



# The therapeutic potential of traditional kava use spaces in the treatment of psychological trauma

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## Abstract

The incidence of post-traumatic stress disorder (PTSD) is increasing. At-risk populations include military, first responders (police, fire and ambulance) and corrections officers, but the mental health effects of COVID and natural disasters (such as the recent Cyclone Gabriel in Aotearoa New Zealand [ANZ]) are also triggering increased rates of PTSD in the wider population. The efficacy of current therapies for PTSD is low, motivating calls for innovative treatment approaches. Medical standards of care for anxiety/PTSD typically involve drugs such as benzodiazepines and tricyclic anti-depressants, which are addictive, efficacious only in the short term and contraindicated for key populations such as older people. This presentation explains work among Pacific peoples in the UK and US military who had recently returned from combat operations, and who reported that traditionally influenced kava use settings produce a context in which mental wellbeing therapy occurs informally. Kava is a culturally significant Pacific drink with clinically validated anti-anxiety and sleep aiding properties. Kava is vastly safer than benzodiazepines and tricyclic anti-depressants, reflected in kava's regulation as a 'food' in ANZ. Additionally, kava at high doses does not cause marked euphoria or hallucinogenic effects, therefore aiding quality discussion, and with regular use not leading to addiction. Post-combat personnel who engage in traditional kava-use report that kava with *talanoa* (as 'talk therapy') is associated with a sense of increased cultural connectedness, reduced traumatic distress and improved sleep. This work supports upcoming clinical trials aimed at validating traditional kava-use as a culturally informed, therapeutic approach to treating PTSD.

(PPT1 – PowerPoint slide attached in endnote<sup>1</sup>)

(PPT2<sup>2</sup>)

**Vaka:** Post-traumatic stress disorder (PTSD) is a psychiatric condition that may occur in people who have witnessed or experienced a traumatic event. PTSD symptoms can include nightmares; hyper-alertness; negative self-talk; concentration and decision-making difficulties; and interference with work and social activities as PTSD sufferers will often isolate themselves away from others.<sup>3, 4</sup>

(PPT3<sup>5</sup>) A lot of PTSD goes undiagnosed,<sup>6</sup> with reasons including trauma-related avoidance behaviour.<sup>7</sup> Avoidance behaviour or feeling the need to evade engaging with the traumatic event, also has a detrimental influence on PTSD therapy.<sup>8</sup>

**Aporosa:** My experience illustrates much of what Toko just explained.

I was a policeman for nearly 8 years, leaving after I was diagnosed PTSD. While one significant traumatic incident was the breaking point for me, I now understand that if I had sought help for some of the smaller incidents leading up to that major incident, this would likely have lessened the impact of the big event and possibly allowed me to stay in a job I loved.

(PPT4<sup>9</sup>) However, I didn't want to talk about any of those situations because simply thinking about them often made me feel nauseous, panicky, and overwhelmed; so it felt safer to ignore. That is classic trauma-related avoidance behaviour.

I was fortunate to receive a diagnosis of PTSD without having to talk about the main incident as that situation, and my role in it, had been documented by others who were present. Nevertheless, even with my diagnosis, I did not go to therapy as I did not want talk about what had happened. Instead, I simply tried to ignore what was going on in inside me in the hopes it would improve with time.

**Vaka:** (PPT5<sup>10</sup>) PTSD also has major implications for healthcare systems and economies. This is because those who experience a traumatic event are at higher risk of developing comorbid health conditions ranging from chronic pain to gastrointestinal diseases, vascular and neurological conditions, and impacts to career, education, family, and social relationships.<sup>11</sup>

(PPT6<sup>12</sup>) To be expected, at risk PTSD groups include the military<sup>13</sup> and first responders - police,<sup>14</sup> ambulance and fire personnel.<sup>15</sup> For instance, Aotearoa police report half of serving officers as having "significant levels" of PTSD symptoms,<sup>16</sup> with Corrections officers identified as having rates comparable to paramedics.<sup>17</sup>

(PPT7<sup>18</sup>) We also have mental health services reporting PTSD linked to migrants and natural disasters such as the Christchurch earthquake and more recently Cyclone Gabriel which hit Aotearoa earlier this year. (PPT8<sup>19</sup>) Shortly after the town of Lahaina, on the island of Maui in Hawaii burnt to the ground the other week, PTSD in both locals and support staff were being reported. (PPT9<sup>20</sup>) While we won't go into it, we know that Pacific peoples in Aotearoa NZ are overrepresented in PTSD statistics.<sup>21</sup>

Concerning specialists such as soldiers, first responders, corrections officers etc.: (PPT10<sup>22</sup>) every time one of these key personnel leaves the job because of PTSD, that's hard to replace experience and knowledge that also walks out the door.

