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# PASIFIKA PERCEPTIONS OF PACIFIC MEN AND WOMEN AND THEIR INTERRELATIONSHIP WITH MENTAL HEALTH IN AOTEAROA NEW ZEALAND

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**ABSTRACT:** Research exploring Pacific peoples' views of mental health is growing, and this study contributes to this space as part of a larger research project, Pasifika Mental Health in Aotearoa (PMHA). The PMHA was a two-phase sequential mixed-methods project comprised of a survey (phase 1) and an e-talanoa (phase 2). The e-talanoa formed the foundation of this study and explored participant views in response to vignettes that presented a Pacific man experiencing depression and a Pacific woman experiencing anxiety. Pasifika critical realist thematic talanoa analysis of participant responses to the vignettes identified views of Pacific men as stoic and emotionless caretakers that were more likely to suppress emotions and uphold the hegemonic Polynesian masculine ideals of being a leader, provider and protector. Participants perceived Pacific women as emotional nurturers that were more likely to be emotionally expressive and able to navigate multiple roles, including caregiving, providing empathetic support and looking after the home. Overall, this research contributes significantly to Pacific mental health research and highlights the need for more nuanced and intersectional approaches towards Pacific mental health, which can contribute to improved mental health and wellbeing for our communities.

**Keywords:** Perceptions of mental health, gender, Pacific mental health, e-talanoa, thematic talanoa

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As a Pacific<sup>1</sup> person, and more importantly, as a fefine Tonga (Tongan woman), I am no stranger to the dynamics of gender within our Pacific cultures and particularly within our Tongan culture. I am the only daughter and youngest child of a humble and hardworking man, Taloa Kapeli Kautai, who migrated from Lapaha in Tongatapu to Tāmaki Makaurau (Auckland) in Aotearoa New Zealand (NZ) in the 1970s. Given my father's position as the youngest sibling to three older brothers and three older sisters, I know my place and the role I serve in our family—as the daughter of the youngest brother. I also chose to pursue a career in academia and research, a space I do not occupy alone. I am in this space today because of the Pacific changemakers who came before me, who stand beside me and who will lead after me—our leaders, our parents, our scientists, our communities, our children... I stay in this space because I am invested in growing positive

health and wellbeing solutions for our Pacific communities. Through my research, I often resonate with our communities through shared experiences, and this research is no different. This research highlights the perceptions of Pacific men and women and their interrelationship with mental health, demonstrating how existing structures and representations of gender can influence how we engage with and experience the world, particularly as Pacific peoples.

#### PACIFIC MENTAL HEALTH IN AOTEAROA NEW ZEALAND

Achieving equitable health and wellbeing outcomes is vital to the prosperity of our Pacific communities (Ministry of Health 2020). As a contribution, I developed the Pasifika Mental Health in Aotearoa (PMHA) project exploring Pacific mental health literacy, comprised of two phases: a survey and an e-talanoa. The study I present here draws upon the e-talanoa findings. Pacific mental health research continues to be a broad and growing area, with significant development since the 1980s (Kapeli, Manuela and Sibley 2020). There is vast evidence outlining the barriers that Pacific peoples experience in terms of accessing mental health services (Fa'alogo-Lilo and Cartwright 2021), their higher prevalence rates of mental health challenges (Ataera-Minster and Trowland 2018) and their tragic rate of suicide deaths (Tiatia-Seath *et al.* 2017b). For a broader overview of Pacific mental health in Aotearoa NZ and areas identified for future research, see Kapeli, Manuela and Sibley (2020).

A greater research focus is needed towards exploring Pacific perceptions of mental health (Kapeli, Manuela and Sibley 2020), adding to existing work across a diverse range of Pacific ethnicities (Loan *et al.* 2016; Tamasese *et al.* 2005; Vaka *et al.* 2016), within a sporting context (Marsters and Tiatia-Seath 2019) and focusing on experiences of migration (Foliaki 1997) and mental health service delivery (Suaalii-Sauni *et al.* 2009). Most recently, research in Australia identified how exploring Pacific perceptions of mental health is key to enhancing mental health and wellbeing within and across Pacific communities (Ravulo *et al.* 2021). Ravulo and colleagues (2021) highlighted five key Pacific perceptions of mental health: (i) mental health concerns are aligned with spiritual forces, (ii) mental health is pathologised, (iii) derogatory perceptions are associated with those experiencing mental health concerns, (iv) there is a lack of development in dealing with mental health, and (v) there is a lack of connection to culture in navigating mental health.

The PMHA survey included two vignettes with follow-up questions. Each vignette aimed to resonate with our Pacific communities and was developed in accordance with the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) and alongside an all-Pacific advisory board that included mental health clinicians. Table 1 provides a brief snapshot of PMHA survey descriptive findings (Kapeli 2022).

Vignette 1 described Tevita's experience of depression:

Tevita is 44 years old, married, and has 5 children between the ages of 5 and 15. Tevita has been feeling really sad for the last few weeks. Tevita feels tired all the time and has had trouble sleeping nearly every night. Tevita does not feel like eating and has lost weight. Tevita's wife, Siu, has asked him about his strange behaviour, but Tevita says it is because he is busy. Tevita is a bank manager and has been unable to keep his mind on his work, and puts off making decisions. Even daily tasks seem too much for him. This has come to the attention of Tevita's boss, who is worried about Tevita's work and lack of leadership.

Vignette 2 described Malia's experience of anxiety:

Malia is 18 years old and is in her second year at university. Malia is also a part of her church youth group, works part time at McDonald's and plays netball. Within the last 12 months, Malia has been avoiding youth group and has found it hard to relax. Malia has also felt nervous about all the work she has to do at university. Over the last 6 months, Malia has found it hard to concentrate at university and has also found herself breathing fast and shaking for no reason. Malia thinks this is because she is so busy and not sleeping much. Last week at church, Malia's mother found her in the church bathroom breathing fast, shaking and crying, but Malia's mother did not know what to do and is now very worried.

Table 1. Snapshot of descriptive findings from the PMHA survey.

	Overall participants (%)	Pacific men (%)	Pacific women (%)
Ability to recognise depression	42.3	41.8	42.6
Ability to recognise anxiety	52	45.6	52.8
Demonstration of high mental health knowledge as measured by the Mental Health Knowledge Scale (MAKS)	29.2	29.1	32.5
Indicated experiences of stress	71	73.4	70.3
Indicated experiences of depression	54.9	51.9	55.5
Indicated experiences of anxiety	40.3	39.2	40.4
Identified family as the main mental health support	64.1	67	63
Identified friends as the main mental health support	50.9	48	51
Identified health professionals as the main mental health support	22.6	2.2	19.9

*Gender and Pacific Mental Health*

Data across the current literature consistently suggests that Pacific men and women have differing experiences of mental health issues. Overall, Pacific women are more likely to experience a mental health issue. Specifically, Pacific women are more likely to experience internalised mental health issues, such as anxiety, depression or eating disorders. On the other hand, Pacific men are more likely to experience externalised mental health issues, such as substance abuse (Foliaki *et al.* 2006; Ministry of Health 2008; Oakley Browne *et al.* 2006). Further differences are seen with higher prevalence rates for intentional self-harm among Pacific women; however, hospital stays associated with intentional self-harm were higher for Pacific men (Tiatia-Seath *et al.* 2017a). From 1996 to 2013, the gender proportion of suicide deaths was significantly higher for Pacific men, at 77.6% versus 22.4% for Pacific women, with the highest prevalence of suicide deaths being among Pacific men 15 to 24 years old (Tiatia-Seath *et al.* 2017b). From 2014 to 2022 (including provisional data from 2019 to 2022), suicide deaths remained significantly higher for Pacific men (averaging 12.2 suicide deaths per 100,000 population per year) versus Pacific women (averaging 2.1 suicide deaths per 100,000 population per year). Overall, Pacific suicide death rates have decreased from 10.3 per 100,000 in 2009 to 7.5 per 100,000 in 2018 (Te Whatu Ora 2023).

