healthy manifestations in the physical realm.

*Ola Fa'aleloto* represents the social dimension as the second frontal pillar. The Samoan social self is better understood as "socio-centric" (Mageo, 1998, p. 5), often as a reference of their friendly, obliging, warm and cheerful personas. Samoan people are inherently relational, generally with an abundance of social and community connections. Their social values emphasise collectivity and shared responsibilities. Significantly, all members are called to family loyalty as their *tautua* (to serve), not as independent or self-centred, but in close community. When the social dimension is positioned within the important context of family and *fa'asamoa*, the enactment of the customary responsibilities is motivated by the understanding that reciprocation will result in time and in kind. Therefore, the performance of reciprocal practices is done both to support, and to communicate connection, understanding that the cycle of supportive contribution will be reciprocated in future incidents. For many Samoan communities, the extended family social structure, and its adhering patterns of address, often provide the stabilising force in the face of personal or collective life cycle events such as death.

*Ola Fa'alemafau*—one of the rear pillars—represents the psychological wellbeing of the person, which focuses on the thinking and decision-making processes of individuals and their families. This area is vital in examining and understanding one's ability to cope and to process situations that one may face from time to time. From personal observation within clinical settings, although the psychological wellbeing is a vital component in the makeup of the Samoan person, it is often ignored or neglected altogether, thus, the primary reason for its rear position. This needs to be highlighted as crucial to their overall wellness, if Samoan people are to attain restorative health. For example, *Te Rau Hinengaro: The New Zealand Mental Health Survey* emphasized that it may be challenging for many Samoans accepting mental-health illness amongst its members (Ministry of Health, 2006), as mental illnesses are still being perceived or understood to be the

result of a curse or the consequence of a spiritual indiscretion (Te Pou, 2010).

*Ola Fa'alelagona* or emotional wellbeing is another neglected but central component of the Samoan person, hence, its backward position as the second rear pillar. If the emotional capacity continues to be ignored or discarded, there are serious long-term repercussions for Samoan people everywhere. The *aiga* plays a foundational part in how emotions are cultivated, articulated and endorsed. Therefore, when there is a breakdown in communication that fosters strong emotional attachments, the likelihood of healthy emotional development and security can be disrupted or weakened. For example, *fa'alavelave* (life disruptions requiring financial and material support) is a common stressful aspect of Samoan people's existence. It is well documented (see Maiava, 2001; Tamasese, Peteru & Waldegrave, 1997; Tui Atua, 2006, 2009) that a significant factor contributing to the highest level of stress in Samoan communities is the struggle for economic survival whilst balancing traditional responsibilities such as *fa'alavelave* obligations. In other words, stress amongst family members is particularly notable when financial demands are made on the extended members to contribute. As a result, *fa'alavelave* is an enormous "burden" (Maiava, 2001, p. 132) and many find such obligatory duties hard to bear.

*Tausi Tua 'oi* represents the external boundaries that provide safe coverage for the *aiga* with their local community, health professionals or helping agencies. This secondary boundary provides the safe path to negotiate desired outcomes such as: specific timeframes, *meaalofa* (gifts, reimbursements, resources, food, etc.), accountabilities, and responsibilities of all parties involved in the engagement.

*Meaalofa*<sup>2</sup> or the processes of gifting, represents the first of the three front steps of the *faletalimalo* (Seiuli, 2004, 2010). The steps support healing and restorative practices that lead to beneficial outcome. *Meaalofa* emphasises the spirit of generosity with knowledge, time, resources and support.

Its processes serve as a cornerstone of the Samoan self (Seiuli, 2004; Turner-Tupou, 2007), particularly reflective of gifting performance as a reciprocal process. As such, gifting practices affirm and strengthen special relational bonds between families, churches and villages.

*Loto fa'atasia* is the second step which represents the practices of intentional co-collaboration (see White & Epston, 1990) or the 'we' approach. *Loto fa'atasia* can be literally translated as 'to be of one heart or one soul'. The collaborative approach is relational and community-based—not isolated or individuated. This perspective recognises the Samoan person as an integral part of the collective unit, rather than as an independent entity. Therefore, the 'we' approach as an integral component of the collective self serves as one of the core element that knits Samoan people together. It helps create a strong sense of affiliation, loyalty and oneness. In fact, life lived in this manner is critical to Samoan people's identity in the family, village and church (Seiuli, 2004).

