The Effects of Mindfulness Meditation on the Well-being of Pasifika students

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Abstract

Background: Mindfulness application has become a topic of interest in academic research, primarily because it has been shown to support positive well-being. Mental health disorders disproportionately affect young adults aged 15 to 24, specifically Pasifika people. To the researcher's best knowledge, a mindfulness-based intervention implemented by Pasifika University students is lacking. For such reasons, the current study addresses the research gap by introducing a feasible exploratory study that aims to consider whether participation in a brief four-week mindfulness-based stress reduction intervention (MBSR) can improve levels of subjective well-being, Pasifika identity and well-being, and mindfulness of Pasifika University students. **Method:** The current study involved a single-group design utilising a quantitative method. Data was collected pre-and-post MBSR intervention using three self-report psychometric measures including the Well-being Index measure (WHO-8), Pacific Identity and Well-being Revised measure (PIWBSR-35), and Five Facet Mindfulness Questionnaire (FFMQ-39). A paired samples *t*-test was conducted pre-and-post the MBSR intervention. **Results:** The findings revealed that subjective well-being, Pasifika identity and well-being were significant post-intervention. However, mindfulness scores were insignificant. A further paired samples *t*-test was conducted on the individual factors of Pacific identity and well-being and the individual mindfulness facets. The analysis revealed that the mindfulness observation was significant. **Conclusion:** It can be proposed that a mindfulness meditation intervention could be appropriate for Pasifika University students aged 18 – 24 years old. While this is the case, it is crucial to consider these findings with caution. The current pilot study is a stepping stone towards further investigations that can promote the well-being of Pasifika people.

Keywords: well-being, mindfulness-based stress reduction mediation, identity

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The COVID-19 global pandemic brought many unexpected challenges. After many lockdown restrictions, and changes to alert levels and traffic light systems, the past few years have been some of the most challenging years of my life. As I look back on this overwhelming journey, there were times when I was drained mentally, emotionally, and physically. However, despite the constant writing blocks and doubts, this journey has been fulfilling. This project would not have been possible without the support of many. For that, I would like to thank those who helped bring this thesis to life.

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A Tongan proverb - "'*Oua lau e kafo kae lau e lava – Stay positive and count your blessings.*"

Table Of Contents

Page

List of Figures

List of Tables

Glossary

Term	Definition
Indigenous People	Group of people known to be an area's earliest inhabitants share ancestral ties to the land, resources and culture.
Lotu	Prayer
Mana	Power or energy force.
Māori	Refers to the Indigenous group of people of New Zealand.
New Zealand Born	Person of Pasifika descent born in New Zealand, with a local upbringing.
Pālangi	A pan-Pacific term that refers to a group of people of European descent.
Pasifika	Refers to a group of people in New Zealand with ethnic roots from the Pasifika nations.
Tapu	A pan-pacific term meaning sacred or taboo
Vā	Relationship

Personality Statement

Growing up in South Auckland, New Zealand as the daughter of a Tongan migrant father and a Tongan New Zealand-born mother, my childhood consisted of years of adapting predominantly to the Kiwi New Zealand culture, relative to the Tongan culture. I was drawn to this subject area to explore the state of mental health and well-being experienced by Pasifika youth living in New Zealand. Being a part of the Millennial generation has allowed me to grow with rapid social and cultural changes. Additionally, advanced technologies and social media platforms continue to spread different ideas that have challenged traditional ways of being, thinking and relating to others which subconsciously, has influenced how I perceive myself and others to fit into this world.

My passion for this research stems from my personal experience of mental health, and the several discussions I have encountered with people in my community. Many have expressed their struggles with mental health and their personal experiences of feeling disconnected from their identity. The notion coined by Socrates ‘to know thyself is the beginning of wisdom’ is not as simple as it seems, rather it can feel like a never-ending search full of confusion and isolation. This research project has shed light on some of the problems we face collectively as a generation. It has helped me learn and nourish an understanding of who I am and has planted a seed of opportunity to investigate innovative ways which can be used to help our generation feel closer to who we are as Pasifika.

The Effects of Mindfulness Meditation on the Well-being of Pasifika Students Living in the Diaspora

Migration is a continuous part of human existence and has played an essential role in human survival, growth, and adaptation (Adler & Gielen, 2003). Butler (2001) identifies that individuals and communities have been in constant movement, intending to leave their homeland for reasons such as exile, refugee, warfare or voluntary. In addition, with the help of modern-day communication and transportation technologies, fewer individuals and communities now live in the land of their ancestors, with migration being more common relative to ancient societies. This phenomenon has been referred to as the diaspora, meaning the dispersion of people from their homeland (Butler, 2001).

Traditionally, the term diaspora is closely associated with the dispersal of people of Jewish, Greek, Armenian, Palestinian, and African origin (Brubaker, 2005; Butler, 2001; Cohen, 2008) and extends to the people of the Pacific (Gershon, 2007; Spickard et al., 2002). The progressive shift of globalisation in the 21st century has exposed individuals and communities to cultures and lifestyles that are different from those expressed in their homeland (Lockwood, 2004). Markus and Kitayama, (1991) emphasise that people from different cultures hold different perceptions of the self and how they relate to others, whether it be through the lens of independence or interdependence. They suggest that the perception one holds of the self is important and influences one's thoughts, feelings, and behaviour (Markus & Kitayama, 1991). While this may be the case, it is argued that identity and culture are flexible in time and location, constantly evolving within the context of the broader society (King et al., 2009). As a result, identities have become deterritorialised and are in a continuous state of construction and deconstruction as individuals and communities adjust to new societies and ways of living (Cohen, 2008).

The influence of living in the diaspora exceeds the physical aspect of communities. It reveals acculturation, meaning individuals and communities are inclined to the adaptation of

values, beliefs, and traditions of the existing dominant culture in society relative to traditional ways of being (Hicks et al., 1993; Rosenthal et al., 1989; Wu et al., 2018). In addition, Berry (2005) identifies four forms of cultural adaptation that can occur during the migration process. Firstly, integration (maintaining both traditional and dominant culture), assimilation (endorsing the dominant culture with minimal interest in maintaining traditional culture), separation (holding firm to the traditional culture while rejecting the dominant culture), lastly, marginalisation (being alienated from both traditional and dominant culture) (Berry, 2005). Thus, it is assumed that cultural adaption and one's response to adaptation vary among people.

For example, Wu et al. (2018) found when students were met with adversity, positive adaptation and resilience were associated with positive school performance and promote mental health. They also found that assimilated-oriented youth with low resilience experienced poorer mental health relative to integrated-oriented acculturated youth. Therefore, endorsing the host culture while maintaining interest in one's original culture could benefit youth mental health. In other words, the ability to balance traditional and a new cultural identity is considered a strength for migrant youth and is a pathway to strengthening resilience and mental health promotion (Wu et al., 2018).

As populations grow and become interconnected by a complex net of relationships (Lee, 2003), so too does the mental health and identity of the Indigenous and ethnic minorities (Anae et al.,2002; Durie, 2011; King et al., 2009; Nelson & Wilson, 2017). Consequently, with the exposure and adjustment to new cultures, migrants will likely grieve the loss of family, friends, and traditional ways of life (Barrett et al., 2000). In addition, they could deal with psychological distress, such as stress and the anxiety of change, and experience increased intergenerational tension and conflict (Barrett et al.,2000). Similarly, Pasifika people face an overrepresentation in adverse social indicators and determinants of

health (Foliaki et al., 2006; Pulotu-Endemann & Faleafa, 2017; Tukuitonga, 2013). The following sections will discuss the impacts of Pasifika communities navigating the diaspora and the effects of acculturation.

Background of Pasifika people

Globalisation allows the movement of ecological, cultural, economic, and political interdependence and accelerates the movement of capital, goods, people, and ideologies—each playing a vital role in intensifying global interconnectedness (Inda & Rosaldo, 2008). Similarly, Hau'ofa (1994) illustrates this idea by referring to people of the Pacific as inhabitants of the sea of islands, where things are seen in the entirety of relationships. As shown in Figure 1, the world of Pasifika ancestry is a sea filled with places to explore (Hau'ofa, 1994).

Figure 1

Map of the Pacific Islands

Note. Map of the islands located in Polynesia, Micronesia and Melanesia. The names represent most of the origin countries and territories. However, they do not include this region's many unique islands. This map does not intend to represent the official or legal boundaries of Pacific nations. From "*The Pacific Islands*", by the Natural History Museum Los Angeles County (2007). (https://nhm.org/experience-nhm/exhibitions-natural-history-museum/fabric-community/pacific-islands). NHM. Copyright 2007 by General Public License Version 3 GNU GP. In the public domain.

Hau'ofa (1994) identifies that traditionally, the Indigenous people of the Pacific during the era before imperialism in the 19th century viewed the Pacific Ocean as a pathway of opportunity to connect people to places of further exploration. The Pacific Ocean is where people and cultures moved and blended, seeking new places to settle in, raising generations of seafarers, exchanging trade, marrying into new family connections, expanding social connections, and producing more significant flows of wealth. This era was when the 'sea of islands' was not hindered by the boundaries of imperial powers. It provided the inhabitants in places such as Fiji, Tonga, Samoa, Niue, Tokelau, Tuvalu, Futuna, Uvea and Rotuma a community of exchange for people with skills, the arts and wealth to be circulated infinitely (Hau'ofa, 1994).

Pasifika culture and resources navigate the ocean freely beyond colonial-era boundaries (Hau'ofa, 1994). The pattern of interdependence of Pasifika communities continues and is maintained today as they expand their world through planting roots in new resource locations, attaining employment and higher standards of living, building networks of kinship, and sharing their stories across the oceans (Hau'ofa, 1994; Lockwood, 2004). Although transnational families (families living away from their homelands) live separately and are no longer close to their kin, they maintain complex ties that influence their everyday lives (Gershon, 2007; Lee, 2003, 2009). People are actively moving within the diaspora (host and homeland) for reasons such as family visitation or events, recreational activities, employment or education (Lee, 2003, 2009). Migration is partly motivated by a desire or obligation to support the family in the homeland (Lee, 2009), with very few (Tongan migrants) losing their connections to family, religion, and economy (Lee, 2003). In addition, Pasifika culture remains unique and significant regardless of colonial-era boundaries, and is demonstrated through the core practices of respect, courtesy, and politeness towards elders

and others (Keddell, 2006; Spickard et al., 2002). The following section will explore Pasifika people living in New Zealand as a diasporic community.

Pasifika people in New Zealand. Following World War Two until the mid-1970s, New Zealand faced a shortage of unskilled labour; as a result, employers were encouraged to look to the Pacific Islands to support the employment and economic needs of New Zealand, which led to an influx of Pasifika people migrating to New Zealand during the period of economic prosperity (Lee, 2009: Tiatia-Seath, 1998; Tukuitonga, 2013). New Zealand is perceived as the land of milk and honey (Pulotu-Endemann & Faleafa, 2017). It would afford families better educational opportunities, the accessibility of wage employment, improved transport services to the islands and an interest in the external world (Tiatia-Seath, 1998). Lee (2009) states that Pacific Island countries such as Tokelau, Niue and the Cook Islands were granted New Zealand citizenship at the beginning of the 20th century. In addition, from the 1950s to the 1980s, the New Zealand government commenced actively recruiting labourers from Pasifika countries (Samoa, Fiji, and Tonga) to work in the rapid development of industrial and agricultural sectors. Lee also states that during this period, multiple policies and work schemes that were introduced led to a doubling of the net migration from the Pacific Islands. As a result, transnational ties have been established by Pasifika people living in America, Australia and New Zealand and remain strong (Lee, 2009).

Pasifika people living in New Zealand are a diverse community. They collectively have more than 40 ethnic groups; these included Fijian, Tongan, Cook Island, Samoan, Niuean, Tuvaluan, and Tokelauan, each with its blend of history, language, and culture (Ministry of Health [MoH], 2014). Recently, in 2018, Pasifika people make up eight per cent of the population in New Zealand, with more than 60 per cent born in New Zealand and 32 per cent born in the Pacific islands (Ministry for Pacific Peoples [MPP], 2020a), in addition, they are considered a youthful population with a median age of 23 (MPP, 2020a). Pasifika

people in New Zealand are a diasporic community re-territorialising their ways of knowing, where interconnected ways of living are continued (Mila-Schaff, 2010). Pasifika identities have evolved and are taking new forms as they become increasingly blended into globalising forces (Lockwood, 2004). In modern-day New Zealand society, the cultural and social fabric of Pasifika people can be described as a collective heterogeneous term. It recognises the diversity and complexity of ethnic groups, nationalities, and languages of people from the Polynesia, Melanesia, and Micronesia islands (Kokaua et al., 2009; Tamasese et al., 2010).

While living in the diaspora has served many Pasifika people, they, too, are a disadvantaged population compared to other populations in New Zealand, which can be demonstrated across various socio-economic factors (Foliaki et al., 2006; Pulotu-Endemann & Faleafa, 2017). For example, factors such as living in damp, cold and overcrowded housing, low educational achievement, unemployment, poor health literacy, and inequity when accessing quality health care (Tukuitonga, 2013). In addition, they are generally clustered in low socio-economic areas, often in households with extended families and low incomes (Foliaki et al., 2006). Likewise, as Pasifika people and culture impact New Zealand's social landscape, this also impacts the well-being and identity of Pasifika people (Manuela & Sibley, 2013). The following section will discuss the links between culture and its influence on well-being.

Culture's influence on Well-being

Customarily, people are cultural beings, and the ability to function is achieved and shaped through culturally constructed systems and developmental processes shared locally and globally (Kirmayer & Swartz, 2013). Similarly, Lantolf (1994) explains Vygotsky's socio-cultural theory that human culture has collectively created physical and symbolic tools that often utilise higher mental capacities such as planning, problem-solving, or voluntary

attention. These symbolic tools, such as music, language, and art, are therefore made available for the subsequent generations, which are then altered and passed on to future generations. He also states that the distribution of physical and symbolic tools supports people in establishing an indirect relationship between the self, others, and the world. Each generation reworks the cultural inheritance and adapts these accordingly to meet the needs of communities and individuals at that moment (Lantolf, 1994). In essence, culture can help one to think about how the world operates and offers meaning to experiences that are essentially shared through generations, groups and individuals (Eckersley, 2007).

In addition, culture influences the values, alternatives and outcomes that inform healthcare decision-making (Kirmayer & Swartz, 2013). Cultures define and construct the connection between belief and healthcare practice (Macpherson, 1990). While this may be the case, connecting beliefs and healthcare practice can be challenging without understanding the culture the beliefs are initially derived from (Macpherson, 1990). Kirmayer and Swartz (2013) outline the influence of culture and the societal patterns that drive service delivery of health. They also identify that health systems are targeted to support the public in understanding help-seeking behaviours, coping mechanisms, and the response to illness and interventions. Hence, researchers need to clarify the role that culture and social factors have in the construction of psychopathology and treatment (Kirmayer & Swartz, 2013). This is especially important when trying to understand the experiences and cultural values of migrants and the psychopathology experienced by ethnic families (Barrett et al., 2000).

Defining mental health has been debated among early and modern-day writers (Herron & Trent, 2000). In addition, so are the differences between Pasifika philosophies and Western psychology (Manuela & Sibley, 2013). It can be argued that mental health is not static but subjective and varies according to time, place, culture, and context (Herron & Trent, 2000). There is no universal definition of recovery (Bonney & Stickley, 2008); mental

health is influenced by the culture that defines it (Galderisi et al., 2015). The following section aims to define mental health and well-being from a general and Pasifika perspective.

Defining Mental Health and Well-being

The World Health Organisation [WHO] (2022) describes mental health as more than the absence of mental disorders; it is an essential state of mental well-being. Mental health is fundamental for how people think, feel and behave across different situations, and it affects personal, community and socio-economic development (WHO, 2022). Mental health affects a person's self-esteem, problem-solving skills, the ability to be productive and contribute to the community (Jané-Llopis et al., 2005), how events are interpreted, the capacity to communicate and to form and sustain relationships, and the ability to cope with change, and trauma (Friedli, 1999). Poor mental health can manifest from a combination of multiple social and structural determinants that can either protect or undermine one's level of mental health across the lifespan (WHO, 2022). Mental health underpins all health and well-being (Friedli, 1999). Protective factors such as social and emotional skills, positive social interactions, quality education, employment, community cohesion and safety are essential for well-being (WHO, 2022).