These differences in mental health issues, suicidal ideation and death by suicide may in part be due to social expectations placed on men and women. Research on gender and mental health suggests that perceptions of masculinity and femininity are major risk factors for internalising and externalising problems, including the different nature of the stressors that men and women are exposed to, the coping strategies they use, the social relationships they engage in and the personal resources and vulnerabilities they develop (Rosenfield and Mouzon 2013). Gender roles often position Pacific women as being responsible for activities in and around the home (i.e., caring for the home and family), whereas Pacific men are often positioned as holding roles that focus on activities outside of the home (i.e., working as the primary financial earner; Griffen, 2006; Kapeli, Manuela, Milojev and Sibley 2020). Such gender representations are reflected across contemporary Aotearoa NZ where Pacific women are most likely to be employed as carers and aides and Pacific men are most likely to be employed as store workers or labourers. Pacific men also have a higher annual median income in comparison to Pacific women, who are also more likely to do unpaid activities, such as childcare or caring for someone who is ill or has a disability (Ministry for Pacific Peoples 2016; Roughan and Taufu 2019).

As Pacific women tend to engage in more relationally heavy roles (i.e., as carers), it is no surprise that they report receiving higher levels of social support than Pacific men across the lifespan (Kapeli, Manuela, Milojev and Sibley 2020). Given Pacific men tend to engage less in unpaid activities



and receive higher incomes (albeit the lowest in comparison with other ethnic groups in Aotearoa NZ), it is likely that this further contributes to several factors that increase the risk of experiencing mental health issues, including reduced social support and increased financial responsibility as primary income earners. However, it has been suggested that mental health challenges that are internalised for women and externalised for men can be regarded as functionally similar, due to their relative impacts. In other words, they can be seen as comparable expressions of psychological distress (Hill and Needham 2013). It is also important to highlight that the stressors that Pacific men and women experience can vary due to cultural expectations and understandings. For instance, in our Tongan culture we have a relationship ranking structure of ‘eiki (high rank, outrank) and tu‘a (low rank). In particular, sisters ‘eiki their brothers; older siblings ‘eiki younger siblings of the same gender; and the father’s side of the family ‘eiki the mother’s side (Filihia 2001). In essence, an individual’s rank comes with additional responsibilities and pressures as well as entitlements.

As mentioned, the PMHA survey was drawn upon to develop a report that provides a descriptive overview of the survey findings around Pacific mental health literacy for Pasifika in Aotearoa NZ. In addition to this, the vignettes used as part of the survey were accompanied by open-ended questions. Participant responses to the vignettes reflected the gender of the character in the vignette. For example, responses to the Pacific male character (Tevita) referred to qualities that implied stoicism and emotional unavailability, qualities that are usually associated with masculinity, whereas responses to the Pacific female character (Malia) referred to qualities around nurturing and emotional availability, which are usually associated with femininity:

Males in our Pasifika community do find it hard to articulate their emotions and feelings as it has become the norm. As [Pacific] women, those who find it quite easy to share, we should be more willing to just assure that we are listening. (Sāmoan woman in their 20s)

Responses also articulated how behaviours associated with experiencing mental health challenges were perceived as “typical” for Pacific men (Tevita) but as a personal “responsibility” for Pacific women (Malia):

Tevita’s story is typical of many Pasifika men. It’s so hard to share about how you are feeling when you are the head of the family ... He is a father and provider for the family. In a Pasifika family hierarchy, he is at the top. Where do you go for help when you are at the top of the hierarchy? (Sāmoan man in their 20s)

She is taking on too many responsibilities as a young Pacific woman. (Cook Island Māori–Tahitian woman in their 20s)

The patterns of participant responses to the Pacific male (Tevita) and Pacific female (Malia) characters in the vignettes warranted further investigation to understand why participants described the characters in the ways they did. This in turn shaped the development of the PMHA e-talanoa guide used as part of this study, in efforts to better understand how Pacific perceptions of Pacific men and women interrelate with mental health.

### *Pacific Perceptions of Gender*

Dominant representations of Pacific masculinity and femininity have in part been shaped through the impacts of colonisation, which has sought to redefine Pacific notions of gender according to a western lens. Colonisation has contributed to the narrowing representations of Pacific masculinity and femininity, and whilst these are not the only representations of gender that exist, it has influenced dominant understandings of masculinity and femininity that are most commonly expressed or understood by Pacific peoples living in Aotearoa NZ, whereby Pacific men are perceived as leaders and contributing to roles outside of the home and Pacific women are perceived as nurturers and contributing to roles in and around the home. The focus of this study is on perceptions of Pacific men and women in Aotearoa NZ. Yet, gender diversity within the Pacific is far more diverse, including MVPFAFF+, PRC and LGBTIQA+.<sup>2</sup> Please see Thomsen and colleagues (Thomsen and Brown-Acton 2021; Thomsen *et al.* 2021) for a more comprehensive review of Pacific gender diversity.

When exploring mental health, perceptions of gender can reveal intricacies that may be overlooked. Drawing upon social constructionism (Willig 2001), a Pasifika social constructionist epistemology attends to Pasifika perceptions of their lives and how they see the world. Drawing upon critical realism (Willig 2001), a Pasifika critical realist ontology recognises that Pacific worldviews are real and true and shape people's lives in meaningful ways. It also acknowledges that Pacific worldviews can be shaped through colonialism, capitalism and migration. Although social constructionism and critical realism have been critiqued by Pacific scholars, when paired together, researchers can be provided with a way of exploring Pasifika ways of knowing, being and understanding. However, researchers must also acknowledge the cultural complexity and diversity of experiences across the Pacific. Thus, our expressions of gender are fluid and socially constructed, but also informed by our Pacific worldviews in different ways. In this way, subjective understandings of gender will be different and not epistemologically or ontologically singular. Exploring gender in this way can help us to understand that diverse expressions of masculinity and femininity exist across the Pacific; however, there are dominant representations of masculinity and femininity

more commonly understood by Pasifika in Aotearoa NZ. Therefore, how gender is understood within Pacific cultures and communities can influence how individuals, families and communities are affected by mental health.