(PPT11<sup>23</sup>) Medical standards of care for acute anxiety and PTSD typically involve drugs such as benzodiazepine (BDZ), tricyclic anti-depressants and anti-psychotics (Quetiapine) – which are addictive and efficacious only in the short term.<sup>24</sup>

(PPT12<sup>25</sup>) With PTSD rates increasing,<sup>26</sup> together with associated personal and social costs<sup>27</sup>, and concerns that many of the current therapeutic approaches have limited effect,<sup>28</sup> this has led to calls for new and innovative therapeutic approaches.<sup>29</sup> Moreover, there is an unmet need to tailor such approaches to the specific needs of non-Western ethnicities with include Pacific peoples.

**Aporosa:** Back to my experience: (PPT13<sup>30</sup>) After leaving the police, instead of getting better, my anxiety worsened, and sleep became more disrupted. This included vivid dreams that replayed my trauma, sometimes up to six times a night, that triggered overwhelming fear and hyper-alertness. When medication failed to work, I literally ran away, back home to the village in Fiji where at the time, I genuinely believed I would die.

However, the opposite happened. Gradually, as I sat drinking kava over many hours engaging in *talanoa*, sometimes with friends who had been in the British Army, I began to relax, feel less panicky and my sleeping improved.

**Vaka:** (PPT14<sup>31</sup>) Most of us know what kava is, how it is used, and kava's cultural significance to Pacific peoples.<sup>32,33</sup> (PPT15<sup>34</sup>) Clinical trials show that kava has anti-anxiety properties, that kava is non-addictive,<sup>35</sup> and has minimal cognitive impacts allowing for quality *talanoa* and good decision making.<sup>36</sup> (PPT16<sup>37</sup>) Research also shows kava can improve sleep,<sup>38</sup> is extremely safe,<sup>39</sup> demonstrated that in Aotearoa New Zealand, kava is regulated as a 'food'.<sup>40</sup>

(PPT17<sup>41</sup>) When it comes to mental health, sleep is important. For instance, two Aotearoa-based studies found that quality sleep was a "protective factor leading to fewer PTSD symptoms among military and police."<sup>42,43,44</sup> (PPT18<sup>45</sup>) Also of interest is research that suggests that indigenous peoples, including Pacific, who are strongly connected to their culture, have an increased level of resilience to PTSD following trauma exposure.<sup>46,47</sup> So could there be a link between culturally informed kava use with *talanoa* and reduced PTSD symptomology that extends beyond Aporosa's experience?

**Aporosa:** That was the question I asked: was this positive change limited to me. That led to a review of the literature which appears to support wider application:

For instance, (PPT19<sup>48</sup>) Wilson and colleagues<sup>49</sup> quote a research participant who said: "[At] our kava session ... we talk, and it's a safe space where you can share things ... getting together ... we have our therapy session."

(PPT20<sup>50</sup>) Mila-Schaaf and Hudson<sup>51</sup> concur, describing "the kava circle ... [as] a space where intercultural negotiation and dialogue ... [occurs,] responsive to cultural needs of Pacific peoples affected by mental illness".

(PPT21<sup>52</sup>) In a documentary, Tongan Psychiatrist Dr Mapa Puloka,<sup>53</sup> who uses kava to facilitate weekly group therapy sessions at the psychiatric hospital in Nukualofa, reported having greater success with clients "just drink[ing] kava and talk[ing]" than he had when using Western psychiatric therapies.