An Indigenous Perspective of Mental Health and Well-being. Bronfenbrenner (1994) states that human development occurs through complex reciprocal interactions with the environment. So, to understand human development, one must consider the whole ecological system in which one develops. For example, Indigenous people and societies place significant importance on the extensive systems in which they live (Richmond et al., 2007). Health concepts are embedded and connected to ancestral lands, ensuring the integration of interconnectedness, holism and balance (Richmond, 2007). McGregor et al. (2003) identifies that well-being is a complex concept that draws on both environmental and intrapsychic

factors. The foundation of quality of life is a healthy ecological system, which can be achieved and maintained through an efficient economy and social system (McGregor et al., 2003). Indigenous people share the experience of colonialism; however, the experiences vary among the different groups and geographies (Nelson & Wilson, 2017).

According to Richmond (2007) the world is perceived and characterised by Indigenous people as sharing strong ties to their ancestral land and nurturing harmonious relationships with the environment. Indigenous people share various creation stories linked holistically to the physical and spiritual world (mother earth) (Richmond, 2007). For example, according to McGregor et al. (2003) traditionally, well-being is synonymous with the people-environment relationship in Hawaiian culture. That is, all life springs from the land and nature, and so demonstrating a love and deep appreciation for nature's abundant offerings is a theme shared universally. They also identify that a sense of indebtedness and centrality for the 'āina (sacred land and nature), can impact people's lives at various levels of the social system, specifically if there are any changes in the land and natural resources. Accordingly, the health and well-being of human systems interrelate, and they share a mutual relationship within the context of ‘āina (family, individuals, and community). Thus, what happens to a person also affects the family and is considered a spiritual aspect valued today (McGregor et al., 2003).

It is apparent that Pasifika's health and well-being can be understood as a complex system. Pulotu-Endemann’s Fonofale model, as shown in Figure 2, is a popular health model utilised by Pasifika people (Agnew et al., 2004), which illustrates a metaphoric shape that demonstrates the Pasifika worldview of well-being (Thomsen et al., 2018). To help understand the holistic contextualisation of the Pasifika self and well-being, Manuela and Sibley (2015) have identified six aspects that can help support overall well-being for Pasifika well-being (Manuela & Sibley, 2013, 2015). These are group membership, pacific

connectedness and belonging, family well-being, cultural efficacy, societal well-being and religious centrality and embeddedness. Thus, the central theme of chapter two will explore the distinctive aspects drawn from the Fonofale model, which include well-being and its relationship with belonging, culture, interpersonal relationships, and spiritual faith, and how they exist within a dynamic and interrelated relationship (Manuela & Sibley, 2013).

The mental health burden is a central issue, considering societies have different worldviews and understandings of mental health and illness (Vaka et al., 2016). The following section sheds some light on the mental health burden experienced in New Zealand and the importance of understanding how mental health and mental illness are experienced and conceptualised.

Mental Health Burden in New Zealand

Despite the importance of mental health and well-being, one in eight people globally lives with a mental disorder (WHO, 2022). Global mental health conditions continue to increase and are widely under-reported (Dattani et al., 2021). Nations are battling mental health stigma, and funding for quality and effective mental health care is limited worldwide (WHO, n.d.). Aotearoa, New Zealand, with a population of five million (Stats NZ, 2022), is not exempt from the global mental health burden. Mental health conditions are New Zealanders' third leading cause of health loss (Mental Health Foundation, 2016). Mental disorders contributed to 8.7 per cent of the total health loss in New Zealand and included anxiety (2.6 per cent) and depression (2.4) per cent (MoH, 2020). Additionally, Paterson et al. (2018) estimates that more than 50 to 80 per cent of New Zealanders will experience addiction challenges, mental distress, or both at some point in their life. With an annual cost of addiction and mental illness estimated at $12 billion in New Zealand (Paterson et al., 2018).

Consequently, mental health conditions disproportionately affect specific groups. In particular, the Indigenous people (Anae et al., 2002; Durie, 2011; Nelson & Wilson, 2017). For example, psychological distress greatly impacted Māori women (17.5 per cent) and Pasifika women (13.1 per cent), young adults and those living in socio-economic deprivation (MoH, 2020). Equally concerning is the large proportion of young people worldwide affected by the mental health burden (Kieling et al., 2011; McGorry et al., 2013; McGorry et al., 2014; Patel et al., 2007). For example, WHO (n.d.) reported that in 2017, 20 per cent of children and youth were diagnosed with a mental health condition, and for 15 to 29-year-olds, suicide was the second leading cause of death (WHO, n.d.). In addition, 14.5 per cent of young people aged 15 to 24 in New Zealand experienced significantly higher levels of psychological distress compared to 4.2 per cent to 8.7 per cent of adults aged 25 years and over (MoH, 2019).

Moreover, Pasifika people, specifically New-Zealand born, are reported to experience a higher prevalence of mental illness, suicidal ideation and suicide attempts than the general New Zealand population (Ataera-Minster & Trowland, 2018; Foliaki et al., 2006). To illustrate, the New Zealand mental health monitor reported that Māori and Pasifika people experience higher levels of depression and anxiety, specifically females aged 25 to 44 (Hudson et al., 2017). A further review based on the recent New Zealand longitudinal Youth2000 Well-being survey found that many secondary students reported experiencing high levels of distress (Fleming et al., 2020). Mental and emotional health worsened, with an overrepresentation of Māori and Pasifika youth. To illustrate, from 2012 to 2019, Māori reported higher rates of depressive symptoms (between 14 per cent to 28 per cent) and suicide attempts (between six per cent to 13 per cent) relative to Pākehā (NZ European) and other European youth in the past 12 months. Similarly, Pasifika youth reported higher rates of depressive symptoms (between 14 per cent to 25 per cent) and attempted suicide in the same

period (between seven per cent to 12 per cent) relative to (three per cent) of Pākehā and other European peers (Fleming et al., 2020). These findings suggest that Māori and Pasifika youth are overrepresented in poor mental health statistics in New Zealand.

Despite the existing mental health burden, 25 per cent of Pasifika people were less likely to access mental health services than 58 per cent of New Zealanders overall (MoH, 2008). Therefore, exploring historical issues and the current social, economic and distinctive world views of the health and well-being of Pasifika people is essential, as it allows various perspectives and experiences of Pasifika mental health and well-being (Pulotu-Endemann & Faleafa, 2017). The following section aims to identify how identity and well-being work in relation to each other, specifically for youth.

The relationship between Identity and Well-being

Identity can be described as the relational construction one self-identifies with, a socio-cultural phenomenon that emerges through the interactions and relationships between oneself and others (Bucholtz & Hall, 2005). Triandis (1995) identifies that both collectivist and individualist social patterns influence the formation of one's identity; for example, one can view themselves as part of one or more collective groups such as family, co-worker, or tribe. At the same time, one can view themselves as independent of collective groups and perceive themselves through their preferences, needs, rights and the contracts they have established with others. While this is the case, nurturing good mental health depends on including both collectivist and individualistic tendencies in different situations (Triandis, 1995).

It is argued that there could be a conflict between one's identity and active participation in the politics of the host land and homeland (Butler, 2001). For example, Hall (2015) identifies two different perspectives of identity. Firstly, people share one cultural

identity through 'similarity' or sharing historical experiences and cultural codes. That is, one share's a true collective self that is stable and continuous, concealed inside other superficial imposed selves. In addition, the perspective of 'difference' occurs due to human society evolving. That is, identity becomes unique and undergoes a continuous transformation. Any disruptions and discontinuities are all relevant to constructing one's cultural identity. Therefore, there is a sense of becoming and belonging to the future as much as it does to the past, as identity undergoes constant transformation (Hall, 2015).

Another essential view, Marcia (1980) identifies that the self-structure is a dynamic organisation of abilities, drives, beliefs and history. The better developed the self-structure is, the more aware one is of their strengths, weaknesses, uniqueness, and similarity to others. Marcia further argues that a well-developed identity structure can cultivate feelings of acceptance and belonging. In contrast, a less developed self-structure could lead to feelings of confusion, especially one's distinctiveness from others (Marcia, 1980).

Self-identity is a concern for youth during adolescence (Laursen & Hartl, 2013). Youth are at a stage where many personal and developmental changes occur (McBride & Preyde, 2022). Youth actively explore identity and define their unique sense of self (Laursen & Hartl, 2013). Therefore, the development of self-structure and how one sees themselves and their relationship towards others may play a vital role in one's well-being. The following section aims to identify the importance of social connections and well-being.

Youth Well-being and Social Connections

Youth mental health is crucial for community well-being (Fitzpatrick et al., 2018). As the social world changes dramatically, specifically during adolescence, social isolation and perceived loneliness could increase due to developmental changes (Laursen & Hartl, 2013). Loades et al. (2020) systematically reviewed over 60 studies. They found that the experience of loneliness is associated with mental health problems and future mental health challenges

up to nine years later, with depression having the strongest association. These findings were consistent across children, adolescents, and young adults (Loades et al.,2020). In addition, a recent study found that hospitalised youth seeking psychiatric treatments reported great concern for their social connections with their peers and friends (McBride & Preyde, 2022). The experience of peer problems resulted from having fewer friends and available support in school for almost sixty-five per cent of mental health patients (McBride & Preyde, 2022). In essence, the absence of peer contact, physical and cognitive maturation effects, and identity exploration play an essential role in one's perception of loneliness (Laursen & Hartl, 2013). Social connections can be a protective factor for youth's physical and emotional well-being (Lee & Goldstein, 2016; Levula et al., 2018; McBride & Preyde, 2022; Seppala et al., 2013). The following section identifies the challenges to the well-being and identity of Pasifika youth living in New Zealand.

Identity and Well-being of Pasifika Youth in New Zealand

Social support is universally beneficial and can lead to increased resilience, improvements in social connection, behaviour and lifestyle, and support in recovery from illness (Pevalin & Rose, 2003). In contrast, social isolation, poor social environments and social support can negatively impact the health, well-being and resilience of young people (Clark et al., 2013; Jetten et al., 2011; Visser et al., 2021). In addition, a lack of belonging is associated with decreased happiness, loneliness, and depression (Baumeister & Robson, 2021). Although Pasifika youth are perceived as a resilient group, when faced with multiple adversities, however, prolonged exposure to challenging circumstances can increase the risk of poor mental health outcomes (Fa'alili-Fidow et al., 2016).

Ethnic identity and pride are essential concepts of group membership highlighted across Pasifika literature (Manuela & Sibley, 2013). It is argued that for Pasifika people, bio-

psycho-social-spiritual well-being can be supported by having strong connections to cultural values, beliefs, and practices (Ihara & Vakalahi, 2011). Puna and Tiatia-Seath (2017) identified that Pasifika youth whom express pride in their cultural heritage and those who value their culture have a lower risk of suicide. Thus, strengthening cultural identity, relationships and interconnectedness can aid resilience and help buffer against suicide (Puna & Tiatia-Seath, 2017), and can act as a protective factor to support a sense of belonging and mental well-being (Durie, 1999; Mila-Schaaf, 2010).

Compared to the mainstream New Zealand population, the Pasifika population in New Zealand is younger and predominantly urban-based (Agnew et al., 2004). It is apparent that Pasifika youth in New Zealand grow up in both complex and diverse social, environmental, and cultural settings (Health Quality & Safety Commission [HQSC], 2021). Thus, the conceptualisation of health, mental health and well-being in New Zealand are also diverse and complex (HQSC, 2021). As a result, identity conflict is a major socio-psychological issue for Pasifika (Anae, 1997), specifically for youth navigating New Zealand communities where traditional values, behaviours and ways of thinking can conflict with European culture (Ioane, 2017).Therefore, understanding the interplay between one's ethnic identity and cultural orientation, as well as the birthplace and socio-economic factors is crucial, as complex ethnic identities are reported to be associated with lower self-esteem, well-being, cultural connection, and the likelihood of being diagnosed with a mental health disorder (HQSC, 2021).

Well-being is affected and arises from having a connection to various sources in the web of relationships (Eckersley, 2007), including one's relationship with healthcare (Kirmayer & Swartz, 2013). The following section demonstrates how the evolving health system has delivered and contributed to healthcare, specifically mental health. It will provide insight into how the health system has evolved and adapted to the current social conditions.

The Evolving Health System

The science of mental illness diagnosis and treatment has evolved in the last 20th century and is greatly influenced by social, economic, religious, and philosophical ideologies circulating societies (Bassuk & Gerson, 1978; Gardner et al., 2005; Keyes & Lopez, 2009). The early influence of mind-body dualism on western science and psychology argues that the nature of physical and mental experiences is different and functions as separate entities. That physical and mental illness is of genetic origin, or due to diseases of the brain, and emotional, cognitive, and social factors have minimum impact on health (Anae et al., 2002; Bentall et al., 2014; Labbé, 2011; Ngnoumen & Langer, 2016). As a result, successful treatments such as psychotherapy, counselling and drug therapies are available to treat many mental illnesses (Bassuk & Gerson, 1978; Gardner et al., 2005; Keyes & Lopez, 2009).

On the contrary, researchers have found that promoting, protecting, and restoring mental health is crucial for positive mental well-being (Barry, 2013; Huppert, 2005; Keyes, 2013). Positive psychology is a strengths-based approach to mental health that focuses on positive development, skill development and growth (Fitzpatrick et al., 2018; Norrish & Vella-Brodrick, 2009; Terjesen et al., 2004). In essence, one of the primary goals of positive psychology is to prevent future mental health problems and add benefits to other life domains (Norrish & Vella-Brodrick, 2009).

Mental health promotion has attained worldwide recognition with new initiatives developing (Jané-Llopis et al., 2005). More importantly, the application of positive psychology in schools and youth-orientated settings has become prominent (Chafouleas & Bray, 2004; Waters, 2020). A positive psychology focus aims to prepare youth with the skills associated with flourishing, mental health, and well-being (Norrish & Vella-Brodrick, 2009). Furthermore, there has been interest in the innovation of psychological treatments. Many psychotherapists are interested in integrating Western psychology with Eastern spiritual

practices (Lau & McMain, 2005; Hofmann & Gómez, 2017) and recognising its effectiveness within a clinical setting (Didonna, 2009). Specifically, mindfulness techniques are attracting interest in positive psychology (Ivtzan et al., 2016). Techniques of mindfulness-based interventions can be taught and utilised as protective factors against mental health challenges and improving psychological functioning (Baer, 2003). The following section aims to contextualise mindfulness and how it relates to well-being.

Contextualising Mindfulness

Mindfulness is a 2500-year-old tradition fundamental to Buddhist psychology (Baer, 2010; Siegel et al., 2009). Mindfulness is a universal human potential that fosters thinking clearly and open-heartedness regardless of one's cultural belief system or religion (Ludwig & Kabat-Zinn, 2008). There are many attempts to define mindfulness in academic literature (Bishop et al., 2004; Labbé, 2011), with many researchers agreeing on the following description "mindfulness means to pay attention in a particular way; on purpose, in the present moment and non-judgementally "(Kabat-Zinn, 1994, p.4). Thus, mindfulness is considered an antidote to suffering; its goal is to encourage people to stop struggling against unwanted experiences, allow experiences to unfold, and attend to and acknowledge all emotions (Kabat-Zinn, 1990; Shapiro & Carlson, 2009; Siegel et al., 2009). Furthermore, allowing what is to develop will enable one to perceive and relate to circumstances with more clarity, discernment, productive insight and response (Kabat-Zinn, 1990; Shapiro & Carlson, 2009). The following section identifies different mindfulness-based strategies and methods that have evolved and are used in present day society.