*Mana/Mamalu* specifically speaks about the code of honour, which is a vital part of Samoan life and cultural mores. Honour for Samoan people is intrinsically connected to the foundational practices of giving deference and respect to people. In the context of the *faletalimalo*, before approaching the sanctity of the *aiga potopoto*, one must do so with a spirit of humility. Additionally, honouring speaks about supporting and validating expressed life narratives of individuals, their *aiga* and their communities; that is, validating that their life stories are therapeutic and they can become valuable steps in the healing journey. Such validation is intimately connected to the recovery and preservation of Samoan epistemological foundations that are aligned with their struggles, challenges and emergence within Aotearoa, New Zealand. These shared stories provide a sense of community which can interpret therapeutic experiences as less isolated or exclusive incidents, and more collective and familiar to those within one's own community. Ultimately, the honouring through validation helps reconcile contemporary perspectives and approaches with traditional customs

and cultural expressions.

## Implications for Clinicians and Health Professional

The Uputāua Approach challenges counselling psychologists, health clinicians and researchers who engage with Samoan individuals and families to consider self-reflective evaluation throughout the engagement process, as well as when the work is completed. This way of working tremendously supports the achievement of therapeutic allegiance, aiding in the process of healing. Following is a brief outline of some of the key components of the approach with implications that could be considered for more effective engagement by health professionals. Please note that not all of the components are discussed as some are self-explanatory; hence, only those that needed further clarifications are outlined in this section.

*Ola Fa'aleagaga*: Within important engagement practices, spirituality plays a crucial role, drawing together and supporting members as they strive to achieve harmony with God, the gods, their fellow man and their environment (Tui Atua, 2006). When construed within a therapeutic context, spirituality offers so much more than just a prayer or religious teachings. For many Samoans, it is a way of being; one that governs and protects them in and throughout their existence, and especially their engagements.

*Aiga Potopoto*: The formation of the current Samoan family, especially in Euro-urban localities, could contain traces of both the traditional as well as a diversity of other ethnic mixes. It is important, therefore, that attention be given to both the family unit as well as the ethnic structure of that kin network. This consideration must account for the complexities of cultural variants that currently exist within each and every family group. Also important in the consideration of the family unit within western contexts such as New Zealand, are the changes and transformation that family structures have taken over time. Therefore, as much as one may presume that family structures for Pasifika people are strong, nurturing and communal; it may not be the reality for all. For example, Samu and

<sup>2</sup> Meaalofa concepts are discussed in more details in Seiuli (2010).

Suaalii-Sauni (2009) in their study of cultural competencies in Pacific mental health, cautioned against the assumption that all Pasifika people ascribe to the idea of having supportive families. Additionally, they found that a decent number of Pasifika people in current times reflect a more nuclear arrangement in their family structure than the more traditional extended unit. The result is that for many of these people, their preference for support may in fact, be with State-funded services, churches or other avenues, and not their families, as would be traditionally expected.

*Tu ma aganu'u fa'asamoa:* It is essential that clinicians have cultural knowledge, or are willing to access these as necessities to further their understanding of the unique identity of their Samoan clients. Practitioners are also cautioned not to presume that, given the Pasifika categorisation, all cohorts from the Pacific will share the same identities or cultural practices, or worse, to assume these to be the same as those of Maori people.

*Va Fealoalo'ai:* The Uputāua Approach advocates that the primary task for any practitioner is the need to *teu le va*; that is, to take time to address the relational and the consecrated therapeutic space. Their ability or inability to consider this important relational space reflects on the therapists' desire to work within a healing context that is centred on Samoan and Pasifika paradigms.

*Ola Fa'alemafaufau:* The continual ascription of focusing primarily on the social and physical wellbeing of the person can lead to isolation and ostracism of many who are experiencing mental challenges. It is imperative to examine and dialogue about the historical patterns of mental health or un-wellness within Samoan communities, thereby helping to normalise and demystify such life challenges. Acknowledging opinions and thoughts about such situations helps to nurture the *va fealoalo'ai*, especially within this psychological context.