While Pacific peoples as a collective do share cultural similarities, there are also differing aspects of gender and gender identities that exist in some Pacific cultures and not others. For example, in the eastern and northern parts of the Pacific, hierarchy can be more important than gender, which means that “elder sisters take precedence over men in cultural matters and women can hold high rank with paramount titles” (Underhill-Sem 2010: 13). However, in some Pacific cultures gender can be more important, and women are “explicitly treated as property to be transferred between kin groups” (p. 13). With the rising influence of education and increased awareness of legal and social rights for women, dominant representations of Pacific gender roles have begun to evolve (Macpherson 2001). This change has been apparent across Pacific communities in Aotearoa NZ, where “opportunities for women to work and to earn extended their economic and political influence within family and village networks and within congregations” (Macpherson 2001: 73). It is also important to note that within Pacific cultures, changes in gender representation have affected men’s roles too, especially towards normalising (to an extent) shared gender roles and men’s increased contribution to childcare and household chores (Sua‘ali‘i 2001).

For the purposes of this research, dominant gender representations of Sāmoan and Tongan cultures are highlighted due to their cultural prominence among our research participants. Sāmoan culture sees gender relations operate across two domains—siblingship and conjugality (Schoeffel 2014). Historically, the relationship between brothers and sisters was considered sacred, where the status of sister was ranked higher than that of wife (Sua‘ali‘i 2001). This in turn meant that women as sisters had a very strong influence on matters of importance. It also meant that brothers were to protect the chastity of their sisters, as a way of protecting family status. Thus, unmarried women predominantly had responsibilities within the home whilst men largely had responsibilities outside of the home (Lilomaiaava-Doktor 2020; Sua‘ali‘i 2001). During the mid-nineteenth century, the place that Sāmoan women occupied in the gender power structure was displaced as political agendas saw the need for a male-dominated church structure (Pulotu-Endemann and Peteru 2001). The change diminished the importance of the brother–sister relationship in favour of the husband–wife relationship, whereby husbands gained higher rank and wives were deemed subordinate to their husband. Consequently, women as sisters and daughters still retained equal rights to family land, but women as wives only had access to and use of their husband’s lands whilst married (Sua‘ali‘i 2001).



In our Tongan culture, as outlined earlier, we have a relationship-ranking structure. Women hold higher social status within Tongan society because of the fahu system within families, where the eldest sister (or another chosen sister) holds a place of honour and respect and plays an important role in family decision-making. Even though Tongan society is patriarchal, sisters are ranked higher than their brothers in certain contexts, provided that a woman has a brother and her brother (or brothers) has a child (Government of the Kingdom of Tonga 2019). Dominant Tongan gender representations are similar to those of other Pacific Island countries: women's roles are based around the home, family and extended family, predominantly in caring and nurturing, whereas men's roles include providing food, income and security for the home and family as well as in leadership and politics. Tongan women also do not hold any rights to the family home or land, which will be inherited by their eldest brother or brothers. In Aotearoa NZ, gender roles for Sāmoans and Tongans, like many other Pacific communities, have become more fluid in recent years in response to the economic and social conditions of mainstream NZ society (Helu 1995; Sua'ali'i 2001). In those cultures, it could be argued that the differences in the roles and power between men and women promote gender inequality. Whilst this may be true in contemporary settings, being aware of these gender dynamics may help to better understand the multiplicity of mental health experiences across the Pacific.

Dominant colonial representations of masculinity and femininity have filtered across the Pacific where men are perceived as protectors and are promoted as superior, whereas women are seen as nurturers and are denigrated as inferior (Chen 2014). Lilomaiaava-Doktor (2020) discusses how Sāmoan women have “adapted and transplanted their power or power sharing roles into new social and political structures imposed by colonialism and the church” (p. 80). However, any improvements in gender relations are not shared by all women and tend to benefit those with higher education and those living in more urban areas. On the other hand, the patriarchal influence of colonialism and Christianity has “distorted and limited women's participation in decision-making” (p. 80).

Although there is limited research exploring Indigenous and Pacific femininities, Grande (2003) highlights that Indigenous and Pacific women have more in common with Indigenous and Pacific men than with any other subcategory of women. However, there is growing literature around Indigenous and Pacific masculinities, particularly in terms of the dehumanising and hypermasculine perceptions around identity development and behavioural norms for young Pacific men (Hokowhitu 2017; Rodriguez and McDonald 2013).

Recent studies have found that hypermasculine norms increase internalised stigma towards depressive or low moods, restrict ways of coping and promote the masking of emotions that can lead to self-destructive behaviours (Doherty *et al.* 2016; Horton 2014; Valkonen and Hänninen 2013). Hokowhitu (2004), Rodriguez (2012) and Teaiwa (2019) highlighted similar findings regarding hypermasculine attitudes towards Pacific male athletes and outline in greater depth the origins, influencing factors and impact of such attitudes on the psyche and norms of young Pacific men today. For example, Teaiwa (2019) explains how Pacific men are at the forefront of sports such as rugby where they are marketed as hypermasculine spectacles, which both glorify and demonise primitive hypermasculinity. A contemporary Pacific view prioritises a specific type of masculinity while other types are marginalised or even repressed. Chen (2014) describes three expressions of Pacific men: Polynesian warriors, male hula and feminine men. The latter two are often marginalised or repressed by society. Chen argues that colonialism has reconstructed a discourse that favours a Polynesian warrior masculinity which promotes hegemonic Polynesian masculinity.

Integrating aspects of gender into research is valuable. It recognises how different roles, contributions, priorities and needs of women and men are essential to the ongoing talanoa (sharing of ideas/conversation) around mental health in our Pacific communities, and across the wider mental health care sector. When our Pacific communities talanoa and share their perceptions, we are privileged to gain insight into Pacific worldviews that are essential to taking our Pacific communities positively forward. As researchers, we need to provide better opportunities to engage with and work alongside our Pacific communities so that our research goals and outcomes are Pacific-centric. In this way, we put our Pacific communities and their aspirations at the centre, which allows us to work collaboratively to address challenges in a meaningful way.

### *Overview of the Current Study*

This study builds upon findings from the PMHA survey, which included two vignettes describing Tevita, a Pacific man experiencing depression, and Malia, a Pacific woman experiencing anxiety. The participant responses to the vignettes reflected the genders of the characters in the vignettes. The responses to the vignettes guided the direction of the e-talanoa (virtual online talanoa) to better understand why participants described the characters the way they did. I used e-talanoa due to its being contemporary and accessible while also promoting cross-relational understanding across Pacific cultures and research. E-talanoa involved having one-on-one talanoa virtually via Zoom with members of our Pacific communities.