Mindfulness-based interventions. Meditation training aims to improve a person's core psychological capacity, for both attentional and emotional self-regulation (Tang et al., 2015). Mindfulness-based interventions can be taught and utilised as protective factors against mental health challenges (Baer, 2003). Mindfulness-based interventions involve

therapies in which practices of mindfulness meditation are taught explicitly as a critical component of treatment, these include formal and informal mindfulness practices (Shapiro & Carlson, 2009). The formal mindfulness practices include (but are not limited to) acceptance commitment therapy [ACT] (Hayes et al., 2011), dialectal behaviour therapy [DBT] (Linehan & Wilks, 2015), mindfulness-based cognitive therapy [MBCT] (Segal et al., 2018), and mindfulness-based stress reduction [MBSR] (Kabat-Zinn, 1990). The primary outcome in academic literature suggests that decreasing symptoms or psychological distress is a prominent outcome of mindfulness practices (Baer, 2010). Generally, formal practices such as sitting mediation, body scan, and walking meditation, are each systematic steps geared towards cultivating mindfulness skills (Shapiro & Carlson, 2009). In addition, informal practices, involve attention directed at being open, accepting, and discerning throughout ordinary daily activities, such as eating, driving or reading (Shapiro & Carlson, 2009). In essence, mindfulness involves a deep awareness and an understanding of all experiences in an open and receptive way (Shapiro & Carlson, 2017).

The application of mindfulness has developed as a topic of interest in academic research, primarily because it has been shown to increase awareness and help a person skilfully respond to mental processes associated with maladaptive behaviour and emotional distress (Bishop et al., 2004; Tang et al., 2015). Mindfulness-based research has primarily been conducted with adults, and there is an encouraging body of research on how mindfulness can support the well-being of young people and academic performance (Rix & Bernay, 2014; Bernay et al., 2016).

Mindfulness meditation encourages a person to think positively about what is going on in the present moment, promoting and cultivating a non-judgmental attitude towards the self and others while at the same time diminishing ruminating thoughts and distractions (Rix & Bernay, 2014; Kabat-Zinn, 1990; Ludwig & Kabat-Zinn, 2008; Rosini et al., 2017). Thus,

cultivating mindfulness skills should benefit people with rumination-related psychological disorders (Baer, 2010).

In addition, mindfulness meditation can help develop intrapersonal and interpersonal skills that benefit a person's health and well-being (Altinyelken, 2022; Huerta et al., 2021). Mindfulness-based interventions focus on utilising one's resources so that a person's system (mind-body) can heal self from within. As a result of proper guidance and orientation, people have the potential to transition the self from a state of distress and imbalance to a state of serenity and harmony (Didonna, 2009). Thus, not only does one have the power to nurture their inner world, but they too have the power to influence and support their external world via mindfulness meditation.

Likewise, to the expansion of mindfulness-based interventions, help-seeking behaviours and attitudes are also changing, specifically within the Pasifika community. The following section will briefly discuss the current health system available in New Zealand.

Pasifika Use and Access to Services

There has been an increase in Pasifika literature in the well-being space (Agee et al., 2013; Kapeli et al., 2020; Suaalii-Sauni et al., 2009). For instance, in 2018, the NZ He Ara Oranga report reported challenges with accessibility, quality care, gaps in services and limited therapies (Paterson et al., 2018). When mental health and addiction services are accessed, it is during times of crisis (Pulotu-Endemann & Faleafa, 2017). Furthermore, barriers to accessing mental health services included mental illness stigma, family barriers such as the dedication to seeking solutions for the family, a lack and mistrust of knowledge of services, and the lack of cultural competence and understanding of non-Pasifika providers (Fa'alogo-Lilo & Cartwright, 2021).

Similar findings were revealed in the Te Kaveinga report (Ataera-Minster& Trowland, 2018), which indicates the need for what culturally appropriate health promotion

looks like within the Pasifika space, and the need to raise mental health awareness, reduce stigma and remove barriers to accessing healthcare. Additionally, the need for further research that addresses cultural identity and its relationship to Pasifika mental health and well-being, and innovative approaches to mental health promotion (Ataera-Minster& Trowland, 2018).

According to the Bula Sautu report, the health system is not designed for Pasifika people and needs to meet Pasifika's needs (HQSC, 2021). Similarly, findings were found in the He Ara Oranga report; for example, Pasifika people report wanting more services that acknowledge spiritual healing, Pasifika healing, and mind-body practices such as mindfulness rather than relying on pharmacology (Paterson et al., 2018). Furthermore, the report identified the reinforcement of 'Vai Niu, which promotes Pacific ways of knowing and doing while recognising pacific world views and philosophies. That is, creating and nourishing effective relationships with all entities, environments, ancestors, cultures, languages, families, and others (Paterson et al., 2018). Thus, a better understanding of the meaning of identity, cultural connectedness and well-being among Pasifika young people is needed (HQSC, 2021). There exists a need for early intervention within mental health services, services that prioritise people to be well and stay well, and a preventive system that protects against mental illness and helps support mental distress (Paterson et al., 2018).

Pasifika literature has expanded over the years, and as a result, there have been interventions aimed at supporting Pasifika's well-being. For example, during the 2020 Coronavirus 2019 (COVID-19) pandemic, LeVa responded and supported Pasifika health and the workforce through an online workshop focused on rebuilding well-being through the development of skills, knowledge, and confidence to identify mental distress among Pasifika people and supporting them get help where needed (LeVa, n.d.). In addition, in 2022, a new health reform was formed in New Zealand, directed towards improved and more equitable

well-being outcomes (Mental Health & Well-being Commission [MHWBC], 2022). This change includes a mandate aimed at improving the effectiveness of mental health and proposes a holistic system that addresses the needs of the public and what is required to achieve good mental well-being. Also, that people experiencing mental distress have the resilience, support, and tools to support well-being. Thus, the new health reform provides Health NZ and the Māori Health Authority to improve and focus on mental health and well-being (MHWBC, 2022). Therefore, it is apparent that there is a need for improvements in mental health services; hence the following section will discuss the purpose of the current study.

Purpose of the study

Although positive mental health is essential, mental health difficulties have increased over the past century, and there is a concern for young people. Mental health difficulties are often impacted by complex social, cultural, and environmental conditions (Bor et al., 2014; Collishaw et al., 2004; Keyes & Lopez, 2009). Specifically, university students who are prone to experience high levels of mental distress (Bewick et al., 2010; Leahy et al., 2010; Stallman, 2010). A positive approach to diagnosing and treating mental health challenges remains an unrealised tool (Keyes & Lopez, 2009) that requires more attention. Extensive research utilising the practice of mindfulness meditation is dominated by positive results (Coronado-Montoya et al., 2016), including the positive effects on well-being. For Pasifika people, it is essential to include a measure of identity, as identity is central to the overall well-being of Pasifika people (Manuela & Sibley, 2015). Although limited research covers both mindfulness and Pasifika literature, a recent study revealed that a five-week mindfulness-based intervention was feasible for incarcerated youth of mixed-ethnic Native Hawaiian/ Pacific Island descent (Le & Proulx, 2015). For such reasons, the practice of mindfulness

meditation could support Pasifika people in developing mindfulness skills that could help them navigate their intrapersonal relationships with themselves and interpersonal relationships in the external world.

Pasifika students are a minority group underrepresented in higher education in New Zealand (Nanai et al., 2017; Sopoaga et al., 2017). To the researcher's knowledge, a mindfulness-based intervention implemented for Pasifika University students is lacking. Given the challenges of health disparities among the Pasifika community, the current study addresses the gap in research by introducing a feasibility pilot study that measures whether a mindfulness meditation intervention (MBSR) is an effective intervention for improving subjective levels of well-being, identity and mindfulness of Pasifika youth. In addition, the study aims to incorporate measurements appropriate for Pasifika students living in New Zealand. Three questionnaires will support this analysis. Firstly, the Youth'19 well-being questionnaire (WHO-8) (Adolescent Health Research Group [AHRG], 2019; Fleming et al., 2020), a measure created for youth as a part of the New Zealand longitudinal study, and aims to reveal one's subjective well-being. Secondly is the Pacific Identity and Well-being Revised questionnaire (PIWBSR-35 items) (Manuela & Sibley, 2015), which was created using a holistic Pasifika lens and identifies factors from both intrapersonal and interpersonal perspectives of well-being. Lastly, the five-facet mindfulness questionnaire (FFMQ-39 items) (Baer et al., 2006), a questionnaire commonly used in undergraduate student populations, purposed to measure five common facets of mindfulness traits.

Research question and objective

This research aims to consider whether participation in a brief four-week MBSR intervention can improve levels of subjective well-being post-intervention. Secondly, whether subjective levels of identity and well-being from an intra-interpersonal perspective increase post-intervention. Thirdly, whether mindfulness levels increase post-intervention. Therefore, it

is hypothesised that there would be an increase in levels of well-being, improvement in Pasifika well-being and identity, and an increase in mindfulness facets following the brief intervention

Chapter Two: Literature Review

The following chapter will explore and identify the distinctive aspects of Pasifika well-being drawn from the Fonofale model of health (see Figure 2), and will solely focus on well-being and its relationship with belonging, culture, interpersonal relationships, and spiritual faith. In addition, it will demonstrate how they exist interdependently and show some of the commonalities and differences within the mindfulness literature.

Human Suffering and Subjective Well-being

Subjective well-being can be defined as positive and negative affect, life satisfaction, and happiness, and is associated with all areas of life, such as employment, interpersonal relationships, health, and societal benefits (Diener & Ryan, 2009). While well-being is the optimal psychological functioning and experience (Ryan & Deci, 2001), for centuries, people have inquired about and pursued the origins of human suffering and how to alleviate suffering (Siegel et al., 2009).

Mindfulness is considered a universal human capacity that fosters clear thinking and open-heartedness regardless of religion or cultural belief system (Ludwig & Kabat-Zinn, 2008). Mindfulness is an ancient practice proposed to remove unnecessary suffering by cultivating insight into the mind's mechanisms and the external world (Siegel et al., 2009). It is argued that applying and extending mindfulness attitudes of awareness, acceptance, and non-judgement can foster feelings of self-compassion towards personal suffering (Birnie et al., 2010). Neff (2003) argues that one can cultivate a better understanding of personal suffering by showing self-kindness relative to being self-critical of personal pain and suffering. She also emphasises the importance of holding painful thoughts and feelings in equilibrium relative to overidentifying with personal, painful thoughts and feelings. That is,

having an understanding that personal experiences (failures and inadequacies) are part of humanity rather than viewing personal suffering as separate and isolated (Neff, 2003). Each step is essential for mindful awareness and developing compassion towards the self (Birnie et al., 2010). Thus, mindfulness aims to nurture insight and an inner balance of the mind in all situations, with greater clarity, wisdom, and the potential to act or respond effectively (Kabat-Zinn, 1993, as cited in Goleman & Gurin, 1995).

From an evolutionary perspective, survival is the primary motivator of any species; people strive to avoid all suffering and death (Dorjee, 2014). For example, Shapiro and Carlson (2009) identify Buddhist psychology teaches that suffering derives from one wanting things or situations to be different from reality. They also state that people desire and try to control specific experiences while rejecting and pushing away unwanted experiences. The Buddhist teacher Shinzen Young (as cited in Shapiro & Carlson, 2009), describes painful experiences (such as loss or illness) as what is happening and cannot be avoided, while suffering is the person's relationship to that reality. The amount a person resists pain is associated with the amount of suffering a person has. People must learn to accept and relate to pain and suffering to control how much they suffer (Shapiro & Carlson, 2009). Thus, both Buddhism and scientific wisdom identify happiness as an essential motivator for human behaviour, and what happiness means differs across people and traditions, including ways of seeking it (Dorjee, 2014), and the personal suffering one could have experienced. The following section explores how social connections can help alleviate human suffering.

The Value of Social Connection

Historically, social groups serve several purposes, such as protecting, identifying, and seeking companionship, assisting, and supervising children and collaborating on shelter and food (Laursen & Hartl, 2013). Each social group cultivates roles that fulfil the needs of a group and prevent disrupting the functionality of a group (Laursen & Hartl, 2013). People

have an innate need to feel socially connected, loved, and trusted, and reciprocate these feelings (Baumeister & Leary, 1995). As a result, social connection positively affects thoughts, emotions, and interpersonal relationships (Baumeister & Leary, 1995; Seppala et al., 2013).

A strong social fabric is connected to positive health and limits the damaging impact of economic deprivation (Friedli,1999). In contrast, feelings of alienation, isolation and loneliness can be perceived as being out of touch with the social world (Lee & Robbins, 1998). Emotional disconnection or lack of belonging is relative to one's perceived quality of relationships, regardless if a person has access to close friends and family (Baumeister & Leary, 1995; Lee & Robbins, 1998). A deficit in belonging and social attachments leads to physical and psychological health problems (Baumeister & Leary, 1995). For example, a meta-analysis identified that a person's experience with social relationships significantly predicts mortality (Holt-Lunstad et al., 2010). The study found that those with good social relationships had a fifty-percent chance of living longer than those with poor social relationships (Holt-Lunstad et al., 2010).

Consequently, a deficiency in social relationships is associated with an increased risk of developing physical health problems such as stroke, coronary heart disease (Valtorta et al., 2016), hypertension, obesity, diabetes, and pulmonary disease (Petitte et al., 2015). Multi-morbidities are specifically a concern for the Māori and Pasifika population, as it was revealed that they experience a high prevalence of multi-morbidity (obesity, anxiety, depression, hypertension, asthma, diabetes, gout, pulmonary disease, cardiovascular disease), which increases with age and levels of socio-economic deprivation (Stokes et al., 2018).

Moreover, social connection is especially crucial during this time, considering the economic, social and psychological patterns disrupted due to the current Coronavirus 2019 (COVID-19) global pandemic (Bandyopadhyay & Meltzer, 2020; Pfefferbaum & North,

2020). The public health emergencies and public health measures of quarantine, social distancing and self-isolation are expected to affect individual and community mental health and safety (Bandyopadhyay & Meltzer, 2020; Pfefferbaum & North, 2020). People are vulnerable to a decrease in social interaction, an increase in loneliness and are at risk of several mental health disorders (Fiorillo & Gorwood, 2020), threatening overall well-being (Bandyopadhyay & Meltzer, 2020).

Additionally, populations facing socio-economic hardship and health disparities before COVID-19 would be the most vulnerable during a pandemic (Ioane et al., 2021). For example, a systematic review of the mental health population identified that psychiatric symptoms for patients with pre-existing psychiatric disorders have deteriorated due to both the direct and indirect effects of COVID-19 (Vindegaard & Benros, 2020). The general public also shows a decline in psychological well-being, reporting higher levels of depression and anxiety prior to COVID-19 (Vindegaard & Benros, 2020). Young Pasifika people in New Zealand also experienced hopelessness, anxiety and depression during the 2020 – 2021 COVID-19 global pandemic (Siegert et al., 2022).

In addition, many Pasifika people in the diaspora struggled to meet cultural, social and material needs during the COVID-19 pandemic (Alefaio, 2020). For example, 40 per cent of Pasifika people live in overcrowded homes, estimated to cause 25 per cent of hospital admissions for infectious diseases (MPP, 2020b). Consequently, physical distancing would have been difficult for people in overcrowded homes, and access to the internet at home for Pasifika communities would have been a barrier for many (Ioane et al., 2021). A recent study found that Pasifika people reported a lower level of internet access at home compared to other New Zealand ethnicities (Grimes & White, 2019). Thus, the closure of schools where learning was moved online was challenging for many families without internet or computer access (Ioane et al., 2021). Lastly, the closure of churches was difficult for some families

(Ioane et al., 2021) because access to churches offers Pasifika communities and families a place for social connection and networks to be maintained (Thomsen et al., 2018). It has been shown that, although health promotion and specific initiatives were offered during the COVID-19 pandemic (MPP, 2020b), public health measures needed an understanding of the world in which Pasifika people lived (Ioane et al., 2021).

Therefore, cultural beliefs used to understand Pasifika's mental health is essential, as it opens a space for identifying areas within Pasifika's mental health that can only be addressed appropriately and safely when considering elements of culture (Kapeli et al., 2020). The following sections will explore both the epistemology of Pasifika well-being and mindfulness.