In work that looked specifically at post-combat soldiers: (PPT22<sup>54</sup>) Tecun and colleagues<sup>55</sup> cite a recent returnee from Afghanistan who commented, "it [kava] helped me deal with my issues ... the [psychological] battles that followed after experiencing combat".

And Professor Emeritus of Disaster Psychiatry, Dr Lars Weisæth<sup>56</sup> (PPT23<sup>57</sup>) builds on anecdotal reports from UN Peacekeepers that culture, and particularly traditional kava use, has the potential "to help people to cope with severe life events". For more context on this, please check out page 48 of his book, but in his explanation, he adds,...

(PPT24<sup>58</sup>) “Among their traditional ways of coping with severe stress, the Fiji culture has the ceremonial use of kava drinking, a mild intoxicant, in intense group settings.”

Motivated by this understanding, (PPT25<sup>59</sup>) I made four trips to the UK to visit Fijians in the British Army who had recently returned from combat missions. (PPT26<sup>60</sup>) Those Fijians reported overall reduced rates of PTSD symptomology in comparison to their British peers, which they argued was a direct result of their engagement in *talanoa* while consuming kava. According to the soldiers, those spaces, and their kava use, allowed them to relax and unpack their combat experiences, with the kava also assisting quality sleep.

(PPT27<sup>61</sup>) For instance, a recent returnee from combat missions in Afghanistan stated that kava allowed him to connect with others who had experienced similar stressful situations and talk about the loss of close friends in a manner that felt peaceful. Another commented on the important role kava played in allowing him to sleep without being startled awake. Yet another explained how most of his non-kava drinking peers consumed alcohol and that when they discussed traumatic events, the effects of the alcohol heightened emotions and would occasionally lead to confrontations and violence.

**Vaka:** (PPT28<sup>62</sup>) That alcohol-related observation aligns with research from the U.S. Department of Veterans Affairs<sup>63</sup> which warns that alcohol use by PTSD sufferers can exacerbate anxiety and sleep disturbance, entrench avoidance behaviours and heighten feelings of anger and irritability.

In an attempt to understand why traditionally influenced kava use and *talanoa* appears to have efficacy in reducing PTSD symptomology among post-combat soldiers, (PPT29<sup>64</sup>) we consulted Hawaiian Professor of Trauma Psychology, Dr Dennis Itoga. From personal kava use experience, he felt kava’s relaxant effects minimised the triggering of “fear structures”,<sup>65</sup> allowing the PTSD sufferer to engage in their traumatic event without becoming overwhelmed. This then allowed for greater meaning-making of what had happened. In addition to countering avoidant behaviour, kava’s long lasting anxiolytic effects and soporific sleep aiding action also appears to improve sleep, with quality sleep shown to be a protective factor leading to fewer PTSD symptoms as I explained earlier.

**Aporosa:** While I didn’t understand this back when my PTSD symptoms and sleep were improving, I now recognise that it was kava with *talanoa* that minimised the triggering of my “fear structures”. This then allowed me to slowly unpack that ugly event that had so impacted my life, giving me space to make sense of what had happened, and has me here today, a person who would argue that my culture and kava saved my life.

Supported by additional research undertaken in Hawaii with US military vets, work supported by a Fulbright award, we now believe we have anecdotal evidence to support our claim that traditional kava use spaces have therapeutic efficacy in the treatment of psychological trauma. This work has resulted in a recent Health Research Council of New Zealand Pacific Projects award allowing us to undertake clinical trials which will commence early next year.

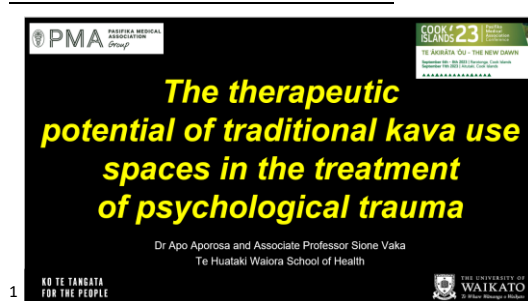
(PPT30<sup>66</sup>) That HRC announcement has also opened up research collaborations with US and UK-based trauma experts. That US work will likely be run out of the U.S. Department of Veterans Affairs clinic in American Samoa where they report chronic levels of PTSD among retired vets who typically self-medicate with alcohol and more recently, meth. Of interest is that it appears our UK work will

be with a cohort of nurses suffering PTSD linked to COVID work. With no frame of reference for kava, that UK cohort will providing a unique additional control element. It is our intention to manualise the intervention for ease of replication.