## METHOD

*Methodology*

*From Talanoa to E-talanoa.* Talanoa is largely understood across Pacific research due to its cross-cultural understanding within many Pacific cultures and its phenomenological approach (Fa'avae *et al.* 2016; Leenen-Young and Uperesa 2023; Vaoleti 2006, 2013). In my experience, the meaning of talanoa can change depending on the time, space or place in which it is situated. Within the context of research, talanoa can again hold different meaning for the researcher versus the participant (Marsters 2023; Matapo and Enari 2021). Marsters (2023) acknowledged the changing landscape of Pacific research methods, that these methods are flexible and dynamic, and that we should not feel misaligned because we apply them in contemporary ways that are not reflected within the literature. However, the essence of talanoa, at least for me, is underpinned by 'ulungāanga faka-Tonga (Tongan ways of knowing and being) and continues to centre the experiences and aspirations of our peoples (Fa'avae 2019). In this way, talanoa not only guided how I collected the data (method) but shaped my analytical approach (methodology).

Due to the global COVID-19 pandemic and the ongoing restrictions across Aotearoa NZ during the time of carrying out this research, e-talanoa was adopted, which shifted the talanoa to an online space (Fa'avae *et al.* 2022; Faleolo 2021). The e-talanoa still aspired to the same values of an in-person talanoa despite being conducted online, such as face-to-face engagement (via video conferencing software), sharing of kai (food; each participant was encouraged to bring their own food to the e-talanoa) and me'a'ofa (gifts; these were sent out via post after the e-talanoa). As a fefine Tonga, I am acutely aware of tapu (sacred) relationships, recognising that male participants may not have felt comfortable to talanoa with me (a woman) in this context. I offered each male participant the opportunity to talanoa with a Tongan male researcher who was familiar with the research project. All male participants opted to talanoa with me.

*Development of the E-talanoa Guide.* The e-talanoa guide comprised a series of focus questions to facilitate talanoa around Pacific understandings of mental health. The focus questions were key in ensuring consistency between talanoa but also in allowing participants to have autonomy over how they expressed and conveyed their ideas, experiences and thoughts. This approach allowed for a gathering of rich and contextual data reflecting participants' views and perceptions related to mental health. The e-talanoa focus questions were developed after an analysis of the PMHA survey (Kapeli 2022) and a review of research evidence, and in consultation with experts in the area of Pacific mental health. Overall, this study draws upon e-talanoa data that focused on participant views in response to vignettes presenting a Pacific man experiencing depression and a Pacific woman experiencing anxiety.

*Position in the E-talanoa.* As a fefine Tonga, tauhi vā (keeping the relationship ongoing, alive and well), ‘ofa (love, care, kindness) and faka‘apa‘apa (acknowledging and returning respect) underpin and guide my practice. Mental health can be a sensitive and tapu topic to discuss, and part of upholding these values meant creating a safe and inclusive space for participants and me to share. During the e-talanoa we shared our stories, we shared laughter, we shared tears, and although I was part of the e-talanoa, the analysis is based predominantly on participant responses.

*Data Analysis.* A Pasifika critical realist ontology combined with thematic talanoa analysis was used to analyse e-talanoa transcripts. I transcribed all interviews verbatim. Critical realism is ontologically realist (reality exists independently of our perceptions) and epistemologically relativist (our understanding of reality is constructed by our own perspectives). Thus, many understandings of one reality can exist (Maxwell 2012). This study aimed to gather knowledge of a reality but acknowledges that the data gathered may not provide direct access to this reality. A critical realist approach to research assumes that data is informative of reality but does not straightforwardly mirror it; rather it needs to be interpreted to provide access to the underlying structure of the data (Willig 2012).

A Pasifika critical realist ontology recognises that Pacific worldviews are real, are true and shape people’s lives in meaningful ways. But it also recognises the impacts of colonisation, capitalism and migratory experiences and how these have shaped and influenced our Pacific worldviews. Pacific worldviews are holistic in nature, via the incorporation of links and relationships between nature, people and nonliving and living things (Tamasese Ta’isi 2007, cited in Ponton 2018). In this way, there is no single Pacific worldview but there are shared and recognised values across Pacific cultures that are reflected in Pacific worldviews, such as holism, vā (relational space that fosters connectedness) and relationality. More importantly, acknowledging Pacific worldviews ensures that our research practices and approaches are culturally appropriate for the communities we work alongside.

In this study, one-on-one e-talanoa were held with members from our Pacific communities. The e-talanoa data reflects one person’s perspective, and the analysis is an interpretation constructed from findings based on my own understanding, experience and knowledge. As such, the analysis is constructed according to the lens in which the data is viewed. Pacific worldviews combined with the understanding, experience and knowledge that I hold were integral to data analysis. This approach further emphasises how colonisation and the influences of capitalism and westernisation affect the ways in which people perceive the world. It also recognises how Indigenous worldviews, including Pasifika, have been positioned as inferior. This approach was used to validate and emphasise that Indigenous and Pacific knowledges provide a solid foundation for research.

Thematic analysis can be applied across many epistemological frameworks, including that of realism. It is a qualitative research method used for identifying, analysing, organising, describing and reporting themes within a dataset (Braun and Clarke 2006). There are few studies that explore Pasifika perceptions of Pacific men and women in relation to mental health; thus, this research is exploratory. For the purposes of this research, thematic analysis was deemed to provide the most useful methodological framework, as theories can be applied to it flexibly (Braun and Clarke 2006; Clarke and Braun 2013; Willig 2001). Thematic analysis allows the researcher to interpret individual accounts of their experiences and remain close to them, and it is useful in examining individual perspectives, highlighting similarities and differences and generating unanticipated insights (Braun and Clarke 2006; King 2004). Thematic analysis also guides the handling of data, enables a summary of key features of a large dataset and supports production of a clear and organised report (King 2004).

A reflexive thematic approach was used, pursuing both inductive and deductive theme development (Braun and Clarke n.d.). It was deductive in the way that theme development occurred prior to each e-talanoa, drawing upon my personal understandings and experiences, and inductive in the way that transcripts were read and interpreted to develop concepts. Using this approach, each e-talanoa session offered an individual Pacific perception. Themes were then identified so that findings could be transferable and more generalisable across our Pacific communities. The findings were reviewed in light of previous literature, which reflected consistencies. This research provided a platform for our Pacific communities to share their understandings around mental health, and therefore yields important information with useful implications.

In this way, I adopted Braun and Clarke's (2006) six-step method of thematic analysis to familiarise myself with the transcriptions using NVivo v1.3. Although NVivo has the potential to compartmentalise themes, the software helped me to navigate the data whilst conceptualising the talanoa as a *whole conversation*. Drawing upon the concept of thematic talanoa throughout analysis also helped in retaining the intricacies of the talanoa by centring participant voices whilst theory and interpretations were built around them (Thomsen 2020; Thomsen *et al.* 2021).

Data analysis focused on gaining insight into the Pasifika perceptions of Pacific men and women and how these interrelate with mental health. The data were coded and the codes examined. By exploring Pasifika perceptions of Pacific men and women, the data naturally fell into two broad datasets: *Pasifika perceptions of Pacific men* and *Pasifika perceptions of Pacific women*. Further thematic talanoa analysis was conducted on each dataset. A total of four themes were identified and defined for Pacific men (Fig. 1) and three for Pacific women (Fig. 2). The themes were then reviewed manually in NVivo and through talanoa with project advisors.