Contextualising Indigenous and Pasifika Well-being

Indigenous societies around the globe conceptualise health as an extensive system in which one lives and integrate concepts such as balance, holism and interconnectedness (Mark & Lyons, 2010). Indigenous people hold ties deeply embedded in their ancestral land, they generally share a perception of the world that is characterised by harmonious relationships with the environment, and share various creation stories linking their people to both natural, physical and spiritual worlds (Coates, 2004). A common belief about mental health and traditional healing is shared among Indigenous people, including Native Americans and Hawaiians (Agnew et al., 2004; Bird, 2002).

According to Durie (1994, as cited in Richmond, 2007), for Māori people, Te Whare Tapa Whā is a multi-dimensional concept of Māori health and well-being utilised in New Zealand. It demonstrates that health is beyond physical health and identifies that health and well-being depend on balancing four main dimensions (mental, spiritual, physical, and social). That is, the four walls represent the house; if one wall were to collapse, this would result in unstable well-being (Richmond, 2007).

Similarly, Pasifika people generally hold cultural identities and worldviews that emphasise their connection to the land, networks of exchanges and reciprocal relationships (Thaman, 1995). That is, all life is perceived as interconnected and genealogically linked, so locating all human behaviour as divinely attributed and genealogically connected systems of relationship (Ka'ili, 2005; Mila-Schaaf, 2010). Thus, Indigenous perspectives embody a holistic approach to well-being and health.

In New Zealand, mental health services traditionally focus on a health model prioritising disorder and disease (Samu & Suaalii-Sauni, 2009). The illness model in mental health is challenging to embrace as it is assumed that once a mental illness is diagnosed, then it is incurable, or it appears to have a disconnected clinical approach to assessment, where interpersonal relationship building is kept to a minimum, which can influence help-seeking behaviours and attitudes (Agnew et al., 2004). Recently, New Zealand health services have identified the significance of working with a framework that acknowledges New Zealand as a diverse country with various ethnicities (Samu & Suaalii-Sauni, 2009). The new health reform, for example, helps support the shift in mental health services (MHWBC, 2022). It is identified that mental health for Pasifika people is perceived differently from western understandings, so the treatment required should match Pasifika's understanding of the principles of love, reciprocity, and service (Samu & Suaalii-Sauni, 2009).

The Fonofale Model

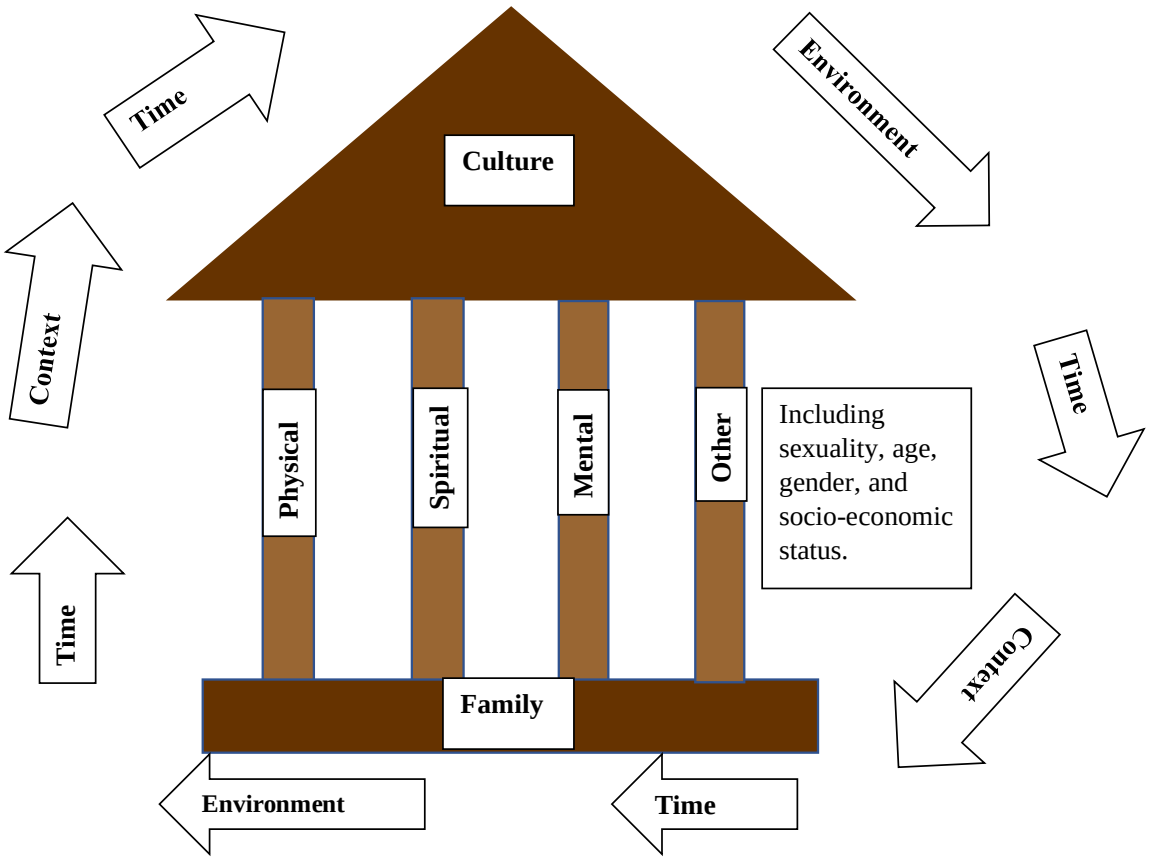
Health consumers have identified different models of care, each promoting health holistically through a Pasifika lens, and includes intergenerational concepts, gender, Pasifika languages, spirituality, and responsibilities (Agnew et al., 2004). These are (but are not limited to) the Samoan Fonofale and Faafaletui model, the Cook Islands Tivaevae model, and the Tongan Kakala model (Agnew et al., 2004).

The Fonofale model created by Pulotu-Endemann (2001) is one of the best-known models used across Pasifika service providers that address holistic Pasifika health needs (Agnew et al., 2004). As illustrated in Figure 2, it contains the house (fale) and characterises diverse factors important for the overall health of a Pasifika person (Pulotu-Endemann, 2001). To illustrate, family, a foundation for all Pasifika cultures, is represented on the floor, and cultural values and beliefs are revealed on the roof and considered the shelter for life. The four aspects of life that connect family and culture are represented in the four posts. These are life's mental, spiritual, physical, and other aspects. Lastly, around the house (fale) shows time, context, and environment, which can directly or indirectly impact well-being (Pulotu-Endemann, 2001). All aspects are constantly engaged with each other, with the supporting elements (physical, spiritual, mental, and other) supporting and sustaining the link between family and culture (Thomsen et al., 2018).

For Pasifika, there must be a balance between the mind, body, and soul for health and well-being (Suaalii-Sauni et al., 2009). Pasifika's notions of a good life or well-being are best understood when viewed from solidarity or as a collective and helps anchor the well-being behaviours of Pasifika people (Faleolo, 2020). When there is an unbalance or inability to meet personal goals and failure to meet family and community obligations, it could be a result of being unbalanced physically, spiritually, socially, or mentally (Finau et al., 2004, as cited in Ihara & Vakalahi, 2011; Tamasese et al., 2005). A failure to integrate Pasifika concepts and western concepts of mental health and illness, and vice versa, can result in a disconnect of discourses for both the Pasifika and mental health community (Southwick & Solomona, 2007, as cited in Mila-Schaaf & Hudson, 2009). The current research will follow the Fonofale model of health (Pulotu-Endemann, 2001) and will solely focus on well-being and its relationship with belonging, culture, interpersonal relationships, and spiritual faith.

Figure 2

Fonofale model



Note. An example of the Fonofale health model. Adapted from *Fonofale – Model of Health* [PDF], by F. K. Pulotu-Endemann, 2001, (Fonofale - Model of Health 2001 - Community Research). In the public domain.

A Sense of Belonging and Well-being

A strong ethnic community validates cultural traditions and values and can function as a resource that assists new members with adjustment stress (Hicks et al., 1993). Berry (2005) identifies that it is most beneficial when individuals maintain their culture and traditional values while simultaneously participating in adapting new behaviours of the dominant

culture. The integration strategy experiences less stress, specifically when accommodation by a large society is inclusive and open to the orientation towards cultural diversity and achieves better adaptation (Berry, 2005). For example, a meta-analysis of 184 studies of people of colour in America revealed a positive relationship between well-being and ethnic identity (Smith & Silva, 2011). Additionally, feelings of acceptance by others could positively affect one's mental health and well-being (Mila-Schaaf, 2013). For example, it was revealed that for Māori and Samoan youth, displaying ethnic pride, a sense of belonging, and commitment to cultural and language maintenance was beneficial for their well-being (Webber, 2013). In essence, harbouring positive attitudes toward one's group indicates that a person is invested in their ethnic identity, deriving positive effects (Manuela & Sibley, 2013).

A sense of belonging is a connection in a system or environment between oneself, people, places, and things (Hagerty et al., 2002). According to Lambert et al. (2013), a strong sense of belonging is associated with a high level of meaning in one's life, academic motivation and self-efficacy in college-level students and younger populations (Freeman et al., 2007), and commitment to persevere to degree completion (Hausmann et al., 2007). In contrast, the lack of belongingness has been shown to have various adverse effects (Baumeister & Leary, 1995). For example, behavioural pathologies, from suicide to eating disorders, are more common for unattached people (Baumeister & Leary, 1995). Given the links between belongingness and overall well-being, socially connected people are happy, whereas alone or lonely people are generally unhappy (Baumeister, 2005). Consequently, physical, and psychological health problems are more common among people lacking social attachments (Baumeister & Leary, 1995; Baumeister, 2005).

The quality of one's connection to others affects bio-psychosocial processes that can influence behaviour and impair or promote health (Hagerty et al., 1996). While this is the case, Macpherson (1999) identifies that since the wake of colonialism, refugee migrants,

mass labour and national identities are progressively challenging to construct amongst polyethnic societies. He also identifies that ethnic identities are formed in different sets of circumstances by individuals of common descent. He also argue's that the immigrant generation reflects these changes, where ethnic identity will differ from a person born overseas, and while there is a high degree of similarity, the ethnic identities of those born and raised in small homogenous societies may be much less similar to children raised in larger, more heterogenous ones. Thus, it is crucial to be aware that social identity is fluid and can be chosen, constructed, and re-constructed within the bounds set by the society (Macpherson, 1999).

A Sense of Belonging from a Pasifika perspective

Social connectedness and a sense of belonging are essential aspects of Pasifika's well-being (Manuela & Sibley, 2013, 2015). Connectedness and belonging are demonstrated in traditional Pasifika societies. For example, confidence and security for Pasifika people are developed through one's membership in a kin group or a group that cooperates and depends on one another for survival (Ravuvu, 2002). In contrast, to be alienated from the group is a psychologically traumatic experience; specifically, when one moves away from the protection and support of the group, Pasifika people could find themselves helpless and isolated, creating feelings of insecurity or lack of confidence to succeed in new territories (Ravuvu, 2002).

Pasifika people are a growing and evolving population that many identify with ancestral homelands and contemporary New Zealand values and cultural practices (MoH, 2020). As a result, there is a high degree of differentiation of socio-cultural experiences among migrant, first and second-generational Pasifika people living in New Zealand (Agnew et al., 2004). To elaborate, Mila-Schaaf (2013) identified that for Pasifika people born and raised in New Zealand, negotiating feelings of belonging and facilitating acceptance is

complex. Pasifika people in New Zealand are exposed to culturally diverse audiences where different ways of being Pasifika are authenticated and privileged (Mila-Schaaf, 2013). For example, with the increase in Pasifika and non-Pasifika marriages, identity has become more multifaceted for Pasifika youth as they attempt to fit within the Pasifika and non-Pasifika communities in New Zealand (Ioane, 2017). In addition, two distinctive subcultures have emerged within the New Zealand Pasifika community: a New Zealand-born and raised youthful population and an island-born and raised older population (Kokaua et al., 2009; Tiatia-Seath, 1998). Consequently, the transition from island culture to European (Pālangi) dominated cultural customs in New Zealand is intricate and raises issues of one's successful adjustment and adaption to culture (Kokaua et al., 2009; Tiatia-Seath, 1998). Tensions and shifts between traditional norms, customs, values, and beliefs affect one's identity, sense of belonging, and social cohesion (Mila-Schaaf, 2013).

Young Pasifika people experience identity issues within multicultural environments while trying to balance the desire to retain a cultural heritage within a bicultural and multicultural environment (Kokaua et al., 2009). For example, some young Samoan people are raised in bicultural situations, where they are exposed to traditional Samoan values and individual Pālangi values embedded in their schools (Bush et al., 2009). As a result, they may identify with an individual self and relational self, which can result in role confusion and conflict with parents and grandparents (Bush et al., 2009). In addition, a young Samoan person could be seen as wanting to be Pālangi as their views may reflect their dominant culture, giving rise to identity uncertainty and confusion as Pasifika youth born and raised in New Zealand (Ioane, 2017).

Thus, with the variety of ethnicities and opportunities to integrate and share commonalities and differences within Pasifika communities, there is an opportunity to engage and reflect on what it means to be a Pasifika person (Thomsen et al., 2018). There are now

more than two generations of Pasifika people in New Zealand living in New Zealand (Thomsen et al., 2018). There exists an urgency to re-construct and maintain cultural identities (Macpherson, 1999; Schiller et al., 1992). It is vital to identify migration's impact from a developmental perspective that regardless of where one is born and raised, a child will have different psychosocial, physical and psychological needs (Ioane, 2017). The following section will explore how cultural efficacy can support the well-being of Pasifika people

Creating Well-being through Cultural Efficacy

As illustrated in Figure 2, cultural values and beliefs are the shelter for the Pasifika people (Pulotu-Endemann, 2001). The cultural practices and languages are important markers for Pasifika identities across Pasifika literature (Anae, 1997; Manuela & Sibley, 2013; Mila-Schaaf & Robinson, 2010; Tiatia-Seath, 1998). Cultural efficacy is the degree to which a person has the personal and cultural resources to behave within the social and cultural context (Manuela & Sibley, 2015). Mila-Schaaf and Robinson (2010) identify that embodying poly-cultural capital (non-financial assets) can support the engagement with Pasifika people and promote Pasifika identity in any context. These non-financial assets are (but are not limited to) a sense of pride in Pacific identity, being able to speak the language, respecting Pasifika values, and acceptance by other Pasifika people are each advantageous when navigating social spaces (Mila-Schaaf & Robinson, 2010). Poly-cultural capital can protect people and buffer the influences of negative well-being experiences (Manuela & Anae, 2017).

In contrast, a lack of poly-cultural capital deteriorates Pasifika knowledge traditions and appears to disadvantage Pasifika people (Mila-Schaaf & Robinson, 2010). Pasifika identity is relational, and becoming disconnected can occur when there is a lack of Poly-cultural capital (Mila-Schaaf & Robinson, 2010). For example, Manuela and Sibley (2014) found that people with multi-group identification as both non-Pasifika (majority European) and Pasifika groups experience tension in psychological well-being. That is, a decrease in

subjective well-being of multi-ethnic Pasifika people was found among the participants as a result of expressing negative attitudes towards their ethnic group, and was presumably interpreted as a negative attitude towards oneself, lowering self-esteem. They also highlight that negative attitudes occurred because participants with mixed Pasifika/non-Pasifika people are more inclined to share the attitudes of other members of the dominant (European) majority group than those of the other group (Pasifika). As a result, they could have experienced poor mental health because of the tendency to internalise negative social attitudes associated with the Pacific identity (Manuela & Sibley, 2014). In addition, for multi-ethnic Pasifika/non-Pasifika people, it was revealed that they struggle with establishing an identity with either ethnic group, potentially leading to feelings of social exclusion or isolation (Agee et al., 2013; Ataera-Minster et al., 2018; Keddell, 2006). Hence potentially adding to a disconnect between NZ-born and traditional Pasifika communities.