*Ola Fa'alelagona:* According to Suicide Prevention Intervention New Zealand (SPINZ, 2007), "if family expectations are not met, ...or if a person's conduct reflects badly on the family name, a person can feel guilty and shame" (p. 9). A consequence of

this shame and guilt is that of self-harming practices or suicide ideations (SPINZ, 2007). Hence, the emotional wellness of Samoans needs to be addressed, especially within therapeutic settings; otherwise, these can continue undiagnosed, leading to possible detrimental effects.

*Tausi Tua'oi:* It is also vital that health professionals maintain safety with and for individuals and families throughout the engagement period, and importantly, when the work is complete. The *tua'oi* is an extension of the internal boundaries discussed earlier, which needs on-going cultivation. Instrumental is the capacity to stay alert to the responsibility of ensuring that harmony is achieved within these important social and relational spaces. The need for being alert is informed by past experiences, where Samoan communities have felt that their boundaries were regularly trampled as a result of being 'over-researched' as a community (Seiuli, 1997).

*Meaalofa:* In the context of counselling psychology, meaalofa is the ultimate representation of the gift of therapeutic allegiance and support. This gift takes place in the safe and sacred exchange that transpires within the relational space. In other words, the counselling engagement becomes a sacred gift, one that embraces the *mauli* (soul) of all parties involved. The exchange offers an important link between the giver and receiver; the client and clinician. Yet distinctively, the meaalofa exchange also allows for expressing safe human emotions, thus making room for the expansion of psychological capacity, which translates to safe engagement in rational reasoning. In this capacity, all exchange is regarded as a sacred gift, one that is held closely by all parties and is, therefore, treasured for generations.

*Loto Fa'atasia:* Health professionals and clinicians are encouraged towards oneness in heart and mind with the participants or clients in their journey. Moreover, the needs of clients or communities must be elevated above the practitioner's own sense of expert-ness. As such, the co-collaboration provides room to champion Samoan epistemological foundations, acknowledging that these

communities are experts of their lives, their experiences and their environment. Collaborativeness acknowledges that clinicians and health professionals are welcomed into a privileged and honoured space as outsiders and invited helpers. It would be detrimental to disrespect or *solu* (trample) trust and *mana* (dignity) of those seeking support (Pereira, 2011).

*Mana/Mamalu:* It is valuable to be mindful that engagement in therapeutic process for many families leaves them vulnerable and exposed. In the past, some have trampled on this sacred relational space. Clinicians and health professionals must intentionally uphold the pride and *mana* of clients and their communities at all times. Engaging clients or communities in this manner can be a healthy reflection of helping done *with* people and *for* people, not *on* people (Hodgetts, Drew, Sonn, Stolte, Nikora, & Curtis 2010; Jovchelovitch, 2007). In the process of therapeutic restoration and healing, honouring and maintaining dignity recognizes the gifts handed on by ancestral forerunners, to help current and future generations in their healing and restorative journeys.

### Case Study<sup>3</sup>

Hamo (pseudonym) was referred for ACC counselling to address behavioural issues that he had been exhibiting as the result of being sexually abused as child. He was a Periodic Detainee (PD) serving time in a correction facility in the Upper North Island of New Zealand. As a PD, Hamo did not have a specified release date for his conviction. From the brief report that accompanied his referral, it appeared that his sexual abuse, both in Samoa and New Zealand, had subjectively shaped his thought patterns and core beliefs about his value and worth as a person. Consequently, his teen years reflected a destructive path that led to irregular school attendance, running away from home, living on the street, prostitution, drugs, alcohol, carelessness, criminal activities, and suicidality. Hamo was caught in a destructive lifestyle cycle as a way of isolation, and to hide the guilt and shame he continuously felt resultant

<sup>3</sup>This case study is a revised version of the one also discussed in Seiuli (2013, p.110).

of his abuse.