### *Study Design*

This research is part of my doctoral research project, in which I explored Pacific mental health literacy. As part of this, the PMHA survey was developed to explore recognition, knowledge and attitudes around mental health. Using sequential mixed methods, this paper describes a follow-up PMHA e-talanoa study based on findings from the survey. More specifically, the survey included two vignettes describing a Pacific man (Tevita) experiencing depression and a Pacific woman (Malia) experiencing anxiety. The responses to the questions related to these vignettes reflected the gender of the vignette characters. This guided the development of the PMHA e-talanoa guide. This study specifically focused on e-talanoa participant responses in relation to the vignette characters. Ethics was approved by the University of Auckland Human Participants Ethics Committee (reference number 022137).

### *Recruitment*

Participants had already completed the PMHA survey, and as part of the survey, they were asked if they were interested in participating in future research about Pacific mental health via a face-to-face interview. If participants were interested, they were able to provide their name and a contact number or email address. Recruitment for the PMHA survey was voluntary, and participants opted to complete the survey online or via paper copy. A combination of direct and snowball sampling methods was used. A unique follow-on effect of direct sampling is snowball sampling, where participants identify other potential participants. To enhance recruitment, advertisements were also placed in public spaces and shared on social media (Facebook and Instagram).

Of the 548 survey participants, 220 indicated that they would be interested in follow-up research. Emails were then sent out to individual participants requesting their participation in a one-on-one talanoa with me. I scheduled and carried out the individual e-talanoa in twos (with one man and one woman) to ensure an even gender split and to provide time to reflect on the conceptual depth of the completed talanoa. Extensive field notes from the e-talanoa were taken. This process continued, and when ten e-talanoa were completed, I determined that conceptual depth was achieved, and data collection was ceased. In other words, I was confident that I had reached an adequate depth of understanding from the e-talanoa. Importantly, I also want to highlight *conceptual depth* as opposed to *data saturation*. Whilst not the focus of this research, recent interrogation into qualitative research has questioned whether data saturation is a useful concept for qualitative analysis—please see Braun and Clarke (2021) for more insight.

A participant information sheet and consent form outlining the details of the study was sent electronically to each participant via a link from Qualtrics (a survey-based software), allowing participants to download the information and provide their consent ahead of the e-talanoa. Participation was voluntary,

and each participant was given the opportunity to ask questions before their e-talanoa. Participants were also able to opt out freely from the study at any point. At the start of each e-talanoa the study details were clarified once again.

*Data Collection*

The one-on-one e-talanoa sessions were conducted between May and July 2020 through Zoom (video conferencing software). I worked with participants to arrange a suitable time. I was initially hesitant to adopt e-talanoa, but all the participants were very positive towards having a talanoa online as it provided more flexibility for them to participate. One of the major challenges of adopting e-talanoa was the audio disruption experienced when using Zoom. This was a rare occurrence, and if anything, it added māfana (warmth) to the talanoa as we would laugh it off.

[technical delay] ... can you hear me? Zoom doesn't want me to be great right now [laughter]. (Samu)

Each e-talanoa lasted between 30 and 90 minutes and was audio recorded via Zoom with the participant's permission. All e-talanoa were conducted in English.

RESULTS

*Participants*

In total, ten participants (five men, five women) participated in this study. The youngest participant was in their 20s and the oldest in their 60s. To uphold confidentiality and privacy, pseudonyms have been provided and exact ages have been omitted from the study. Please see Table 2 for demographic details.

Table 2. Demographic summary of participants.

Participant pseudonym	Country of birth	Ethnicity	Gender	Age bracket
Alisi	Fiji	Fijian-Indian	Woman	20s
Lanuola	Aotearoa NZ	Sāmoan-Pālagi	Woman	30s
Telesia	Aotearoa NZ	Sāmoan-Māori-Pālagi	Woman	30s
Una	Aotearoa NZ	Tongan	Woman	40s
Teisa	Aotearoa NZ	Tongan	Woman	40s
Mikaele	Aotearoa NZ	Sāmoan	Man	20s
Taione	Aotearoa NZ	Tongan	Man	20s
Misi	Aotearoa NZ	Tongan	Man	30s
Samu	Aotearoa NZ	Sāmoan	Man	40s
Tali	Tonga	Tongan	Man	60s

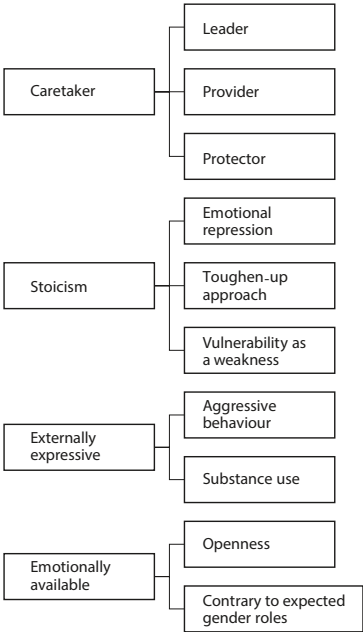


Figure 1. Summary illustrating core perceptive themes of Pacific men and corresponding codes.

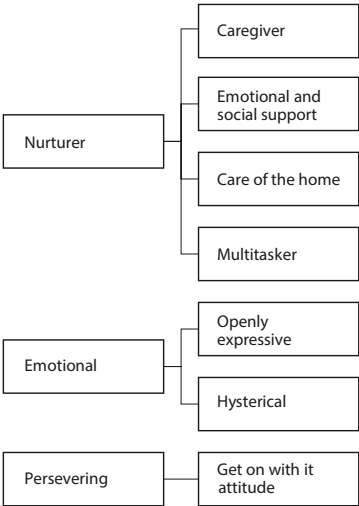


Figure 2. Summary illustrating core perceptive themes of Pacific women and corresponding codes.

*Dataset: Pasifika Perceptions of Pacific Men*

Four themes identified from the analysis of the first dataset are presented here, regarding Pasifika perceptions of Pacific men discussed during e-talanoa. The perceptions of Pacific men are from all participants and are not separated by gender.

*Caretaker.* Pacific men were positioned as caretakers where their ultimate role is to take care of their families. Participants viewed caretaking as both an individual thing to do and also an expectation of Pacific men, reflecting the discourse of hegemonic Polynesian masculinity (Chen 2014).

[I]f he [the Pacific man] can't do his so-called job or support his family, he doesn't want everybody else in the family to go [experience] the same as himself. (Tali)

The broad theme of caretaker was also discussed in more nuanced ways, as a leader, provider and protector. This reflects what has socially and culturally been described as men having a role that occurs outside of the home but contributes to the running of the home, such as providing food, income and security for the family.