In essence, as social identity theory by Tajfel and Turner (1986, as cited in Smith & Tyler, 1997) suggests, belonging to positively valued groups is preferred. The effect of positive social identity contributes to general feelings of self-worth (Tajfel & Turner, 1986, as cited in Smith & Tyler, 1997), and pride and respect toward one's ethnic group are significantly related to collective self-esteem. Respect relates to feelings of self-worth (Smith & Tyler, 1997). Therefore, a sense of belonging and one's investment towards their ethnic group can support social connectedness with members and how one navigates social spaces, specifically within their culture. Thus, people must be able to utilise skills that will support connection and strengthen interpersonal relationships.

It is evident that connection to family and cultural identity are essential foundations that foster Pasifika well-being (Teevale et al., 2016). The following section explores family well-being.

Family and Well-being

According to Rosenthal et al. (1989), intergenerational conflict may exist in families when transitioning from one cultural milieu to another. They argue that many parents may cling to their cultural values to understand and achieve a degree of control in a new and confusing world. For example, parents may set limits to youth behaviour that reflect norms and values now inappropriate in their country of origin. They also argue that youth may respond with frustration and resentment in their efforts to maintain stability and cohesion with their cultural groups of both traditional and host society (Rosenthal et al., 1989). Thus, migration entails tremendous upheavals for children and their families, and as they encounter everyday stressors associated with losing familiar people, customs, food, surroundings, and interpersonal loss (Hicks et al., 1993).

Family relationships are essential in shaping one's well-being (Merz et al., 2009). Family provides a sense of meaning and purpose, positive affect, belonging, self-worth, and resources that benefit well-being (Kawachi & Berkman, 2001). The specific relationship central to well-being will depend on a person's needs at various developmental levels, such as the parent-child relationship, which is paramount in childhood, and the romantic partner relationship, which becomes essential in adulthood (Diener & Diener McGavran, 2008). Thomas et al. (2017) identifies that the quality of family relationships, including social support and strain, can influence well-being through physiological, psychosocial, and behavioural pathways. They also argue that over the lifespan, family relationships become complex and more critical for well-being as social networks decrease and caregiving needs increase. Thus, family relationships provide resources to support an individual to engage in healthier behaviours, cope with stress, and enhance self-esteem, leading to better well-being. However, stressors such as intense caregiving for family members, poor relationship quality, and marital dissolution can negatively impact one’s well-being (Thomas et al., 2017).

The Essence of Family and Pasifika Well-being

Family and social support networks are important protective factors for ethnic immigrant children and youth (Barrett et al., 2000). Family stability has been identified as a protective mechanism in immigrant children's adjustment; cohesive and stable families may provide security and support for children facing the stress of immigration (Hicks et al., 1993). Healthy and strong families are the bases of both individual and community well-being, with socially cohesive societies producing healthier members (Statistics New Zealand and Ministry of Pacific Island Affairs [SNZMPIA], 2011). As depicted in Figure 2, family is the foundation of Pasifika well-being. The extended family is a primary support mechanism deeply rooted in strong and stable families and communities (Puna & Tiatia-Seath, 2017). The concept of self-reliance in Pasifika culture is based on kinship ties and family rather than on the individual (Alefaio, 2020). That is, success for Pasifika families includes (but is not limited to) a connection to God, the practice and embracing of cultural traditions and identity, supportive family connections, and effective communication (Tautolo et al., 2020). For example, for Samoan families, collective participation is a natural development in everyday life, from an early age, children often carry out tasks for the family (Masoe & Bush, 2009). In Samoan and Tongan culture, success is family and group-based and depends on a person's usefulness to the community, family, and land (Taumoefolau, 2013). Efi (2003) provides an example of a Samoan worldview:

> I am not an individual; I am an integral part of the cosmos. I share divinity with my ancestors, the land, the seas and the skies. I am not an individual, because I share a "tofi" (an inheritance) with my family, my village and my nation. I belong to my family and my family belongs to me. I belong to my village and my village belongs to me. I belong to my nation and my nation belongs to me. This is the essence of my sense of belonging. (p.51)

> Here, Efi (2003) demonstrates that family members embody inheritance, such as talents and gifts given by God, nurtured within the family, and shared within the community and that talents are used to benefit the whole. All people have a divine role to play in society that can support their community (Ioane, 2017). Thus, the failure to meet family and community obligations and achieve personal goals are possible consequences of an imbalance in health and wellness (Finau et al., 2004, cited in Ihara & Vakalahi, 2011).

Additionally, mental disorders are regarded as possession by evil spirits or retribution for wrongdoing by family (Tukuitonga, 2013). Family support is vital for healing, specifically for mentally unwell family members (Suaalii-Sauni et al., 2009). Family centrality is reflected in traditional Pasifika values and beliefs, where families are expected to care for themselves, especially in times of hardship (Pulotu-Endemann et al., 2004). Also, family centrality could be reflected in Pasifika's reluctance to access services (Agnew et al., 2004; Pulotu-Endemann et al., 2004). Similarly, Puna and Tiatia-Seath (2017) found that New Zealand -born Cook Island Youth reported that positive well-being could be achieved by feeling supported and loved by one's family, friends and community. They also found that having access to family and friends encourages thoughts and feelings that they are never alone and that there is someone to talk to, with open communication and no judgement. Remaining connected to healthy relationships with family, friends, and other social supports is essential for maintaining positive mental well-being and buffering suicidal behaviours (Puna & Tiatia-Seath, 2017).

Social connectedness with family, land and community is also demonstrated in the strong participation in church life and volunteering. Social connectedness is likely to protect against adverse health effects and outcomes, including lowering lower levels of suicide in Pasifika communities (SNZMPIA, 2011). From a Samoan viewpoint, the child's and their

family's spiritual well-being is fundamental (Masoe & Bush, 2009), and supports how many Samoan adults and children relate to each other (Toso, 2011). Being connected to family and close to cultural centres like churches gives people a reason to continue living in expensive urban settings (Fa'alili-Fidow et al., 2016). Thus, culture, language, and traditions are held in great respect, so invalidating any of these personal properties would harm the culture and cause a loss of identity and power (mana) (Toso, 2011). The following section identifies how one's investment in spirituality can support well-being.

Defining Spirituality and Religion

Traditionally, spirituality and religion have been inseparable, both terms are often used interchangeably, and for some, they have become distinct and independent (Carmody et al., 2008). Spirituality is complex, with multiple meanings to different people and is experienced differently (Shapiro & Carlson, 2009). For some, spirituality may reflect a person’s unique connection with the self, others, and nature, while others can view spirituality as one's relationship to God, creator or other higher power (Ihara & Vakalahi, 2011).

Cobb et al. (2016) argue that most definitions of spirituality are related and connected to an aspect of transcendent awareness or a sense of meaning (Cobb et al., 2016). King and Koenig (2009) define spirituality as a quest for understanding the ultimate questions about life and meaning, and the relationship to the transcendent or sacred, which could progress towards religious rituals and community formation. In contrast, they describe religion as an organised system that helps enable a person’s closeness to a higher power or transcendent God. This relationship is facilitated through the systems practices, beliefs, rituals and symbols, and helps nourish the understanding and responsibility one has with others in the community (King & Koenig, 2009). Therefore, spirituality is an intuitive connection to the

world and is generally represented as religion and is culturally expressed through an institutionalised system of belief, or a place of ritual worship (Eckersley, 2007).

Connecting Well-being to Spirituality

Spirituality is integral to health and well-being (Koopsen & Young, 2009). The connection between spirituality and greater mental well-being for the general population is prominent in academic research (Koenig, 2010; Masoe & Bush, 2009) and as a protective factor against psychopathology (Desrosiers & Miller, 2007). For instance, Eckersley (2007) identifies that well-being derives from one being engaged and connected in a web of relationships and interests. Connection to the web gives meaning to people's lives; this balance and stability in one's purpose in life is critical for well-being and social cohesion, whereas a lack of meaning increases one's vulnerability for well-being (Eckersley, 2007).

For example, an additional pathway to purpose in life is through service to the community; spiritual traditions emphasise contribution and service to a larger community (Cobb et al., 2016). Thoits and Hewitt (2001) found that people who volunteer their time and effort to the community are good, socially integrated people (active members of religious groups or other organised community groups). That is, people with better well-being invested more time in volunteering, and as a result promoted positive well-being (Thoits & Hewitt, 2001). Thus, religion and spirituality positively correlate with well-being and decreased psychiatric symptoms in people with mental health disorders (Corrigan et al.,2003).

Spirituality from a Pasifika Perspective. As shown in Figure 2, spirituality is a significant pillar of Pasifika well-being. The importance of spirituality and harmonious relationships is prevalent across Pasifika literature (Mila, 2017; Fa'alogo-Lilo & Cartwright, 2021; Tamasese et al., 2005; Toso, 2011). In many Pasifika communities, religion and culture are integrated and is challenging to disentangle (Manuela & Sibley, 2013). The spiritual

nature of Indigenous Pasifika epistemology suggests a sense of sacredness and connectedness to one's community, native land, and ancestors, regardless of where a person is born and raised (Newport, 2001, as cited in Ihara & Vakalahi, 2011). Pasifika researchers argue that spirituality is conceptualised as the foundation of total well-being for human development; that the body and mind work collectively to produce a sense of wholeness (Toso, 2011).

Traditionally, this notion is demonstrated in Pasifika ancestry. For example, in pre-colonisation, Pasifika philosophy and theological thought are derived concerning things with monotheism and cosmogony, directly influencing Pasifika ways of knowing (Matapo & Baice, 2020). To illustrate, Samoan ancestors lived together and in communion with nature (the land, sea, and the universe), as a source of power (mana) and spiritual atonement (Toso, 2011). Moreover, Efi (2005) emphasises that livelihood depended on cosmically-based navigation for Samoans and other seafaring people, thus there is an understanding and deep respect for the sacred relationship between the heavens, humanity and the environment (Efi, 2005).

Following this precolonial era, European missionaries introduced religions of faith with a Christian God to the Pasifika people (Ravuvu, 2002). Ravuvu also identifies that Christianity was spread across the Pacific to its inhabitants first to Tahiti, followed by Samoa, Tonga, Cook Islands and Fiji, to Vanuatu, Solomon Islands and Papua New Guinea. Thus, Christianity transformed Pasifika cultures (Spickard et al., 2002). Faith in the Christian God was used as protection from harm whilst exploring unknown territories (Ravuvu, 2002). As a result of colonisation, the influence of religion is present in the modern-day. For example, the 2013 census report revealed that more than 70 per cent of Pasifika people were affiliated with one or more Christian religions, 24 per cent affiliated with the Catholic denomination, 21 per cent with Presbyterian and 16 per cent affiliated with the Methodist denomination. Sixteen

per cent had no religious affiliation (Pasefika Proud, 2016). In addition, in 2012, Pasifika students were close to four times as likely to report that spiritual beliefs were essential to them compared to Pālangi students (Fa'alili-Fidow et al., 2016). Thus, spirituality and religious affiliation remain prevalent in the Pasifika population living in New Zealand.

There exists a unique capacity of spiritual communities to foster trustworthy and healthy relationships across generations and are beneficial for young people, specifically with self-worth, identity construction and favourable engagements with adults outside the family (King & Roeser, 2009). For example, a recent study revealed that religious spaces such as churches allow Pasifika people to engage with their community and is considered a space for expressing language and cultural identities (Matika et al., 2021). Churches provide a space where ethnic and religious identities are developed and affirmed (Mila-Schaaf, 2010). Additionally, the church is a space for people to negotiate identities and resolve tensions and conflict between traditional ways and New Zealand influences (Alefaio, 2020; Macpherson, 1999; Manuela & Sibley, 2013; Tiatia-Seath, 1998). Therefore, spirituality is essential to Pasifika identity (Alefaio, 2020; Makasiale, 2013; Tamasese et al., 2005) and wellness across lifespans (Ihara & Vakalahi, 2011). Spirituality can be a protective factor for Pasifika youth that strengthens resilience (Taufa, 2015, as cited in Fa'alili-Fidow et al., 2016) and supports anxiety for at-risk youth (Davis et al., 2003).

In addition, Taufua (2003, as cited in Toso, 2011) links mental well-being with spirituality and emphasises that it is about prayer, meditation, and a sanctuary. Taufua also suggests that just like mindfulness, spirituality is the capability to manage things beyond one's control and the acceptance of one's limitations. This then gives rise to feelings of peace, tranquillity and serenity (Toso, 2011). The principal components of spirituality and mindfulness share commonalities, as they both assist access to interdependence with the

universe, and spiritual resources which can be used as a primary vehicle to cultivate meaning and purpose (Cobb et al., 2016).

Furthermore, the Samoan term vā tapuia is described as a sacred relationship between both loving and dead things, there exists a sacred essence, a life force beyond human reckoning (Efi, 2009). Thus, from an evolutionary perspective, there is a genealogical link that is interconnected and part of a greater family of things (Efi, 2009). The quality of interconnections with others comes to the forefront when one has an understanding that the self is genealogically linked and interdependent on the ecology (Mila, 2017).

Connecting Mindfulness and Spirituality from a Pasifika Perspective

Various mindfulness teachings and aspects are offered in most religions (Labbé, 2011; Labbé & Fobes, 2010). There exist many contemplative practices from the East and West that cultivate mindfulness that is not unique to Buddhist tradition; these include the Islam Sufi dance (Isgandarova, 2019), Christianity centering prayer (Knabb, 2012) and Hinduism transcendental meditation (Trama & Cheema, 2016). The term spirituality often triggers a sense of religion or religious expression, and although spirituality can be experienced within religion, spirituality stands as an individual construct (Cobb et al., 2016). Therefore, Spirituality provides holistic awareness of the reality that is possibly found in everyone; the sense of awareness intrinsic in spirituality is similar to the awareness intrinsic in mindfulness, thus cultivating one can influence the opening of the other (Hay & Nye, 1998, as cited in Cobb et al.,2016). The following section aims to identify how Buddhism and Pasifika ideology are related.

According to Shapiro and Carlson (2009), from a Buddhist perspective, people living as separate entities create confusion, fear, loneliness and despair. In contrast, they identify that Buddhism teaches that everything is connected and interdependent in a complex multi-

dimensional web— that all beings have a sense of connection and mutual responsibility towards all. They argue that with an increased responsibility, one can understand that people are not separate or isolated but intimately connected to everything. They also suggest that things arise mutually within an interdependent web of cause and effect, so one is encouraged to explore how their emotions, thoughts, and behaviours have consequences and how they inform the next moment. As a result, this creates a realisation of connection and mutual responsibility to all beings, that everything done is affected or intimately interconnected with all things (Shapiro & Carlson, 2009).

Mindfulness practice encourages one to take responsibility for life decisions, promoting a more active and participatory role in medicine by engaging and strengthening one's internal resources for optimising health in both prevention of and recovery from illnesses (Ludwig & Kabat-Zinn, 2008). When one applies a non-judgmental attitude toward their feelings and thoughts, they could then better translate an understanding and awareness of others, providing meaningful interactions (Skoranski et al., 2019). Specifically in times of loss or failure, rather than feeling isolated from others and unworthy, the cultivation of self-compassion can nurture a sense of belonging and the identification that one's experience of imperfection is connected to the experience of weakness shared by all humanity (Neff & Knox, 2016).

Mindfulness facilitates attention and perception, enhancing spiritual awareness and well-being (Cobb et al., 2015; Cobb et al., 2016). Carmody et al. (2008) found that participation in an MBSR intervention significantly improved state and trait mindfulness and increased spirituality, and spirituality was associated with improvements in psychological and medical symptoms. Mindfulness-based interventions support people in observing their sensations, emotions, and perceptions without identifying with them (Labbé, 2011). Mindfulness approaches emphasise the unity of the mind and body (Didonna, 2009). That is,

through the active interaction of identifying and describing bodily sensations and perceptions, people can perceive themselves as a whole being in continuous and active interaction with their inner and outer worlds (Didonna, 2009).

In addition, mindfulness practice can support one with the feeling of being part of a greater flow of life and a sense of oneness and wholeness with the world (Kabat-Zinn, 1993, as cited in Goleman & Gurin, 1995). As an example, Mayer et al. (2009) demonstrate that being immersed in nature can increase feelings of nature connectedness and positive affect. Nature connectedness is positively associated with well-being (Howell et al., 2011). Thus, mindfulness and spiritual elements offer contemplative experiences that support the cultivation of conscious awareness, self-awareness, connectivity, and interpersonal awareness, and can serve as access to interdependence with the universe; including the cultivation of a sense of purpose in the world (Cobb et al., 2016).