Hamo had previously engaged with a counsellor in another prison prior to being transferred. In prison locations, inmates may only access whatever counselors that are available because often, only one counsellor is approved per prison facility. In acknowledgment, there are psychologists and psychiatrists on location; however, they are normally assigned to specific treatment programme such as the Drug Treatment Unit (DTU) or Adult Sexual Offenders Program (ASOP). Outside of these clinical settings, health professionals rarely, if at all, engage with inmates in a private one-on-one capacity. In Hamo's situation, he was not eligible for any of these programs due to the nature of his offence and sentencing condition. Upon receiving the referral, Hamo later revealed that he was excited when he was told that the counsellor he was being referred to was a Pacific person. He was unsure of my ethnicity until he was given my contact details by the referring staff. He recognized my surname as Samoan and wondered if there was any familiarity with his family name and genealogical connections.

In our initial sessions together, it was important to involve Hamo by engaging the components of the Uputāua Approach as a connecting point between us. Even from the first session together, Hamo advocated for the importance of recognizing and respecting our spiritual connection to God. This meant starting, and oftentimes, concluding our time together with a prayer; praying for him, for me, for our respective families and for our work together. From time to time, the embrace of spirituality also included poems and letters he had written, a song or hymn he had been singing in his cell, a bible verse he had read or heard, or a discussion about various church-related activities both in New Zealand and Samoa. Spiritual connection maintained a safe covering throughout our sessions together, as well as extending this spiritual umbrella of safety over his family. Acknowledging and engaging within this spiritual covering opened space for us to have lengthy conversations about his unmet spiritual needs; that is, recognising his need to regularly pray for his elderly parents, his siblings and his extended

family. Interestingly, the embrace of his spiritual desire included praying for the victims of his crime, the inmates and staff in his unit. He also voiced his desire to get out of prison and to move closer to his family. Acknowledging the significant role that spirituality plays in his life opened the door for the rest of the therapeutic journey together. Furthermore, the sacred space created by this covering allowed us to weave together his physical, emotional, psychological, social, familial, and spiritual narratives in this journey of discovery, reconnecting, healing, and restoration.

We also interacted within the cultural landscape by exploring his ancestral village and his journey to New Zealand. These initial conversations brought a discovery that our villages in Samoa were neighbors, and shared the same district affiliation. Hamo made useful and important connections on a cultural landscape that were familiar to him, and importantly, gave him meaning that connected to the core of his Samoan identity. These vital connections provided hope for inclusion instead of isolation and exclusion; something he was very familiar with both in the prisons and the destructive cycle that eventually led to his criminal activities. The cultural links also opened opportunities for rediscovering his neglected relationship with many parts of his cultural identity that mattered. These were important values such *fa'aaloalo* (respect), *fa'aleaiga* (family honour) and others that were dear to his heart but had long been discarded. This was also very evident when he spoke longingly of his ultimate goal of returning home so that he could take care of his elderly parents. Hamo tenderly expressed his deep love and respect for his elderly parents, who were both still alive and living in the lower North Island. In later sessions, Hamo gave this statement concerning his cultural foundations, saying "... *this is an important part of my Samoan heritage.*" Without the foundation of his family and kin network, Hamo's sense of belonging and Samoan identity had taken a battering from the world in which he was trying to survive. The reconnection to his Samoan heritage in this context, provided him with the

*va fealoalo'ai* (sacred relational space) to mourn, to grieve, to rediscover and to reconnect with all that still contain a richness of meaning for him as a Samoan man.

Hamo continued to share his life narratives about being a migrant to New Zealand throughout our sessions, together with the counselling that was specifically targeted to help him address his post-traumatic stress disorder (PTSD) and anxiety problems resulting from his early sexual abuse. In this context, Hamo was encouraged to consider not only his spirituality, his culture and his family, but also to examine his physical, social, emotional and psychological capacity and coping from the effects and damage of the abuses he endured. The role of addressing these priorities correlates with the four pillars of his *faletalimalo* (guest house), which needed to be mended and rebuilt; one piece at a time, one session at a time. It is important to note here that not all of the reconstruction work lies solely with an individual clinician. It takes more than one person to assist in lightening such a load. In the work with Hamo, those who contributed to the work included Correction staff, the New Zealand Accident Compensation Corporation (ACC), medical personnel, Chaplains, previous counsellors, and others. Although these persons and groups may not have been directly involved or present with the therapeutic work that was done, they were certainly present in our conversations, offering helpful support over time. Healing in this context is one of collaboration and collective support. It is a gift being fashioned in the exchange, one that takes time and dedicated energy. For a person in Hamo's predicament, there was a lot of damage that needed gentle massaging and care in order to slowly journey towards the healing space. The work that takes place here aligns closely with the ideas of *tausi le va* or nurturing and healing the trampled space.