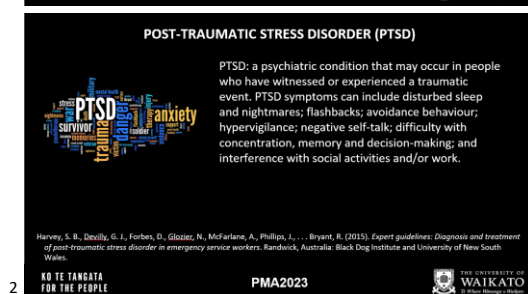
**Vaka:** (PPT31<sup>67</sup>) We are not suggesting kava and *talanoa* is the PTSD therapy ‘magic bullet’. However, we do believe that kava with *talanoa* provides an innovative culturally-augmented group-based cognitive-behavioural therapy intervention, one that makes a much needed contribution to the treatment of psychological trauma.

(PPT32<sup>68</sup>) Finally, the anecdotal work explained here, underpinning the clinical trials, has been written up and will be submitted for publication review in the coming weeks. We anticipate it will be available shortly.

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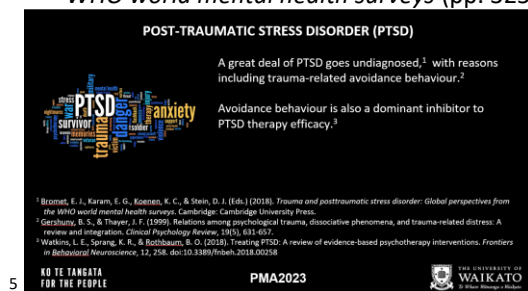
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<sup>3</sup> Harvey, S. B., Devilly, G. J., Forbes, D., Glozier, N., McFarlane, A., Phillips, J., . . . Bryant, R. (2015). *Expert guidelines: Diagnosis and treatment of post-traumatic stress disorder in emergency service workers*. Randwick, Australia: Black Dog Institute and University of New South Wales.

<sup>4</sup> Bromet, E. J., Karam, E. G., Koenen, K. C., & Stein, D. J. (2018). Conclusions and future directions. In E. J. Bromet, E. G. Karam, K. C. Koenen & D. J. Stein (Eds.), *Trauma and posttraumatic stress disorder: Global perspectives from the WHO world mental health surveys* (pp. 325-335). Cambridge: Cambridge University Press. (p.325)



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<sup>6</sup> Bromet, E. J., Karam, E. G., Koenen, K. C., & Stein, D. J. (Eds.) (2018). *Trauma and posttraumatic stress disorder: Global perspectives from the WHO world mental health surveys*. Cambridge: Cambridge University Press.

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**POST-TRAUMATIC STRESS DISORDER (PTSD)**

Survey provides insight into post-traumatic stress in police, with hundreds of current and former staff showing 'significant' symptoms.

A great deal of PTSD goes undiagnosed,<sup>1</sup> with reasons including **trauma-related avoidance behaviour**.<sup>2</sup>

Avoidance behaviour is also a **dominant inhibitor to PTSD therapy efficacy**.<sup>3</sup>

<sup>1</sup> Bromet, E. J., Karam, E. G., Koenen, K. C., & Stein, D. J. (Eds.) (2018). *Trauma and posttraumatic stress disorder: Global perspectives from the WHO world mental health surveys*. Cambridge: Cambridge University Press.

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**POST-TRAUMATIC STRESS DISORDER (PTSD)**

Common Psychiatric Disorders Comorbid With PTSD

The World Health Organisation<sup>1</sup> (WHO) categorises PTSD as a significant burden on populations, healthcare systems and economies. Those who experience a traumatic event are at higher risk of developing comorbid physical conditions ranging from chronic pain to gastrointestinal diseases, and vascular and neurological conditions together with impacts to career, education, family, and social relationships.<sup>1</sup>

<sup>1</sup> Bromet, E. J., Karam, E. G., Koenen, K. C., & Stein, D. J. (Eds.) (2018). *Trauma and posttraumatic stress disorder: Global perspectives from the WHO world mental health surveys*. Cambridge: Cambridge University Press.