Pacific Island men ... that real stereotypical view of like they have to have it all together. They have to be the leader of the family. (Telesia)

The [Pacific] woman, their lifestyle is different, because when they brought up, they rely on the [Pacific] man, as a leader in the house, to provide. (Tali)

There's still sort of that really big pressure for the men to make sure that everything in the house is running well, like financially and all that. (Alisi)

*Stoicism.* Pacific men were described as repressing their emotions, taking a toughen-up approach and avoiding vulnerability due to a fear of being perceived as weak. Stoicism and its associated subthemes were viewed as personal attributes but also as an expectation of Pacific men. Again, this reflects a normative hypermasculine perception that Pacific men are expected to uphold.

As a Pasifika, you assume that if you are male, and if you're the head of the family, then you're just expected to take on everything and not show your feelings and emotions. (Misi)

My father and my father-in-law. Both very stoic, you know like, lovely, very friendly, and will talk to anyone, but when it comes to emotions and talking about that stuff out loud, it's like, no thanks. And definitely not in an open environment with everyone around. (Telesia)

I definitely think that there is still an expectation for Pacific men to be more stoic and to be less vocal about their mental health and less forthcoming about it. And in that sense, I feel like their perceptions might be shaped in that way, where maybe it's not always as salient for them as it might be for me, as a woman. (Alisi)

Hypermasculine norms have been found to increase internalised stigma and promote masking of emotions, lending to a lack of openness or willingness to be open (Doherty *et al.* 2016; Horton 2014; Valkonen and Hänninen 2013).

I guess from personal experience, I've seen a lot of other [Pacific] males in my family go through things, and you can see the hurt on their face, but they're not willing or they don't feel comfortable enough to express themselves. (Mikaele)

For the [Pacific male] Islander. His feeling he has to keep to himself. (Tali)

My grandad, my dad, even my uncles, they never really talked about mental health. So we didn't. (Misi)

I think a lot of [Pacific] men are not comfortable opening up and having what they think is deficits about them or having problems and having issues. I feel like they're far less likely to want to open up to their mates, in case they're seen as weak. (Telesia)

This in turn can influence the way Pacific men cope with mental health challenges, for example, by being more inclined to suppress emotions or hinder help-seeking to avoid vulnerability (Chen 2014; Horton 2014; Marsters 2017).

*Externally Expressive.* Pacific men were described as more likely to be externally expressive through aggressive behaviour or substance use. We know that Pacific men are more likely to experience externalised mental health challenges that can lead to external coping mechanisms such as substance use.

I think about my grandpa on my mum's side, who was a lot more closed off. I look at my uncles on that side, and the first thing they do when sensitive topics come up is they joke, they joke or they go outside for a smoke or they drink or something of that sort. (Mikaele)

My dad loves to, his way of coping with and keeping his mental health in check is socialising with my uncles drinking kava. (Alisi)



Prior research also indicates that normative hypermasculinity promotes internalised stigma towards depression, hinders coping and encourages emotional repression that can lead to self-destructive behaviours (Doherty *et al.* 2016; Horton 2014; Valkonen and Hänninen 2013).

Back then, it was more the physical side of things. Just get a hiding. That's how I thought mental health was. (Samu)

My dad was like the tough one giving tough love. My mum was more the emotional side of things. So, like the old man would give us a hiding and the old lady would say things that you know, more plays on your emotions. (Samu)

Like being a man is talking with your fists, right. So not discussing it and not doing it, but it's about action. It's about showing. It almost felt like the more violent you were the more valued you were as a man, because you could protect. Even just the idea of talking, talking through things, acknowledging feelings, was dismissed almost immediately. (Mikaele)

*Emotionally Available.* Using personal anecdotes, some participants described some of the Pacific men in their lives as comfortable being open and expressive with their emotions and how they are feeling. Participants shared these anecdotes in ways that made clear their awareness that this was contrary to what was expected of Pacific men, i.e., Pacific men are expected to be stoic and emotionally distant. Additionally, these anecdotes described Pacific men as emotionally available and highlighted the sense of safety or their willingness in being able to move outside of the normative sociocultural gender roles expected of them.

I guess that's where I feel a lot more privileged in how I was brought up because I have a dad who's a lot more communicative. Who didn't growl me for crying, for example, or for sharing things that made me feel scared, or feel sad, or feel worried. I don't know if that's the main reason why mental health might be in that state when it comes to Pacific males. (Mikaele)

I feel like we blur the gender roles a bit because my partner is a really actively hands-on dad ... He's very domestic. He'll do lots of things around the house. So I feel like he takes the stigmatism [*sic*] away from it, like only Mum does those jobs or only Dad does those jobs. (Telesia)

I can honestly say that there's a lot of banter, and a lot of mocking that goes on amongst the boys. But I feel like it wasn't until the boys experienced their own loss that they were able to then tell each other they loved each other in a scenario of like being on a group chat or being around each other ... And I think that's part and parcel of that vulnerability, and seeing these people they

know and love taking their own lives, it puts it into perspective. So, yeah, it definitely makes them more vulnerable, but more open to that vulnerability, rather than trying to hide it and be like, “nah I’m tough gee”, like, they’re shifting that perception that they have to be okay. (Telesia)

*Dataset: Pasifika Perceptions of Pacific Women*

Three themes identified from the analysis of the second dataset are presented here, regarding Pasifika perceptions of Pacific women discussed during e-talanoa. The perceptions of Pacific women are from all participants and are not separated by gender.

*Nurturer.* Pacific women were positioned as nurturers in the way they take on many roles such as caregiving, providing social support and looking after the home. This was considered in addition to any further paid or unpaid work that was also carried out. This further demonstrates the sociocultural reflection of Pacific women and their role inside the home through organising homelife and caring for children and other family members. This enables Pacific men to fulfil their role outside the home as providers. As discussed, we see this across contemporary Aotearoa NZ, where Pacific women receive lower incomes and are more likely to carry out unpaid activities (such as caregiving) in comparison to Pacific men (Ministry for Pacific Peoples 2016; Roughan and Taufa 2019).

There are most definitely gender roles that parents play ... the mums would do a lot of the work, in terms of running the household, organising their household, talking to the kids. ... But it’s very much the mum organising the heart of the home and having the more meaningful conversations or having more in-depth conversations with the kids around loss and grief. (Telesia)

As highlighted in many of the comments around Pacific women, their role has been consistently described synonymously with multitasking and nurturing. In this way, Pacific women are perceived and expected to care for many people, provide emotional support and look after the home, often at the risk and potential sacrifice of their own wellbeing.

I feel like there’s a lot of other areas of mental health that isn’t being addressed for Pasifika women. I think one of the big areas that I’ve seen in my work is caregiver burden. They take it upon themselves to or they get placed in a role where it’s their job to look after Mum and Dad or grandparents. It’s not often acknowledged how much that takes out of their own wellbeing, how much it impacts them. So even that, it’s something that’s culturally entrenched, and it’s not looked at, because there again, we look at the roles that they serve in this society and not so much their needs as a person or their mental health. (Mikaele)

[B]eing able to balance multiple roles. I feel like it's a lot more complicated for Pasifika women because of the multiple roles that they can hold versus men. I always feel like the expectation for men is just to work. It makes me feel like the comments might start to reflect more, you should be able to look after yourself because mums are the carers. Which feels horrible to say. (Mikaele)

*Emotional.* Pacific women were described as emotional, both subjectively and as an expectation of Pacific women. Being emotional was described in the way Pacific women use talking (with family and friends) to express themselves or as a coping strategy for navigating internalised challenges.