Buddhism ideology shares commonalities with those in the Pacific. For Pasifika, the spiritual element is important for connections and relationships; spiritual ways support the interactions between human, natural, and spiritual worlds (Ihara & Vakalahi, 2011). For example, according to Nabobo-Baba (2006) the people from the village of Vagalei in Fiji view the world is one significant entity, where all things are associated. She identifies that life is complete and wholesome when all elements, including the air, sea, plants, animals, and people, are synchronised. She argues that it is not easy to distinguish land from people or people from their clans, villages, kinship, and religion, because they view themselves in relation to other people and things in the universe. Hence, life and its vitality depend on how things relate to and affect each other (Nabobo-Baba, 2006).

Additionally, for Hawaiian people, the religion of Kahunaism emphasises the notion of interconnection being reflected in metaphysics. At the core of Kahunaism is a sense of deep and sincere reverence for living life and becoming a part of everything (Veary, 1989, as

cited in Le & Shim, 2014). Similarly, Efi (2005) identifies that for Samoan tradition, a search for peace is a search for harmony. He argues four key harmonies that hold the balance of peace: harmony with the cosmos, harmony with the environment, harmony with one's fellow men, and harmony with one's self. Thus, there is peace when all harmonies come together (Efi, 2005).

Therefore, both spirituality and mindfulness can assist in access to interdependence with the universe, including building awareness of one's purpose in the world, compassion and empathy for the self and others and adopting a non-judgmental stance, which can further continue one's connection to others (Cobb et al., 2016; Langer, 1993). Meditation can be utilised as a means of self-regulation to understand life and experience a positive transformation in consciousness (Sedlmeier et al., 2012). The understanding of how mindfulness nurtures conscious awareness and how mindfulness influences both internal and external worlds can support the unfolding of spirituality as it allows the discovery of oneself beyond the self (Cobb et al., 2016).

Creating Harmony between Mindfulness and Pasifika Well-being

Humans are inherently social creatures, universally predisposed to be affected by the quality of their interpersonal relationships (Segrin & Taylor, 2007). Quality relationships support well-being on a physiological and psychological level and are one of the most critical pathways toward greater happiness and optimal living (Diener & Seligman, 2002; Kiuru et al., 2020; Ryff & Singer, 2001). Corsano et al. (2006) conducted a study on adolescents and found that positive relationships with friends and parents promoted psychological well-being and reduced malaise. In contrast, inadequate family and interpersonal relationships provided feelings of malaise and intense loneliness (Corsano et al., 2006).

Components of mindfulness include empathy, compassion, gratitude, generosity, and loving-kindness (Kabat-Zinn, 2005; Labbé, 2011; Shapiro & Schwartz, 2000; Skoranski et al., 2019), with each element essential for the function of interpersonal relationships. For example, practising mindfulness is associated with empathetic responding (Cialdini et al., 1997; Greenberg & Turksma, 2015), the ability to show gratitude to others (Algoe et al., 2008), an enhanced sense of closeness and trust with others (Kabat-Zinn, 1994), can lower implicit racial and age bias (Lueke & Gibson, 2015), improve skills in communicating emotions (Wachs & Cordova. 2007), enhance the relationship between children and parents (Saltzman & Goldin, 2008), and greater intimate relationship satisfaction (Wachs & Cordova, 2007).

Likewise, shared values in Pasifika societies and communities include love, family links and obligations, reciprocity, service, collective responsibility, spirituality, community-oriented, humility, respect and strengthened collective well-being (Bennett et al., 2013). For example, Seiuli and Malaela (2013) share the Samoan term mea'alofa, meaning to give and receive, and signifies connectedness, a custom familiar to the broader Pasifika community. They also identify that mea'alofa communicates appreciation and compassion, strengthening special relational bonds accompanied by sentiments of gratitude and salutation. Within a therapeutic environment, mea'alofa becomes the relational practice of offering a gift of helping (Seiuli & Malaela, 2013). The following section will highlight the importance of vā in creating harmony among Pasifika cultures.

Nurturing the Vā. The Tongan term tauhi vā (Tevita, 2005) or the Samoan term teu le va (Anae, 2010), can be described as a socio-spatial proximity that allows Pasifika people to create interpersonal relationships and maintain peace (Anae, 2010; Tevita, 2005). It is a concept collectively shared and valued by people of the Pacific, specifically those of Tongan, Samoan, Rotuma and Tahitian origin (Tevita, 2005). In Māori and Hawai'i cultures, it is

known as Wā (Tevita, 2005). Vā is portrayed as the space between everything, not an empty space that separates people from each other, but a space that helps people relate and unifies separated entities (Wendt, 1999). Vā is demonstrated when Pasifika people navigate their host and homeland for reasons such as church events, funerals, weddings, birthdays, and education (Lee & Tupai Francis, 2009; Tevita, 2005). Through relating to others, people can connect, construct, nourish and maintain their cultural identities (Mila-Schaaf, 2013; Tevita, 2005).

From a spiritual perspective, the vā is a space of spiritual grounding that offers meaning to things and changes as relationships and context change (Reynolds, 2016; Tui Atua, 2005, as cited in Toso, 2011). In addition, the quality of one's vā and interconnection with nature (sky, land, sea), family, communities and people are associated with health and well-being, and it is impossible to exclude spirituality (Mila, 2017). Vā is ingrained in one's future, present and past (Reynolds, 2016). It is a source of what has been, what is and what can be. It carries and holds to stand for interpersonal energy, attraction, and revulsion (Mila, 2017).

Furthermore, the vā allows a space of reciprocal flow, and it is within the context of relating and interconnection that health or illness is experienced (Mila, 2017). The vā can be found in mindfulness practices such as deep listening, art, music, and martial arts, which encourage interconnection and interbeing among Native Hawaiian traditions and spirituality (Le & Shim, 2014). Le and Shim (2014) identify that for Native Hawaiians, mindfulness resonates with the Indigenous wisdom of Aloha, which is central to their livelihood and is a form of mental energy that can be used to facilitate the discovery, recovery, and uncovering of Aloha's response and the embodiment of Aloha's experiential awareness. They suggest that Aloha involves presence in the breath, that the breath is utilised to anchor in the presence. That breath is with everything that exists in the present moment, and one cannot have

presence unless one is in the present moment. For example, the Hawaiian breath of life (ha) exercises commonly taps into one's energy source and connect deeply to one's essential nature and others, and within the deep stillness of insight, the Aloha response is revealed (Le & Shim, 2014).

In addition, the Tongan saying Piki vae manava is the founding principle that can be applied across Pasifika cultures, the balance of sharing love and life (Efi, 2003). A further example of nourishing the vā is the notion of Vae manava, meaning the ultimate sharing of life for Tongan and Samoan people, such as a mother sharing the breath of life when they give birth to a child (Efi, 2003). Moreover, Efi (2005) identifies that in Samoan culture, the soul (agaga) exists between the lungs(māmā) and the heart (fatu). He suggests that the heart is a metaphoric representation of God (the primary source that offers rhythm and life to the mind and body) and the lungs are considered the custodians of the breath of life. Additionally, the Samoan spiritual practice known as sogi is a traditional greeting in which two people embrace cheek to cheek and breathe through their noses the essence (mana) of the other. The essence (mana) then travels to the lungs (the custodians of the breath of life) and then to other parts of the mind and body (supported by the heart) (Efi, 2005). Therefore, the breath of life can be expressed in different cultural customs and forms, and has great significance with nourishing the vā.

Belief drives Indigenous navigation of Pasifika in the sacred kinship with all creation and a sense of belonging as interconnected with the universe (Matapo & Baice, 2020; Spiller et al., 2015). At the core, people not only co-evolved together, but they also evolved with all creations in an interdependent spiritual exchange (Spiller et al., 2015). Thus, the vā offers spiritual grounding (Reynolds, 2016; Tui Atua. 2005, as cited in Toso, 2011) and can be viewed as a place to cultivate harmony, becoming connected to the self and external world.

From a mindfulness perspective, one is challenged to nourish the vā by tapping into one's awareness of the mind's mechanisms. The following section will discuss the current study.

The Current Study: Mindfulness-Based Stress Reduction (MBSR)

The current study is inspired by the first and most common form of mindfulness-based therapy, MBSR (Shapiro & Carlson, 2009). In 1979, Jon Kabat-Zinn and his colleagues introduced the ten-week MBSR program at the University of Massachusetts Medical Centre (Kabat-Zinn, 1982). The MBSR program was developed as an alternative treatment for patients with refractory pain or anxiety disorders that are difficult to treat. The goal was to ensure that mindfulness meditation would be available and accessible in a Western clinical setting while remaining true to the essence of Buddhist teachings (Kabat-Zinn, 1982). Shapiro & Carlson (2009) discuss the MBSR as an intensive program involving various formal and informal mindfulness practices. They identify various forms and interactions that occur throughout the program. These include practising yoga and meditation at home for 45 mins six days per week. They also identify that formal mindfulness techniques are taught, such as sitting meditation, body scan, walking meditation, and yoga and informal daily mindfulness practice is encouraged. Additionally, the style of teaching is educationally focused (Shapiro & Carlson, 2009), with group facilitators indirectly expressing and encouraging participants to apply eight fundamental mindfulness attitudes such as accepting, non-judging, patient, non-striving, beginners mind, letting go, non-attachment and trust (Kabat-Zinn, 1990). In addition, participants are encouraged to process their experiences, receive feedback from the facilitator, and collaboratively engage in group discussion to discuss the challenges to the mindfulness practice and other insights that occur (Shapiro & Carlson, 2009).

MBSR interventions have shown positive results. For example, 22 participants diagnosed with generalised anxiety disorder showed improved anxiety levels, depressive symptoms, and generalised fears (Kabat-Zinn et al., 1992). In addition, an eight-week MBSR intervention was conducted on a group of health professionals found significant findings in reducing stress, improvements in quality of life and self-compassion (Shapiro et al., 2005). That is, random assignment to the MBSR group and a waitlist control group was used, where those who participated in the MBSR program showed a significant increase in self-compassion, while the control group did not. MBSR showed a more significant decrease in perceived stress, and an increase in self-compassion may be a mechanism through which the intervention led to decreases in perceived stress (Shapiro et al., 2005). Therefore, there have been various studies that have found a positive relationship between mindfulness and well-being (Carmody & Baer, 2008; Galante et al., 2018; Goodman & Schorling, 2012; Khan & Zadeh, 2014). The following chapter aims to identify the methods and data analysis utilised for the current study.

Chapter Three: Methodology

The present study aims to consider whether participation a brief four-week MBSR intervention can improve levels of subjective well-being post-intervention. Secondly, whether subjective levels of identity and well-being from an intra-interpersonal perspective increase post-intervention. Thirdly, whether mindfulness levels increase post-intervention. It is proposed that participation in the study will provide Pasifika students with an opportunity to improve levels of subjective well-being and identity and develop improvements in mindfulness skills.

Ethical considerations

The study aims to implement Pasifika research principles, ensuring Pasifika culture, knowledge, reciprocity, and holism are applied throughout the research process. In support of ethical considerations, the current study refers to the work by Vaioleti (2006), who highlights examples of how Pasifika values can be implemented throughout an intervention when working with Pasifika people. The following essential concepts are shown throughout the pacific. However, given the researcher's positionality, the terminologies are in the Tongan language.

Vaioleti (2006) identifies five key concepts essential when working with Pasifika participants. Firstly, faka 'apa' apa is also known to be respectful, considerate and humble. The study ensures that the researcher encourages face-to-face interactions while using appropriate communication, dressing appropriately, and using respectful body language. Secondly, anga lelei means to be generous, helpful, and calm. The researcher is encouraged to stay observant to act and learn appropriately and must have the awareness and understanding to support participants where required. Participants must feel their contributions are worthwhile and helpful, so a token of appreciation is encouraged. Thirdly, mateuteu is defined as being well-prepared and culturally responsive. Pasifika people are diverse and come from different communities, each with its own culture, language, and values. It is essential that the researcher is aware of each participant's background, have all materials prepared ahead of time, and honour participants with kindness. Fourthly, poto he anga means knowing what to do and doing it well. It invites participants to contribute to the research design and ensures confidentiality. The researcher understands what needs to be done to maintain a good relationship between themselves, the participants and others involved. Lastly, Ofa fe'unga is defined as showing appropriate compassion, empathy, or love for the context. The research must maintain participant integrity and ensure that the research

context is not affecting participants negatively. Each concept should nourish and maintain good relationships and contribute to the success of the research (Vaioleti, 2006).

The researcher ensured that all five values Vaioleti (2006) identified were demonstrated during ethical considerations. For example, participants were informed of the research, including benefits, risks, and requirements during the study. A Participation Information Sheet (PIS) and consent form were given to the Participants (see Appendix A). A separate PIS and consent form was given to the Meditation facilitator (see Appendix B). All students and the meditation facilitator signed privacy, consent, and confidentiality forms to protect confidential information (see Appendix C). In addition, participants were given a number code to remain anonymous. Data is used for research purposes only. Electronic data is stored securely with password protection and only accessible to the researcher and supervisor.

Ethics Procedure

The planning and preparation process of the current study occurred during the 2020 COVID-19 pandemic outbreak. As a result of various alert level changes and university closures, there was a delay in the ethics application, recruitment, and intervention. A full ethics application (SOB 20/18) was completed online via the Massey University research information management system (RIMS). The full ethics application was then sent to the Massey University Human Ethics Committee for review, along with supporting documentation for the study. The Massey University Human Ethics Committee reviewed and approved the project: Southern B, Application SOB 20/18.

Recruitment

An advertisement was created for recruitment purposes (see Appendix D). Permission to help with recruitment was gained from The Massey Albany Pasifika Student Association (MAPSA) (see Appendix E). MAPSA was selected because they are a cultural club at the

Albany campus that aims to support Pasifika students based in Auckland and those enrolled in distant learning. Connection with MAPSA allowed the opportunity to get in contact with potential participants for the study. MAPSA helped recruit potential participants by advertising to all club members. This step was completed through face-to-face interactions, posting the advertisement on social media pages, and sending out the advertisement through email.

Additionally, permission to help with recruitment was also granted by Pasifika staff at Massey University. Pasifika staff at Massey University had access to contacts of potential participants. The advertisement was sent to all Pasifika students on their email lists. Lastly, with the permission of friends and family, the advertisement was also posted via personal social media pages. The decision to recruit participants using this method ensured that the advertisement could reach a diverse group of participants, specifically the Pasifika community. All participants interested in the study were encouraged to contact the researcher via email. Considering the restrictions of COVID-19 alert levels, recruiting through online sources was considered the best approach for this study.

Recruitment was completed from July to October 2020. Due to the restrictions of COVID-19 alert levels, and the exam period running from late October to November 2020, recruitment for the current study was delayed. Thus, a date was set after the exam period, allowing participants more flexibility with their time. The criteria for the study were that participants had to be of Pasifika descent, aged 18 to 24 years old and a student studying at a university. The first five participants who met the criteria were selected to participate in the study.

Participants responded to the advertisement posted either through social media pages or email. More information was obtained from those interested in the study to identify whether the participants met the criteria for the study. The Participation information sheet and

consent forms were sent to participants who met the criteria. Consent forms were completed and sent back to the researcher via email. Following this, a Facebook messenger group was created for all the participants. This messenger group was used as the primary communication platform. This method allowed all participants to ask questions, keep updated on dates and time availability, and be aware of any important announcements regarding the study.