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**POST-TRAUMATIC STRESS DISORDER (PTSD)**

Well-recognized PTSD groups:

- military<sup>1</sup>
- police<sup>2</sup> - half of serving NZ Police with "PTSD"
- first responders<sup>3</sup>
- Corrections officers (similar rates to paramedics)<sup>4</sup>

<sup>1</sup> Cameron, K. L., Sturdivant, R. X., & Baker, S. P. (2019). Trends in the incidence of physician-diagnosed posttraumatic stress disorder among active-duty U.S. military personnel between 1999 and 2008. *Military Medical Research*, 6(1), 8-8. doi:10.1186/s40779-019-0198-5

<sup>2</sup> Police News. (2021). The darkness inside. *Police News (New Zealand Police magazine)*, April, P.6-7.

<sup>3</sup> Schwanecke, G. (2022). Police turnover rate almost doubles in past 12 months with some blaming fatigue and increased risks. *Stuff.co.nz*, Aug. 2. Retrieved from <https://www.stuff.co.nz/national/crime/129439341/police-turnover-rate-almost-doubles-in-past-12-months-with-some-blaming-fatigue-and-increased-risks>


<sup>4</sup> Wilson, S., Guliani, H., & Boichev, G. (2016). On the economics of post-traumatic stress disorder among first responders in Canada. *Journal of Community Safety and Well-being*, 1(2), 26-31.

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**POST-TRAUMATIC STRESS DISORDER (PTSD)**



Well-recognized PTSD groups:

- military<sup>1</sup>
- police<sup>2</sup> - half of serving NZ police with PTSD<sup>3</sup>
- first responders<sup>4</sup>
- Corrections officers (similar rates to paramedics)<sup>4</sup>
- childhood and adult trauma and abuse survivors
- migrants from war zone countries
- Natural disasters (ChCh earthquake, Cyclone Gabriel)

<sup>1</sup> Cameron, K. L., Sturdivant, R. X., & Baker, S. P. (2019). Trends in the incidence of physician-diagnosed posttraumatic stress disorder among active-duty U.S. military personnel between 1999 and 2008. *Military Medical Research*, 6(1), 8. doi:10.1186/s40779-019-0198-5

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**POST-TRAUMATIC STRESS DISORDER (PTSD)**




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**POST-TRAUMATIC STRESS DISORDER (PTSD)**



PTSD: Pacific peoples in Aotearoa New Zealand


- have the second highest rate of PTSD (12.4%), after Māori (13.7%), which is twice as high as that for NZ Europeans/others (6.4%).

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**POST-TRAUMATIC STRESS DISORDER (PTSD)**



Losing experienced personnel to PTSD is a significant loss of knowledge and expertise.

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**POST-TRAUMATIC STRESS DISORDER (PTSD)**



medical standards - anxiety/PTSD typically benzodiazepines (BDZ), tricyclic anti-depressants and anti-psychotics:

- BDZ are GABA receptor ligands, sleep-inducing, relaxant and reduce anxiety.
- addictive with short term efficacy.<sup>1</sup>
- BDZ can cause disinhibition (socially inappropriate comments and/or actions),<sup>2</sup> been associate with increased risky behaviour and withdrawal effects.<sup>3</sup>

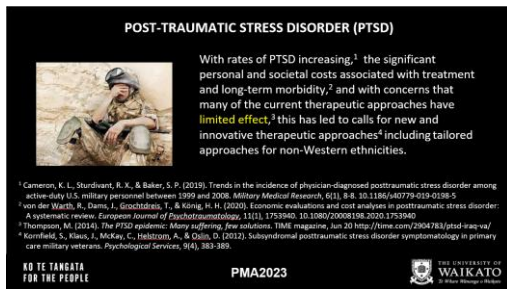
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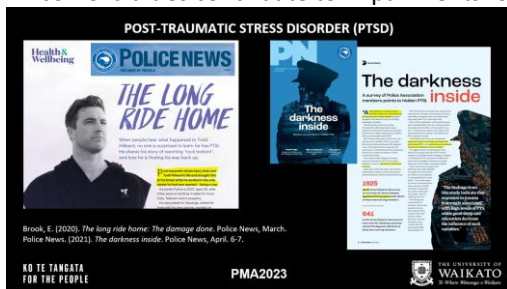
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Kava regulated as a 'food' in Aotearoa New Zealand  
<https://www.rpi.govt.nz/legal/requirements/food-standards/>