Amongst the myriad of therapeutic conversations that continued in this space was Hamo's desire to hold on to his Samoan language, his need to reconnect with his aiga by being transferred to a prison closer to them, his longing to taste Samoan food again, and his remorsefulness over his

destructive life that led to his criminal convictions. The Uputāua Approach provided continuous space for me, as the clinician, to continually uphold the clients' holistic needs and to honor what was important for him to address in each discussion. Therapeutic work done this way speaks about collaboration, honouring and gifting—all of which are considered paramount in the client/therapist relationship. It reflects the work that is done *with* people, not *on* people; that often, clients themselves have validated expertise in their own lives and circumstances—an awareness that needs acknowledging.

In one of our sessions, Hamo reported that he had not explored his Samoan life and histories with any counsellors, yet he had engaged with department psychologists and an ACC-approved counsellor prior to being transferred to his current location. He reasoned that these health professionals were only interested with examining his criminal history in order to prescribe interventions to cure his maladaptive behaviours. His previous engagement in health settings led him to surmise that "...they were not really interested in me as a person ...just my convictions". As a result, he merely told people what he thought they needed to hear so he would not be labeled as 'un-cooperative' or 'non-compliant', particularly when he already felt uncomfortable and alienated having to engage with them initially. To make matters worse, his cultural needs were neglected and ignored, or often assumed to be the same as those of Māori clients.

The components outlined by the Uputāua Approach assisted in attending to Hamo's holistic needs; both evident and unspoken. Hence, engaging the various components of this framework ensured that vital areas were not overlooked, neglected, or assumed to be the same as for other cultures, or even the same as those who share common ethnicity. For example, a significant step toward healing and restoration for Hamo included the need to move closer to his family so they could visit him regularly while he serves his time. His present location meant that his family had to travel at least seven hours for a maximum two-hour visit with him, at great financial cost in the form of

petrol, food, and accommodation. Costs and inconvenience aside, his elderly parents were not in a physical state to endure the long drive safely. In support, we explored the possibility of him applying for a transfer to a closer prison so that the visits could be more affordable and regular with his family, but of considerable importance is that their physical presence would contribute greatly to his recovery. Hamo found a new surge of confidence and support to make this request. Amazingly, his application for a transfer was accepted. This was an answer to prayer—both our prayers, a collaborative that extended to the heavens. We were thankful and excited about the possibility that Hamo would finally be able to have regular visits with his family again; reconnecting with those who were dear to his heart, especially his parents. In the time that Hamo was an inmate in the correction facility near in the Northern part of the North Island, none of his family members were able to visit him, but the possibility of this changing was certainly looking like a reality.

In one of our last sessions, Hamo outline the time and date of his transfer, and then we parted company after another time of heartfelt prayer, encouragement and thanksgiving. A few months later, I was surprised to receive a letter from Hamo outlining his situation and new location. The letter expressed how pleased he was to be closer to his family and that he was doing well. Additionally, he was in the process of arranging approval for his parents and his siblings as regular visitors. Hamo expressed his appreciation for our time together, and added that he was praying for my counselling work, especially with other inmates in similar life challenges that he was in.