There was a perception that [Pacific] men would perceive mental health as something that they didn't really talk about, whereas when we think about our Pacific women, that's kind of the only thing they talk about, their feelings, their thoughts, their emotions. (Misi)

As [Pacific] ladies, we get into our groups, and we talk. We talk all the time ... And with dealing with mental health, we have people that we talk to, we have our friends and our female relatives that we talk to all the time about stuff. (Teisa)

It was also highlighted that approaching Pacific women (rather than Pacific men) to discuss mental health challenges was preferred due to a perception that they are likely to respond with more emotional and compassionate consideration than Pacific men.

As a kid coming up, I used to think if I was going to approach someone about feeling depressed or feeling suicidal, I'd definitely approach my mum, rather than my Pacific male role models in my family. Because I think they [Pacific women] would have more of a compassionate and a loving side. Rather than this tough like, harden up from the guys. (Misi)

However, the perception of being *emotional* was not always described in a positive way, as indicated by the association with *hysteria* and its acceptable expression by and expectation of Pacific women. This is unsurprising as historically, hysteria was constructed as a feminine disease and promoted a patriarchal system that supported male dominance and female irrationality and, in turn, inferiority (Gilman *et al.* 1993).

I think it sounds sad, but it feeds into the stereotype of hysteria for women, which I think is such a horrible stereotype, but it's the idea that it's okay for women to be emotional, because that's their role, to be emotional. It's their role to look after kids and kids are emotional, so you have to be emotional back. Compared to being a Pacific male, I feel like there's a lot less pressure [on Pacific women] to hold back [their emotions]. (Mikaele)

*Persevering.* Pacific women described subjective experiences of being encouraged to adopt a persevering approach. This was often expressed in the way that their feelings are dismissed and that they are expected to get on with it and work hard. This contrasts from previous perceptions of Pacific women being described from a general stance of acceptance and as highly emotional nurturers. Interestingly, each experience describes a daughter–parent relationship, and the persevering approach fostered in each circumstance may be more indicative of a relational influence than of a perception or expectation of Pacific women.

My mum, who's Sāmoan, would just be like, when you're going through something, "just do it, it doesn't matter how you're feeling, just get along with it". Where like my Pākehā dad is more, "you have to deal with your feelings", and, like, it's different. (Lanuola)

Anxiety is not even a word in our household like that—we don't know what that means. And it can often be likened to "just being dramatic", or "just get on with it", or "what is this?" You know, "you can't concentrate because you're not trying hard enough" ... I've always grown up with the, "well you should be busy", "you should be working hard", "you should be building, working hard, so that you can have a better life than we did." (Alisi)

It's interesting because although it's more acceptable for women to express their emotions ... if you do it too much, you're still complaining. (Alisi)

## DISCUSSION

This study explored Pasifika perceptions of Pacific men and women and its interrelationship with mental health through e-talanoa. More specifically, analysis of Pasifika perceptions of Pacific men identified four themes: caretaker, stoicism, externally expressive and emotionally available. Further, the analysis of Pasifika perceptions of Pacific women identified three core themes: nurturer, emotional and persevering.

Pacific perceptions of gender have in part been shaped through broader social discourses and have influenced how masculinity and femininity are more commonly expressed or understood by Pacific peoples living in Aotearoa NZ. Our discussion serves not to homogenise participants' views but rather to explore the commentary and examples provided, which aid in uncovering the ways in which perceptions of gender intersect with mental health for the Pacific peoples who participated in this research. Thus, the overall discussion is guided by participant statements extracted from the e-talanoa.

*The responses show a lot of the expectations around the stereotypes that we still hold about Pacific peoples and what it means to be a Pacific man versus a Pacific woman. (Mikaele)*

This research extends the conversation to think about how Pacific perceptions of gender relate to mental health at all levels. Our participants described Pacific men as stoic protectors who were less likely to engage in conversations around mental health. On the other hand Pacific women were described as emotional nurturers who were more likely to engage and provide emotional support. These perceptions are narrow but clear. Pacific men are expected to be and are therefore perceived as leaders, tough, dominant and unemotional, to name a few. On the other hand, Pacific women are expected to be and are therefore perceived to have characteristics of (but not limited to) being nurturing, compassionate, softer and emotional. From a young age we also learn the place of masculine and feminine qualities, often with the underlying implication that nonmasculine (that is, feminine) qualities are undesirable amongst men but that women are expected to uphold standards of femininity. These limited sets of expectations do not allow for much deviation, and, in turn, men are often penalised more than women for violating gender expectations.

*And this is where tradition sort of comes into it. (Alisi)*

The participants discussed *tradition* as the shared knowledge of cultural customs and beliefs that have been passed between generations, whereby a tacit knowing or understanding of the roles and expectations of men and women in Pacific spaces has been developed from a young age. For Pacific men this looked like having roles outside the home including caretaking of land and making sure the home and family are being looked after financially. For Pacific women, this looked like care duties within the home. Participants also noted that for Pacific women, emotional expressions of grief and sadness tend to be very open and loud, particularly in the context of funerals. The same was not noted of our Pacific men. This difference in emotional displays may also be influenced by our cultural norms related to grief that allow Pacific women to be openly expressive in particular contexts. Given the dominant gender ideologies across our Pacific communities and beyond, I also extend this talanoa to consider the impact of colonisation.

Until recently, research around masculinity has largely focused on western discourses of masculinity. Colonial and postcolonial history has also been tacitly infused with a western masculine worldview (Hokowhitu 2017). Colonisation has been highlighted as a gendered movement and one that aggrandised the settler heterosexual male as the epitome of power and human reason, and therefore was perceived to represent the interests of humanity (Hokowhitu 2017). In this way, the colonial impact and western influence across our Pacific communities has promoted an idealised European masculinity that not only silenced the power of Pacific women but fostered a patriarchal dividend.



*Gender roles are definitely present in my household, but I think we do blur them. (Telesia)*

Our participants also discussed how dominant norms of gender upheld within their own families and wider community have slowly changed over time. This change was described as being due to a myriad of factors, including education, media and intergenerational mobility, among others. We see this expressed through the themes of *emotionally available* identified for Pacific men and *persevering* for Pacific women, which recognises that there is space for diverse understandings and expressions of masculinities and femininities. *Blurring gender roles* allows us to make connections between Pacific men and women. For example, the *emotionally available* perception of Pacific men is a counterpoint to masculinity which connects to a feminine representation. Similarly, the *persevering* perception of Pacific women as taking a “get on with it” approach connects to a masculine representation. This shows us that there can be and is fluidity in expressions of gender, and we should not be confined to the static representations of what is normatively expected of a Pacific man or woman.