"Kava is a well established hypnotic [sleep promoting] drug, with a rapid onset of effect, adequate duration of action and minimal morning after-effects" (Wheatley, 2005. *J. Psychopharmacology*, 19(4))

"on balance, the weight of evidence from both a long history of use of kava beverage and from the more recent research findings indicate that it is possible for kava beverage to be consumed with an acceptably low level of health risk" (WHO kava risk assessment, 2015)

Kava safety: we drink with students in selected classes and peer supervision at the University of Waikato

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PTSD AND SLEEP

- quality sleep has a "protective factor ... [leading to] fewer PTSD symptoms among military [and police]<sup>1,2</sup>

1 Police News. (2021). *The darkness inside*. Police News (New Zealand Police magazine), April, p.6-7.

2 Richardson, A., Gurung, G., Samaranayaka, A., Gardner, D., deGraaf, B., Wyeth, E., Derrett, S., Shepherd, D., & McBride, D. (2020). Risk and protective factors for post-traumatic stress among New Zealand military personnel: A cross sectional study. *PLoS One*, 15(4), e0231460.

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- 42 Police News. (2021). *The darkness inside*. Police News (New Zealand Police magazine), April. p.6-7.
- 43 Richardson, A., Gurung, G., Samaranayaka, A., Gardner, D., deGraaf, B., Wyeth, E., Derrett, S., Shepherd, D., & McBride, D. (2020). Risk and protective factors for post-traumatic stress among New Zealand military personnel: A cross sectional study. *PLoS One*, 15(4), e0231460.
- 44 NOTE: This, as a quote for publication, should read: "protective factor ... [leading to] fewer PTSD symptoms among military [and police<sup>18</sup>]"<sup>19</sup>.

PTSD AND CULTURE

- quality sleep has a "protective factor ... [leading to] fewer PTSD symptoms among military [and police]<sup>1,2</sup>
- Pacific/indigenous peoples strongly connected to their culture have increased resilience to PTSD following trauma exposure<sup>3,4</sup>

1 Richardson, A., Gurung, G., Samaranayaka, A., Gardner, D., deGraaf, B., Wyeth, E., Derrett, S., Shepherd, D., & McBride, D. (2020). Risk and protective factors for post-traumatic stress among New Zealand military personnel: A cross sectional study. *PLoS One*, 15(4), e0231460.

2 Kent, M., Davis, M. C., & Reich, J. W. (Eds.). (2013). *The resilience handbook: Approaches to stress and trauma*. New York: Routledge. (p.200-6)

3 Higate, P. (2009). *Putting 'mercenary masculinities' on the research agenda*. School of Sociology, Politics, and International Studies, University of Bristol Working Paper No 03-09. <http://www.bristol.ac.uk/media-library/sites/spais/migrated/documents/higate0309.pdf>

4 Wilson, E., Grant, B., Tobin-Stickings, R., Lewthwaite, H., Franklin, G., Oh, S., ... Sopoaga, F. (2018). Traditional medicine use in the Dunedin Pacific community in New Zealand. *Pacific Health Dialog: The Journal of Pacific Research*, 21(1), 17-28. (p.21)

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- 46 Kent, M., Davis, M. C., & Reich, J. W. (Eds.). (2013). *The resilience handbook: Approaches to stress and trauma*. New York: Routledge. (p.200-6)
- 47 Higate, P. (2009). *Putting 'mercenary masculinities' on the research agenda*. School of Sociology, Politics, and International Studies, University of Bristol Working Paper No 03-09. <http://www.bristol.ac.uk/media-library/sites/spais/migrated/documents/higate0309.pdf>