### Concluding Thoughts

The role of counselling psychology towards facilitating and supporting holistic health for Samoan people is crucial, especially in the current environment. However, traditional perspectives and application were, and to a certain degree, still are predominantly Eurocentric. They have been often void of critical aspects to help clinicians wishing to work holistically to encompass the cultural, spiritual,

familial, and environmental components of non-western groups like the Samoans. This article introduces the reader to the Uputāua Therapeutic Approach, as a Samoan purpose-built bridge to help in achieving healing and restoration within counselling and therapeutic contexts. The approach invites the weaving together of Samoan cultural paradigms with western therapeutic perspectives in their collaborative role of supporting Samoan (and Pasifika) clients in their healing journey. Reflective of Hamo's situation, the guidelines provided by the Uputāua Therapeutic Approach provided a safe and familiar framework that allowed him to search, to find, to reconnect and to celebrate the totality of who he is as a Samoan person; with intrinsic worth and value that contributed significantly to his coping, and re-emergence with life in Aotearoa, New Zealand. Indeed, this way of working and living is a gift that spans the generations. *Soifua ma ia manuia.*

### Author Biography

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### References

- Ablon, J. (1971). The social organization of an urban Samoan community. *Southwestern Journal of Anthropology*, 27(1), 75-96.
- Anae, M. (1998). *Fofoa-i-vao-ese: the identity journeys of New Zealand-born Samoans* (Phd thesis). University of Auckland, Auckland.
- Anae, M. (1999, July). *Born in New Zealand*. Paper presented at the Pacific Vision International Conference, Auckland, New Zealand.
- Fraser, J. (1891). The Samoan story of creation. *The Journal of the Polynesian Society*, 1(3), 164-189.
- Hodgetts, D., Drew, N., Sonn, C., Stolte, O., Nikora, L. W., & Curtis, C. (2010). *Social psychology and everyday life*. Hampshire,