Participants

Table 1

Demographics of Participants

Characteristic	Range	Participants	Total
		n	*%*
Age	19	2	40
	20	2	40
	22-24	1	20
Gender	Female	5	100
Birth Country	New Zealand	4	80
	Cook Islands	1	20
Birth Country of Father	Tonga	2	40
	Samoa	2	40
Birth Country of Mother	New Zealand	3	60
	Samoa	1	20
	Tonga	1	20
Ethnicity	Samoan	3	23
	Tongan	3	47
	Other Pacific	1	7
	NZ European or Pākeha	1	7
	Cook Island Māori	1	7
	Chinese	1	10
Student Enrolled at Massey University		2	40
Student enrolled in other Educational Institution in New Zealand		3	60
Qualification Enrolled in	Undergraduate Degree	5	100

Note. This table represents the demographic makeup of five Pasifika university students aged 19 to 24 years old.

Meditation Facilitator

An experienced and qualified meditation facilitator was sought after online. An enquiry was made with the meditation facilitator at Mindfulness Schools NZ regarding the potential assistance for the study. Communication was completed through phone and email. The mediation facilitator had over ten years of experience as a schoolteacher and over twenty years of mindfulness practice. Since 2014, Mindfulness NZ schools have worked in classrooms, community groups and workplaces conducting mindfulness meditation programmes around New Zealand. The workshop includes eight quality mindfulness classes over four weeks, including quality training and the opportunity to discuss essential mindfulness topics. The facilitator incorporates MBSR principles in the intervention.

Setting and Materials

The study took place at Massey University, located in Albany, Auckland. Seminar rooms were booked in advance at the library. Initially, the researcher emailed the library to organise dates and times for room bookings. The researcher then visited the library before starting the intervention to prepare the room and confirm with the librarian on site. The first class took place in the library in a small seminar room; however, this room was not suitable due to distractions outside the room. The following three classes were held on level one in the library's mini theatre room. The mini theatre room was suitable for the present study, and it included soundproof walls, a small window, a projector, and a dimmer light preventing any distractions from outside. The mini theatre allowed the space for little distraction from people and things happening outside of the room. Thus, ambience is a crucial step to consider when practising mindfulness meditation. A program was created as a flyer (see Appendix F).

Design

The research design is a quantitative study using psychometric scales. The mean Well-being, Pacific Identity and Mindfulness score was collected pre-and post-intervention.

A paired samples *t*-test will be conducted to measure the mean well-being score, pacific identity and well-being score and mindfulness score pre-and post-intervention. Although the research design is measured using quantitative measures, the methodology involves Pasifika values and protocols important in the Pasifika space. For example, Talanoa is a notion familiar to many Pacific Island nations and is described as talking about nothing (Farrelly & Nabobo-Baba, 2014). Wisdom and emotions are shared, and new knowledge is created within the cultural milieu of Talanoa (Farrelly & Nabobo-Baba,2014). Talanoa is the preferred methodology within Pasifika research contexts because the context nurtures social spaces (Faleolo, 2021). Talanoa allowed the researcher and mindfulness meditation facilitator to build rapport amongst the participants and allow free conversation. With that said, qualitative information of the participants was not collected for the current study.

Measurements

The following measurements have been identified in the literature review and have therefore been used to measure levels of well-being, identity and mindfulness. Well-being Index-8 (WHO-8), Pacific Identity and Well-being (PIWBSR-35) and Five Facet Mindfulness Questionnaire (FFMQ-30) surveys were created using the online software Qualtrics and then converted into a Microsoft word document. Demographic information was only included on the WHO-8 copy pre-intervention.

Quantitative analysis was completed as this seems appropriate to measure mindfulness, well-being, and identity. The current study aims to incorporate holistic measurements appropriate for Pasifika students living in New Zealand. Three questionnaires will support this analysis. Firstly, the Youth'19 well-being questionnaire (WHO-8) (AHRG, 2019; Fleming et al., 2020), a measure created for youth as a part of the New Zealand longitudinal study. This measure aims to reveal one's subjective well-being. Secondly is the Pacific Identity and Well-being Revised questionnaire (PIWBSR-35 items) (Manuela &

Sibley, 2015), which was created using a holistic Pasifika lens and identifies factors from both intrapersonal and interpersonal perspectives of well-being. Lastly, the five-facet mindfulness questionnaire (FFMQ-39 items) (Baer et al., 2006). Mindfulness has multiple facets, and so Baer et al. (2006 as cited in Labbé, 2011), combined items from both the Cognitive and affective mindfulness Scale (Feldman et al., 2007) and the Freiburg Mindfulness Inventory (Walach et al., 2006), which showed construct validity in support of the multifaceted construct. In addition, FFMQ-39 is a questionnaire commonly used in undergraduate student populations, aims to measure five common facets of trait mindfulness.

Well-being Index – 8 items (WHO-8)

Well-being will be measured using a questionnaire created by the Auckland Health Research Group (AHRG, 2019). Permission from the principal investigator of the Youth'12 and Youth 19 surveys was granted (see Appendix G).This measurement was considered because it is part of the Youth19 Rangatahi smart survey, a scientific and ethical rigorous survey conducted across New Zealand on 36,000 students since 1999 and used to inform policy and practices (AHRG, 2019).

Therefore, well-being was measured using the WHO-8 well-being measure, which contains five statements that assess how a person has been feeling over the last two weeks and an additional two items that assess anxiety. The questionnaire measured general well-being in the past two weeks (AHRG, 2019). For the first question, participants must rate (3 = *Very happy* or *Satisfied* and 0 = *Not at all happy* or *satisfied*). For the following five questions, participants must rate (5 = *All of the time* to 0 = *At no time*). Lastly, the two anxiety questions are rated (5 = *At no time* to 0 = *All of the time*). The lowest mean score of zero, and the highest score of 38. Higher mean scores indicate higher levels of well-being, with lower scores considered low well-being (WHO, 1998).

Items not included in the WHO-8 well-being measure were the questions part of the Reynolds adolescent depression scale (RADS-SF). As advised by the principal investigator of the Youth19 survey, this was not included in the questionnaire for copyright reasons (AHRG, 2019; Fleming et al., 2014).

Table 2

The Questionnaire used to Measure Subjective Well-being

Question
"Are you Happy or Satisfied with your life?"
"Over the last two weeks, I have felt cheerful and in good spirits"
"I have felt calm and relaxed"
"I have felt active and vigorous"
"I woke up feeling fresh and rested"
"My daily life has been filled with things that interest me"
"I have been bothered by feeling nervous, anxious or on edge"
"I have been bothered by not being able to stop or control worrying"

Pacific Identity and Well-being Scale – Revised – 35 items (PIWBSR-35)

Pacific Identity and Well-being will be measured using the Pacific Identity and Well-being Likert scale – Revised (PIWBSR-35) containing 35 items (Manuela & Sibley, 2015). The scale did not require permission from the creator because it is accessible in the public domain. This measurement was chosen because it provides a reliable and valid self-report measure that captures critical perspectives and assesses protective functions of Pasifika identity and well-being. PWIBSR-35 is a culturally appropriate self-report measure for Pasifika people in New Zealand (Manuela & Sibley, 2015). Levels of Group Membership, Societal Well-being, Pacific Connectedness and Belonging, Cultural Efficacy, Religious Centrality and Embeddedness are all aspects that have been shown to resonate with Pasifika well-being and identity. Participants will rate each item from (1 = *strongly disagree* to 7 =

strongly agree) and (1= *completely dissatisfied* to 7 = *completely satisfied*). With a higher mean score indicating higher levels of well-being and pacific identity. Table 3 identifies a brief description of the factors that were used to measure Pasifika identity and well-being.

Table 3

Description of factors used to measure Pacific Identity and Well-being

Factor	Definition
Perceived Familial Well-being	Perception of satisfaction with family, including respect, happiness, and security. Scoring high indicates feeling supported by family and perception of the family as a whole to have a generally high level of well-being. Connection to values of respect and relationships, happiness and security concerning family (Manuela & Sibley, 2013, 2015).
Perceived Societal Well-being	Perception of satisfaction with New Zealand society, including support from the government, local communities, and the position in New Zealand society. A high score indicates that people feel supported in New Zealand and their communities as Pacific people. How one engages with New Zealand society and how accepted one perceives themselves to be by New Zealand society (Manuela & Sibley, 2013, 2015).
Group-Membership Evaluation	Subjective evaluation of one's perceived membership in one's Pacific group. Scoring high on this factor indicated that being Pacific is a desired aspect of one's self-concept (Manuela & Sibley, 2013, 2015).
Pacific-Connectedness and belonging	Sense of belonging and connection with Pacific others and the pacific group in general. Scoring high indicates that individuals perceive themselves to be similar to Pacific group/s or others (Manuela & Sibley, 2013, 2015).
Religious Centrality and Embeddedness	The feeling of religion entangled with pacific culture and identity. Scoring high indicates that an individual perceives a

	Christian-derived religious component as necessary in one' self-concept (Manuela & Sibley, 2013, 2015)
Cultural Efficacy	Feeling one has the personal and cultural resources to act within a pacific cultural and social context (Manuela & Sibley, 2015).

Five-Facet Mindfulness Questionnaire – 39 items (FFMQ)

Mindfulness was measured using a 39-item Likert scale (Baer et al., 2006). This measure was chosen for this current study because it is the most comprehensive measure of mindfulness. It measures five dimensions of mindfulness, has adequate internal consistency and construct validity, and has been normalised with undergraduate college students (Labbe', 2011). It is not known whether permission from the creator of the FFMQ-39 scale was required, however the scale is accessible in the public domain. This instrument is valid and reliable, and includes observing, describing, acting with awareness, non-judgmental inner experience and non-reactivity to inner experience (Baer et al., 2006). Participants will rate each item from (1 = *never or very rarely true* to 5 = *very often or always true*). R = reverse scored items with higher scores representing higher levels of mindfulness. A higher mean score indicates higher levels of mindfulness. Table 4 highlights the different components with example questions.

Table 4

Description of factors used to measure Mindfulness

Mindfulness Facet	Example Questions
Observing	"When I am walking, I deliberately notice the sensations in my body moving."

Describing	“I am good at finding words to describe my feeling.”
Acting with Awareness	"When I do things, my mind wanders off, I am easily distracted."
Non-judging to inner experience	“I tell myself I shouldn’t be thinking the way I am thinking. “
Non-reactivity to inner experience	"I perceive my feelings and emotions without reacting to them."

Mindfulness Meditation Intervention (MBSR)

An eight-week program was proposed. The researcher liaised with the participants and the meditation facilitator regarding suitable dates and times. Initially, a meeting twice a week for 30 mins was proposed. However, at the end of the first meeting, the participants and the meditation facilitator discussed an alternative where a meeting for one hour once a week was suitable. The mindfulness meditation classes were conducted over four weeks and consisted of eight thirty-minute sessions that were combined and completed over four one-hour sessions. Participants met weekly and completed two mindfulness meditation classes back-to-back (see Figure 3). Each session began with a 10-minute education lesson in which the meditation facilitator would summarise the key benefits of regular practice and speak briefly about evidence-based research results to engage interest and reinforce the purpose of practice. Fifteen minutes were allocated for formal mindfulness breathing, listening and body scans. Practices are designed to cultivate attention, lower stress and anxiety, and develop the ability to shift attention at will.

Pasifika principals anga lelei and mateuteu were demonstrated as the researcher communicated with all participants, advising of dates, times, meeting locations or any updates and changes. The researcher ensured that participants knew what to expect before

each meeting. Communication with each participant was completed via Facebook messaging or phone calls to ensure that each participant felt comfortable attending each session or if there were any existing challenges with arriving at the meeting location. Additionally, ofa fe'unga was reinforced throughout the study. The meditation facilitator and the researcher ensured that any discomfort was addressed by opening a space to share personal experiences and feedback at the end of each meditation session. The supervisor is a Clinical Psychologist who could be consulted by phone if participants felt any distress, discomfort or harm—the last five minutes of the session allowed students to enquire and share what they noticed while practising with the facilitator.

Meeting One:

Participants arrived an hour before the start of the meditation class. The session opened with a lotu (prayer) followed by introductions of each participant, and a few minutes was offered to read over the flyer and ask questions. Throughout the study, faka 'apa' apa and mateuteu were demonstrated. The mindfulness classes were in person. Participants were encouraged to introduce themselves, sharing their ethnic background, family and what they were studying. Greetings in the Pasifika language were encouraged throughout the study. The mindfulness meditation program was provided to participants as a flyer (see Appendix F). The flyer integrates Pasifika art and symbolism images created by a Pacific Tattooist, a timetable with upcoming meetings, contact numbers of recommended support services and a prayer to open and close the meeting. Participants were encouraged to participate in prayer and were offered the opportunity to open and close with a prayer. Following this, the participants were allocated numbers and were required to complete three questionnaires. These were the WHO-8, PIWBSR-35 and FFMQ-38. The first meditation class began when all participants had completed the questionnaires. Table 5 contains a brief description of the mindfulness practices that were implemented throughout the intervention.

Table 5

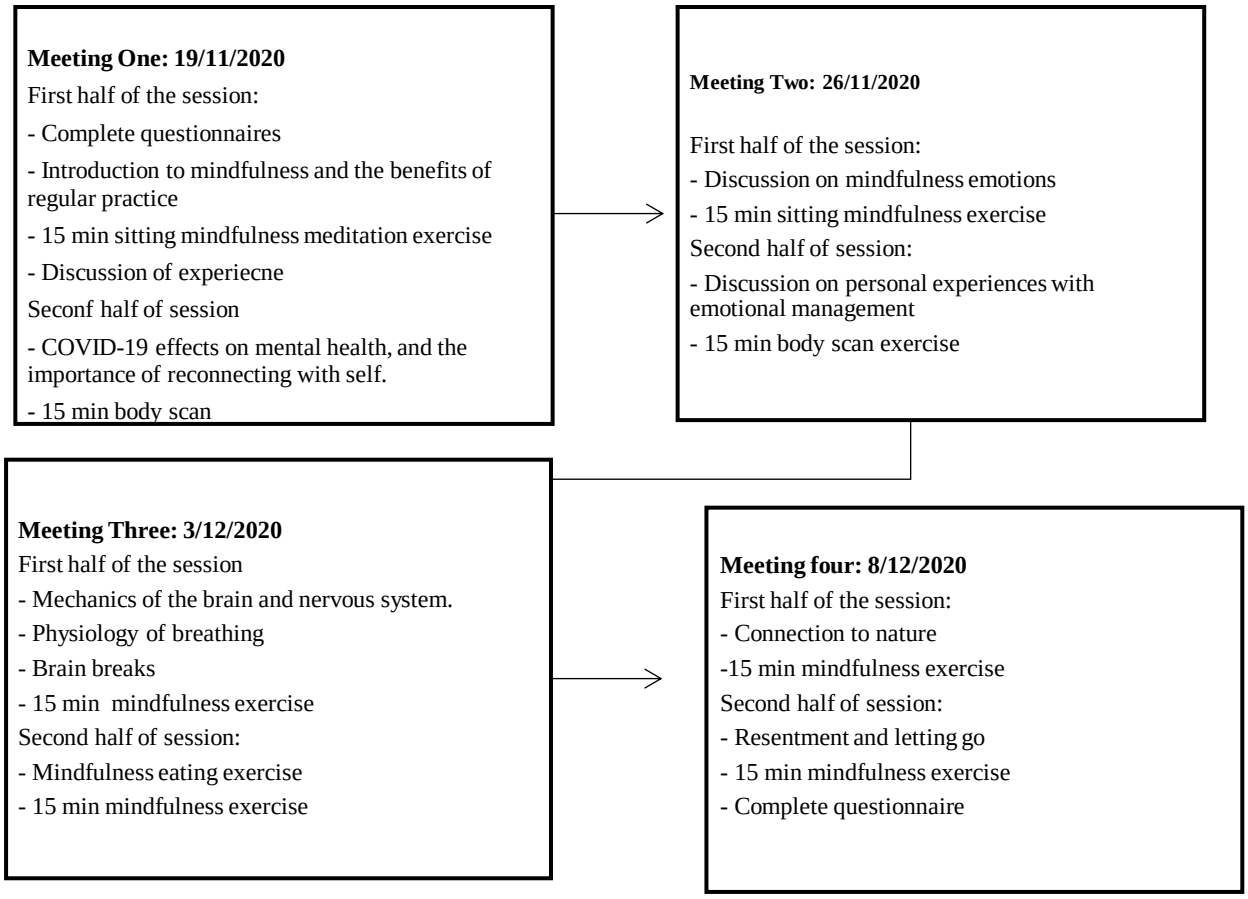
Description of Mindfulness practices used throughout the intervention

Meditation Practice	Description
Sitting Meditation	Sitting meditation is the best-known mindfulness practice. The head, neck, and back are upright. The session begins by choosing an object of focus, usually the breath. The person is encouraged to feel the air as it enters through the nose and out. The breath is an anchor when attention wanders. Once concentration has been achieved, one can extend awareness to changing qualities of the breath, sounds, sensations in one's environment, and thoughts as they enter awareness (Kabat-Zinn, 1993, as cited in Goleman & Gurin, 1995). The participant is encouraged to observe and note internal and external experiences.
Body Scan	The body scan can be conducted by sitting in a relaxed position or lying down with closed or lower eyelids. The person is guided towards focusing on different parts of the body, releasing any tension the person may experience. Noticing the breath and allowing it to flow into different parts of the body, visualising the release of any tension and moving attention throughout various regions of the body, from the feet to the top of the head, noting each physical sensation (Kabat-Zinn, 1993, as cited in Goleman & Gurin, 1995), and breathing in and out of the body, while attending to it mindfully (Labbe', 2011).
Sensory Exercises	Sensory exercises involve the intention to encourage one to experience and appreciate the present moment formally and informally. Sensory exercises included focusing on what they could smell, what they could see in their environment, the sounds they encountered. A bell was used to start and end the

	session. Participants are encouraged to notice how their body touched the surface around them (Collard & Walsh, 2008).
Loving Kindness Meditation	The intention is to purposefully cultivate feelings of kindness and compassion towards different objects of attention. This can include the self and generally expands to others in one's life (Hofmann et al., 2017).
Mindful Eating	Mindfulness eating includes slowing down and employing all senses of eating from the taste, smell, texture and look. Fostering feelings of appreciation and developing a sense of interconnection between either the self and those involved in the production of the food in mind (Framson et al., 2009).
Guided Visualisation Exercise	The exercise is to encourage the participant to create an imagination of a scene or place where one is guided to explore an imaginative journey (Fisher, 2006). As a result, one is able to support oneself by connecting with their senses, and imagine themselves being in a specific state of mind.