PTSD AND KAVA: The literature

- "[A] our kava session ... we talk, and it's a safe space where you can share things ... getting together ... we have our therapy session."<sup>1</sup>

1 Wilson, E., Grant, B., Tobin-Stickings, R., Lewthwaite, H., Franklin, G., Oh, S., ... Sopoaga, F. (2018). Traditional medicine use in the Dunedin Pacific community in New Zealand. *Pacific Health Dialog: The Journal of Pacific Research*, 21(1), 17-28. (p.21)

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- 49 Wilson, E., Grant, B., Tobin-Stickings, R., Lewthwaite, H., Franklin, G., Oh, S., . . . Sopoaga, F. (2018). Traditional medicine use in the Dunedin Pacific community in New Zealand. *Pacific Health Dialog: The Journal of Pacific Research*, 21(1), 17-26. doi:10.26635/phd.2018.903 (p.21)

**PTSD AND KAVA: The literature**

- “[A] our kava session ... we talk, and it’s a safe space where you can share things ... getting together ... we have our therapy session.”<sup>1</sup>
- “the kava circle ... [is] a space where intercultural negotiation and dialogue ... [occurs,] responsive to cultural needs of Pacific peoples affected by mental illness”.<sup>2</sup>

<sup>1</sup> Wilson, E., Grant, B., Tobin-Stickings, R., Lewthwaite, H., Franklin, G., Oh, S., . . . Sopoaga, F. (2018). Traditional medicine use in the Dunedin Pacific community in New Zealand. *Pacific Health Dialog: The Journal of Pacific Research*, 21(1), 17-26. (p.21)

<sup>2</sup> Mila-Schaaf, K., & Hudson, M. (2009). The interface between cultural understandings: Negotiating new spaces for Pacific mental health. *Pacific Health Dialog: The Journal of Pacific Research*, 15(1), 113-119. (p.118)

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- 51 Mila-Schaaf, K., & Hudson, M. (2009). The interface between cultural understandings: Negotiating new spaces for Pacific mental health. *Pacific Health Dialog: The Journal of Pacific Research*, 15(1), 113-119. (p.118)

**PTSD AND KAVA: The literature**

- greater success with clients “just drink[ing] kava and talk[ing]” than when using Western psychiatric therapies.<sup>1</sup>

<sup>1</sup> Poltorak, M. (2019). *The healer and the psychiatrist*. (Documentary). Potolahi Productions

52 KO TE TANGATA FOR THE PEOPLE PMA2023 THE UNIVERSITY OF WAIKATO

- 53 Poltorak, M. (2019). *The healer and the psychiatrist*. (Documentary). Potolahi Productions

**PTSD AND KAVA: The literature**

- greater success with clients “just drink[ing] kava and talk[ing]” than when using Western psychiatric therapies.<sup>1</sup>
- Soldier following tour to Afghanistan: “it [kava] helped me deal with my issues ... the [psychological] battles that followed after experiencing combat”.<sup>2</sup>

<sup>1</sup> Poltorak, M. (2019). *The healer and the psychiatrist*. (Documentary). Potolahi Productions

<sup>2</sup> Tecun, A., Reeves, R., & Wolfgramm, M. (2020). The past before us: A brief history of Tongan kava. *Journal of the Polynesian Society*, 129, 171-192.

54 KO TE TANGATA FOR THE PEOPLE PMA2023 THE UNIVERSITY OF WAIKATO

- 55 Tecun, A., Reeves, R., & Wolfgramm, M. (2020). The past before us: A brief history of Tongan kava. *Journal of the Polynesian Society*, 129, 171-192. doi:10.15286/jps.129.2.171-192

- 56 Weisæth, L. (2020). Briefing and debriefing: Group psychological interventions in acute stressor situations. In B. Raphael & J. Wilson (Eds.), *Psychological debriefing: Theory, practice and evidence* (pp. 43-57). Cambridge: Cambridge University Press

**PTSD AND KAVA: The literature**

- traditional kava use has the potential “to help people to cope with severe life events”. (for more context, see page 48)

Weisæth, L. (2020). Briefing and debriefing: Group psychological interventions in acute stressor situations. In B. Raphael & J. Wilson (Eds.), *Psychological debriefing: Theory, practice and evidence* (pp. 43-57). Cambridge: Cambridge University Press.