*It is important that we start to share and talanoa and conversate around what we're going through. (Misi)*

Participants highlighted the importance of open communication, especially for our Pacific men, who are expected to be tough and to not show emotion. There were discussions across the e-talanoa around the need to reduce the stigma around talking about our thoughts and feelings and seeking help, as well as the importance of enhancing our understanding of mental health in a way that serves our Pacific communities. As highlighted in Table 1, findings from the wider doctoral project (Kapeli 2022) suggest that Pasifika tend to largely draw upon informal avenues for mental health support (i.e., family and friends). Whilst continuing the talanoa about mental health within our communities is vital, consideration needs to be given to how we talanoa about mental health in informal spaces. Acknowledging that doing this safely whilst honouring tauhi vā/vā could also be a reason why we might not talanoa about mental health so openly. The nongovernmental organisation Le Va (n.d.) offers a great resource, the Mental Wealth Project, a mental health literacy education programme that provides practical tips for how we can engage in talanoa about mental health. This is important because our Pacific peoples experience a significant burden of mental health challenges in Aotearoa NZ, with higher reports of mental health challenges but also lower reports of diagnosis and, in turn, help-seeking (Ataera-Minster and Trowland 2018).

Prior research indicates that Pacific women are more likely to internalise emotions, which can lead to withdrawal, anxiety and depression, while Pacific men are more likely to externalise emotions, which can lead to aggressive, impulsive, coercive or noncompliant behaviour (Ataera-Minster and Trowland 2018; Foliaki *et al.* 2006; Ministry of Health 2008; Oakley Browne *et al.* 2006). Knowing this can also help in developing more effective prevention, intervention and treatment strategies. However, it is important that such strategies not focus solely on internal or external expressions, for example, strategies to stop men from being aggressive, which can also fuel an expectation or stereotype that men are violent. Additionally, it is also important to consider that Pacific peoples are relatively low users of mental health care and services in comparison to their non-Pacific counterparts (Ataera-Minster and Trowland 2018). Thus, there is a need to further explore the driving factors around why this is consistently seen and reported across literature. There is also limited research on the effectiveness of talking therapies with Pacific peoples, although these have been found to be ineffective with Indigenous Māori men (Hokowhitu 2007). This may be a reflection of the western concepts these therapies draw upon and their direct nature, as it is well acknowledged that holistic, culturally responsive and circular (indirect) approaches are important when working alongside Pacific peoples (Te Pou o te Whakaaro Nui 2010; “A Tongan Approach” 2021).

*Aotearoa New Zealand has come a long way ... but there's still a lot that needs to be done. (Taione)*

For change to happen in Aotearoa NZ, the intersections between culture, gender and mental health must be considered at all levels (within policy, research and frontline services) of mental health. Andermann (2010) highlighted that targeted services (i.e., for specific groups such as women or minority groups) do need to be studied further. However, such services are not as prevalent in the community as they are often harder to sustain due to the required expertise not always being available. Additionally, the priorities of larger organisations do not always support the development and continuation of targeted services. There is also the idea that “specialisation leads to marginalisation”, resulting in specialised care for minority populations rather than enhancing cultural competency across the board (Lo and Chung 2005; Satel 1998). However, specialised services have been highlighted as vital because attending to specific needs promotes good practice for everyone (Burman *et al.* 2002; Kohen 2001; Seeman and Cohen 1998).

### *Strengths, Limitations and Future Directions*

As far as I am aware, this is the first study carried out exploring Pacific perceptions of Pacific men and women and their interrelationship with mental health. By doing so, I provide a unique and significant contribution

to the research literature. Drawing upon the PMHA survey vignettes was a unique aspect of exploring mental health in this study. I recommend that future Pacific mental health research consider not only the use of vignettes but also how different variables (i.e., age, gender, symptoms) could be manipulated in vignettes or how vignettes could be counterbalanced to further explore gender biases. This research explored responses to the vignettes; future research could explore the perceptions that Pasifika men have about themselves in contrast to the perceptions that Pasifika women have about Pasifika men, and vice versa.

This study also adds to existing research demonstrating how e-talanoa can be used safely and respectfully with our Pacific communities. Each participant was comfortable with the e-talanoa being carried out in English, likely a flow-on effect from the PMHA survey also being in English. It is important to acknowledge and address the limitations of Pacific research being carried out in English only and the barriers to participation it imposes. I also acknowledge the limitation in focusing on Pacific peoples as a collective, but I hope this research also signals the need for more ethnic-/gender-specific Pacific mental research and approaches, especially in terms of gender-diverse Pacific peoples. As mentioned, this research forms part of a larger research project, and there is an opportunity for further e-talanoa research dissemination. For instance, e-talanoa analysis also identified themes related to recognition of mental health challenges, the needs of our Pacific communities and experiences during the COVID lockdown in March 2020.

#### CONCLUSION

Using a Pasifika critical realist approach to thematic talanoa analysis, I identified common themes that participants talked about in regard to their perceptions of vignettes describing a Pacific man experiencing depression and a Pacific woman experiencing anxiety. Not only does this significantly contribute to the research literature around Pacific perceptions of gender, it highlights an area for consideration in the development of future policy and practice around mental health for our Pacific communities. I finish with the words of the late Epli Hau'ofa, a renowned Tongan scholar, who wrote, "My writing ... is not something only for quiet reading in bed or in a library. It is meant to be read aloud so that some of the beautiful and not so beautiful sounds of the voices of the Pacific may be heard and appreciated" (Hau'ofa 1990: 253).

## ACKNOWLEDGEMENTS

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## NOTES

1. “Pacific” and “Pasifika” are used interchangeably to refer inclusively to Pacific peoples in Aotearoa New Zealand, with ethnic roots in many Pacific nations.
2. MVPFAFF+ refers to mähū (Hawai‘i and Tahiti), vakasālewalewa (Fiji), palopa (Papua New Guinea), fa‘afāfine (Sāmoa), ‘akava‘ine (Cook Islands), fakaleitī (Tonga), fakafifine (Niue), plus all Pacific peoples who have another gender identity or sexual orientation. These terms have not been defined in the glossary as they are diverse and culturally nuanced. PRC refers to the Pacific rainbow community. LGBTIQA+ refers to lesbian, gay, bisexual, transgender, intersex, queer or questioning, asexual, plus all people who have another gender identity or sexual orientation.

## GLOSSARY

The terms included in this glossary are Tongan.

‘eiki	high rank, outrank
e-talanoa	virtual online talanoa
fahu	father’s oldest sister
faka‘apa‘apa	acknowledging and returning respect
fefine Tonga	Tongan woman
kai	food
māfana	warmth
me‘a‘ofa	gift
‘ofa	love, care, kindness
talanoa	multi-Pacific practice involving the sharing of ideas and stories through conversation and storytelling based on histories, realities and aspirations
tapu	sacred
tauhi vā	a way of nurturing and maintaining relationships
tu‘a	low rank
‘ulungāanga faka-Tonga	Tongan ways of knowing and being
vā	multi-Pacific concept describing a relational space that fosters connectedness

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