- England: Palgrave MacMillian.
- Jovchelovitch, S. (2007). *Knowledge in context: Representations, community and culture*. Hove, UK: Routledge.
- Kallen, E. (1982). *The Western Samoa kinship bridge: A study in migration, social change and the new ethnicity*. Hungary: Leiden & Brill.
- Kramer, A. (1901). *The Samoan Islands: an outline of a monograph with particular consideration of German Samoa* (T. Verhaaren, Trans., Vol. 1 & 2). Auckland, New Zealand: Polynesian Press.
- Lima, I. (2004). *Tafesilafa'i: Exploring Samoan alcohol use and health within the framework of Fa'aSamoa*. Unpublished doctoral thesis, University of Auckland, Auckland, New Zealand.
- Mageo, J. M. (1998). *Theorizing self in Samoa: Emotions, genders, and sexualities*. Ann Arbor, MI: University of Michigan Press.
- Maiava, S. (2001). *A Clash of Paradigms: Intervention, Response and Development in the South Pacific*. Ashgate Publishing Limited, Aldershot, England.
- Mallon, S. (2002). *Samoan art and artists: O measina a Samoa*. Nelson, NZ: Craig Potton Publishing.
- Meleisea, M. (1995). To whom the gods and men crowded: Chieftainship and hierarchy in ancient Samoa. In J. Huntsman (Ed.), *Tonga and Samoa: Images of gender and polity*. Christchurch, New Zealand: Macmillan Brown Centre for Pacific Studies.
- Ministry of Health. (2006). *Te Rau Hinengaro: The New Zealand mental health survey*. Wellington, New Zealand: Author.
- Morice, M. (2006, November). *Te Whare Tapa Wha*. A paper presented at the MindBody Conference, Waiheke Island, Auckland, New Zealand.
- Mulitalo-Lautā, P. (2000). *Fa'asamoa and social work within the New Zealand context*. Palmerston North, New Zealand: Dunmore Press.
- Neimeyer, R. (2001). *Meaning reconstruction and the experience of loss*. Washington, DC: American Psychological Society.
- Nikora, L. W. (2012). *Culture and Ethnicity: A pathway for living*. Maori & Psychology Research Unit. University of Waikato. Hamilton.
- Pereira, F. T. (2011, September). *Tausi Le Va*. Paper presented at the When Culture and Care Connects Conference, Auckland, New Zealand.
- Pulotu-Endemann, F. K. (1982). *Pacific mental health services and the workforce: Moving on the blueprint*. Wellington, New Zealand: Ministry of Health.
- Sahlins, M. (1985). *Islands of history*. Chicago: University of Chicago Press.
- Samu, K., & Suaalii-Sauni, T. (2009). Exploring the 'cultural' in cultural competencies in Pacific mental health. *Pacific Health Dialog*, 15(1).
- Seiuli, B. (1997). *Ola Fa'autauta project evaluation*. Auckland, New Zealand: Auckland University.
- Seiuli, B. (2004). *Meaalofa: A gift handed over. Making visible and accessible Samoan counselling in New Zealand*. Unpublished Master's Thesis, University of Waikato, Hamilton, New Zealand.
- Seiuli, B. (2010). Meaalofa: Making Samoan counselling practices accessible and visible in Aotearoa New Zealand. *New Zealand Journal of Counselling*, 30(1), 47-63.
- Seiuli, B. (2012). Uputāua: A Therapeutic Approach to Researching Samoan Communities. Ignored no longer: Emerging Indigenous researchers on Indigenous psychologies. *The Australian Community Psychologist*:24(1), 24-37.
- Seiuli, B. (2013). The Meaalofa Therapeutic Approach in Counseling with Pacific Clients. In M. Agee, T. McIntosh, P. Culbertson & C. Makasiale (Eds.), *Pacific Identities and Well-Being: Cross-Cultural Perspectives* (pp. 103-114). New York: Routledge.
- Suaalii-Sauni, T. (2012). "Indigenes" in Dialogue: Reflections on the Place of Traditional Knowledges in Pacific Discussion of Gender, Faith, Peace, Reconciliation and Good Governance. Paper presented at the International Indigenous Development Research Conference for Nga Pae o te Maramatanga, University of Auckland.
- Suaalii-Sauni, T., Tuagalu, I., Kirifi-Alai, T. N., & Fuamatu, N. (Eds.). (2008). *Su'esu'e Magoni = In search of fragrance: Tui Atua Tupua Tamasese Ta'isi and the Samoan Indigenous Reference*. Apia: Samoa: The Centre for Samoan Studies, National University of Samoa.
- Suicide Prevention Intervention New Zealand (SPINZ). (2007). "O o'u paolo ou te malu ai: It is my people that give me shelter" - Embracing our Samoan Communities; suicide prevention information for people working with Samoans in Niu Sila. Auckland, New Zealand: Author.
- Tamasese, K., Peteru, C., & Waldegrave, C. (1997). *Ole taeao afua: The new morning: A qualitative investigation into Samoan perspectives on mental health and culturally appropriate services*. Wellington, New Zealand: The Family Centre, Lower Hutt.
- Taule'ale'ausumai, F. (1997). Pastoral care: A Samoan perspective. In P. Culbertson (Ed.), *Counselling issues & South Pacific communities* (pp. 215-237). Auckland, New Zealand: Accent Publications.
- Te Pou o te Whakaaro Nui. (2010). *Talking Therapies for Pasifika Peoples: Best and most promising practice guide for mental health and addiction services*. Auckland, New Zealand: Te Pou.
- Tui Atua, T. T. T. E. (2004). In search of meaning, nuance and metaphor in social policy. *The Social Policy Journal of New Zealand*, 20, 49-63.
- Tui Atua, T. T. T. E. (2006). Resident, residence, residency in Samoan custom. In R. Benton (Ed.), *Conversing with the ancestors: concepts and institutions in Polynesian customary law* (pp. 65-79). Waikato, New Zealand: Matahauriki Institute.
- Tui Atua, T. T. T. E. (2009, November). *O le e lave i tiga, ole ivi, le toto, ma le aano: He who rallies in my hour of need is my kin*. Paper presented at the New Zealand Families Commission Pasifika Families' Fono, Auckland, New Zealand.
- Turner-Tupou, F. (2007). Using meaalofa in a holistic model for Pasifika clients: A case study. In P. Culbertson, M. N. Agee, & C. 'O. Makasiale (Eds.), *Penina uliuli: Contemporary challenges in mental health for Pacific peoples* (pp. 109-121). Honolulu: University of Hawai'i Press.
- Va'a, L. F. (2001). *Saili Matagi: Samoan migrants in Australia*. Suva, Fiji: Institute of Pacific Studies and the National University of Samoa.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.

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