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**PTSD AND KAVA: The literature**

- traditional kava use has the potential “to help people to cope with severe life events”. (for more context, see page 48)
- “Among their traditional ways of coping with severe stress, the Fiji culture has the ceremonial use of kava drinking, a mild intoxicant, in intense group settings.”

Weisæth, L. (2020). Briefing and debriefing: Group psychological interventions in acute stressor situations. In B. Raphael & J. Wilson (Eds.), *Psychological debriefing: Theory, practice and evidence* (pp. 43-57). Cambridge: Cambridge University Press.

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**PTSD AND KAVA: Aldershot Army Base, England**



Fijians in the British Army recently returned from combat missions in Afghanistan. (July 2015)

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**PTSD AND KAVA: Comments from post-combat personal, UK**



- overall reduced rates of PTSD in comparison to British peers
- direct result of *talanoa* while drinking kava
- kava-use spaces allowed relaxation and the unpacking of combat experiences
- kava assisted with quality sleep (2015, 2017, 2019 and 2021)

How do you think your PTSD compares with those of your white British counterparts?

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**PTSD AND KAVA: Comments from post-combat personal, UK**

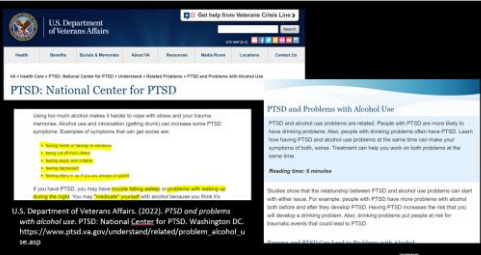


- kava allowed him to connect with others and talk about the loss of close friends in a manner that felt peaceful.
- the important role kava played in allowing him to sleep without being startled awake
- most European soldiers drank alcohol when discussing traumatic events: alcohol heightened emotions and appeared counterproductive. (2015, 2017, 2019 and 2021)

How do you think your PTSD compares with those of your white British counterparts?

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U.S. Department of Veterans Affairs

PTSD: National Center for PTSD

PTSD and Problems with Alcohol Use


U.S. Department of Veterans Affairs. (2022). PTSD and problems with alcohol use. PTSD: National Center for PTSD. Washington DC. [https://www.ptsd.va.gov/understand/related/problem\\_alcohol\\_use.asp](https://www.ptsd.va.gov/understand/related/problem_alcohol_use.asp)

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**WHY DOES KAVA WITH TALANOA APPEAR TO REDUCE PTSD SYMPTOMS?**



- "I believe kava's relaxant effects minimised the triggering of 'fear structures'..."<sup>1</sup>
- "fear structures can represent realistic threats, which is normal. However, fear structures can become dysfunctional..."<sup>2</sup>
- this then allowed for greater meaning-making, countering avoidant behaviour.
- kava's long lasting anxiolytic effects and soporific action improves sleep.

<sup>1</sup> Dr Dennis Itoya, Professor of Trauma Psychology, Chaminade University of Honolulu (2023)  
<sup>2</sup> Watkins, L.E., Sprang, K.R., & Rothbaum, B.O. (2018). Treating PTSD: A review of evidence-based psychotherapy interventions. *Frontiers in Behavioral Neuroscience*, 12, 258. (p.3)

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65 Watkins, L.E., Sprang, K.R., & Rothbaum, B.O. (2018). Treating PTSD: A review of evidence-based psychotherapy interventions. *Frontiers in Behavioral Neuroscience*, 12, 258. (p.3)



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**KAVA WITH TALANOA AND PTSD**



- not suggesting kava and *talanoa* is the PTSD therapy *magic bullet* ...
- ... do believe that kava with *talanoa* provides an innovative culturally-augmented group-based CBT intervention, one that will make a valuable contribution to psychological trauma treatment



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*Vinaka saka vakalevu, malo 'aupito, fa'afetai tele lava and mahalo nui loa to:*



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