Figure 3

Timeline of Mindfulness Meditation Intervention



Meeting One:

The first mindfulness begun by the meditation facilitator introducing mindfulness, what it is, how it is done, the benefits, and evidence-based research that support regular practice. Emphasising how the mind can be used to overcome stress, anxiety, or depression. A 15-minute sitting and sensory mindfulness exercise followed the discussion. The facilitator directed the participants to sit comfortably on their chairs, close their eyes, and help direct their attention towards breathing, sound and touch. Following this, the class had a small discussion of their experiences. The discussion included feedback on their experience of what went well and what they struggled with during the mindfulness session. The meditation facilitator affirmed that any challenges or struggles were part of the practice, and to be patient with themselves whenever participants experienced a form of resistance.

The second half of the class had a small discussion about mental health, the effects of COVID-19, and the importance of reconnecting with the self and nature. A 15-minute body scan followed this. This process involved the facilitator guiding the participants to close their eyes, pay attention to different body parts and notice the sensations from head to toe. The participants were encouraged to release any tension they felt in their bodies. Following this practice, participants discussed their experiences. The discussion aimed to encourage talanoa, ensuring that participants could share their personal experiences and knowledge, encouraging the vā (space) to be nourished, and building rapport amongst the participants. The facilitator encouraged the participants to practise mindfulness over the next week and explained how mindfulness is a muscle that needs regular practice to improve overall. The session closed with a lotu (prayer).

Meeting two:

This class began with a focus on emotions and the benefits of being more responsive to difficult situations rather than reactive. The particular focus was on becoming more aware of emotions such as anger, fear, sadness, and the physical symptoms that arise. A 15-minute sitting and sensory mindfulness meditation exercise followed the discussion. The exercise involved the participants paying attention to their breathing, sound, and touch. Following this, the class had a small discussion of their experiences. The facilitator encouraged students to practice mindful emotions by accepting the emotion, labelling it, inquiring about what triggered them to feel that way, and letting go of the need to control it. The participants were encouraged to utilise mindfulness strategies to navigate emotions more healthily rather than suppressing or resisting the emotions, or judging them as good or bad. There was a further discussion on the ruminating mind and how one can shift from rumination, through pay attention on the physical sensations in the body.

Following this, the participants completed a 15-minute body scan exercise. They were encouraged to pay attention to different body parts and notice the sensations from head to toe, releasing any tension or stress. At the end of the class, a small journal was given to participants. The facilitator encouraged the participants to record three things they were grateful for each day over the next week and to use the journal to release any unhelpful emotions they were feeling.

Meeting three:

This session focused on the underlying mechanisms of the brain and nervous system engaged when practising mindfulness meditation. The facilitator explained the physiology of breathing. This class began with a discussion about the mechanics of the brain and nervous system, specifically how mindfulness practice can help regulate the body in a situation that activates the fight or flight response. A short five to ten min video was shown to the participants explaining the importance of the brain stem (functioning), reptilian brain (limbic system) and the role of the prefrontal cortex (decision making). This exercise allowed the participants to identify how the three areas of the brain are associated with the fight and flight response and how mindfulness practice can regulate the mind and decision-making more clearly, specifically in stressful situations. The importance of practising brain breaks throughout the day was encouraged, and recommended five to twenty minutes. A 15-minute sitting and sensory mindfulness meditation exercise followed the discussion. The facilitator directed participants to close their eyes and focus on their breathing, the sound in the room and the physical sensations that arose.

During the second half of the class, the participants discussed mindful eating. The facilitator provided raisins to the participants. The facilitator carried out the mindful eating exercise with the participants. The participants were encouraged to close their eyes while holding the raisin. They were asked to eat the raisin, slowly exploring, and attending to how

the body responded. The facilitator guided participants to focus on the origin of the raisin and the people involved in the manufacturing and transportation process. The participants were encouraged to give thanks and show appreciation to the people who may have planted the raisin, produced it and sold it. In addition, they were asked to eat the raisin slowly and recognise the smell, how it tasted, the texture and flavour. The purpose of this exercise was to encourage participants to be more mindful about what they eat and how good it is for the physical body. In addition, it was to trigger feelings of appreciation for those involved in the production and transport, as well as an appreciation for the body's ability to consume food and nourish the body—the development of interconnection with others and the world as the raisin nourishes the body in the present moment. The class ended with a 15-minute mindfulness-guided visualisation exercise.

The facilitator provided the participants with a self-care diagram that features different strategies they could refer to when practising self-care, ensuring they meet all their needs and maintain balanced well-being. In addition, participants were encouraged to include informal practices (turning into the body and breathing for a short time as they carry out the activities) over the next week, such as eating, grooming, washing dishes, communicating with others. Intentionally attending with care and kindness.

Meeting four:

Meeting four focused on self-regulation through observation. This class started with a short discussion regarding nature and its connection to mindfulness practice. A short five-to-ten-minute video of nature scenes was shown to the class, where the participants were encouraged to notice the scenes' shapes, sound, texture, and colour. The purpose of this exercise was to encourage participants to have a greater awareness of nature, feelings of connection with nature and appreciation. In addition, a different video was shown, which discusses the benefits of mindfulness. This purpose was to recap and remind participants of

the importance of mindfulness practice. Following this, a 15-minute guided visualisation meditation exercise was conducted.

The second half of the class discussed resentment. The exercise was implemented to identify lessons of resentment. It was argued that holding on to past pain can damage the self when one is not focused on the present moment. Letting go of pain and allowing things to be as they are can encourage feelings of empathy and compassion for the self and others. It allows people to regain their power and focus on what they can control. Following this, a 15-minute loving-kindness visualisation exercise was practised for releasing and letting go of resentment and pain. Participants were encouraged to connect with the body and breath, and put both hands over the heart. They were then encouraged to think of someone they have had challenges with and begin to express words of loving-kindness. The participants were encouraged to understand that it was okay not to feel overwhelming love for the person and to notice thoughts, body sensations and distractions. If discomfort arose, participants were encouraged to respond by sending loving-kindness to the self or someone they loved. This exercise aimed to encourage participants to overcome any feelings of resentment they held towards another person or people. At the end, key points were summarised from the training and reinforced the need to continue practising mindfulness.

At the end of the class, the participants completed three questionnaires. These were WHO-8, PIWBSR-35 and FFMQ-38. Furthermore, anga lelei, poto he anga, and 'ofa fe'unga were demonstrated at the end of the intervention to practice reciprocity. A small gift was given as a token of appreciation. Participants received a $30 Z energy petrol voucher, a $30 countdown voucher and chocolate-covered strawberries as a token of appreciation for their participation in the study. Most participants found the location challenging, so the researcher provided petrol and countdown vouchers. The researcher delivered the vouchers in person at a convenient location for the participant.

Data Analysis

A paired samples *t*-test compares the mean of two matched groups of people or the mean of a single group examined at two different points in time (Ross & Wilson, 2017). The current study utilises the latter, and data was collected from the three psychometric measures (WHO-8, PIWBSR-35 and FFMQ-39). Data was calculated by performing a *t*-test on the mean scores for each participant taken pre-and post-intervention. In addition, a *t*-test was completed on the individual factors for the psychometric measures PIWSBR-35 and FFMQ-39. The *p* value less than .05 revealed a statistical significance between the two groups. If the *p* value was larger than .05, the difference is assumed to be explained by sampling variability (Sullivan & Feinn, 2012). In addition, Cohen's *d* reveals the magnitude of the differences between the two groups (Sullivan & Feinn, 2012). Cohen's *d* described the effect sizes of *(d* = 0.2, *d* = 0.5, and *d* = 0.8 as small, medium, and large), respectively (Cohen, 1988, as cited in Lakens, 2013). Therefore, for the current study, both the *p* value and Cohen's *d* across all psychometric measures were used to analyse the data. The following chapter identifies the results of the analysis used for the current study.

Chapter Four: Results

This research aims to consider whether participation in a brief four-week MBSR intervention can improve levels of subjective well-being of Pasifika students' post-intervention. Secondly, whether subjective levels of identity and well-being from an intra-interpersonal perspective increase post-intervention. Thirdly, whether mindfulness levels increased post-intervention. Table 6 outlines the descriptive and inferential statistics for Well-being, Pacific identity and well-being and mindfulness pre-and post-intervention.

Table 6

Descriptive and inferential statistics for WHO-8(Well-Being), PIWBSR-35 (Pacific Identity and Well-being) and FFMQ-39 (Mindfulness) at pre-intervention and post-intervention (N=5).

Measure	Pre-Intervention		Post-Intervention		95% Confidence Intervals for the M_{diff}				
	M	*SD*	*M*	*SD*	Lower	Upper	*t*	*p*	Cohen's *d*
WHO-8	21.20	6.46	28.60	1.34	-14.51	-0.29	-2.89	.045*	-1.29
PIWBSR-35	200.20	17.71	208.40	19.24	-16.22	-0.18	-2.84	.047*	-1.27
FFMQ-39	118.40	17.09	133.60	13.83	-37.92	7.52	-1.86	.137	-.83

Note. * p <.05, two-tailed

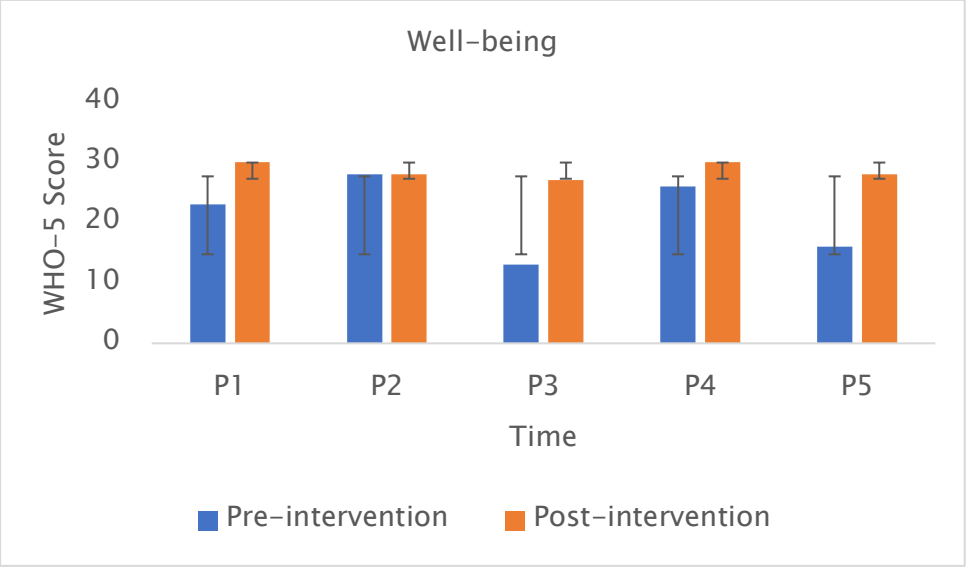
WHO-8 results

A dependent samples *t*-test was conducted using WHO-8 questionnaire to test the hypothesis that pre-intervention and post-intervention well-being means are not the same. Well-being scores were compared before and after participating in the mindfulness mediation intervention. On average, well-being scores were lower (M = 21.20, SD = 6.46) compared to after participation in mindfulness meditation intervention *(*M = 28.60, SD = 1.34). This

improvement of -7.40, 95% CI [-14.51, -0.29] was statistically significant, t (4) = -2.89. p =.045 (two-tailed). Cohen's d statistic was estimated as d = -1.29, 95% CI [-2.49, -0.28], giving a large effect size. The results support the hypothesis that well-being scores would significantly increase pre- to post-intervention. Figure 4 displays well-being scores pre- to post-intervention measured by WHO-8 for participants one to five.

Figure 1

Well-being scores Pre-and Post-intervention.



Note. P1, P2, P3, P4 and P5 label each participant and highlight individual data pre-and post-intervention (error bars display standard error).

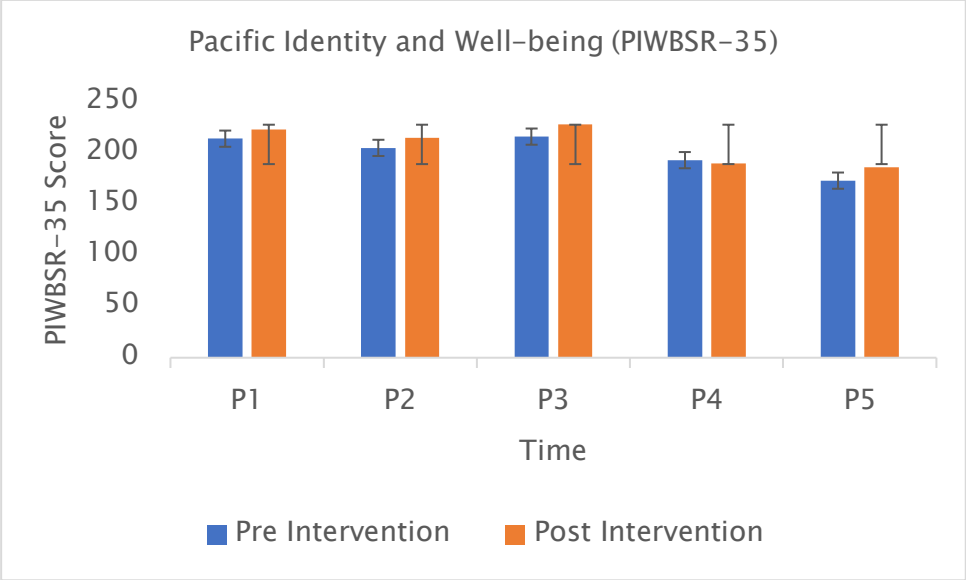
PIWBSR-35 results

Pacific Identity and Well-being total mean scores were compared before and after the mindfulness mediation intervention. A dependent samples t-test was conducted using the PIWBSR-35 to test the hypothesis that pre-intervention and post-intervention means were equal. The average mean score for each factor was combined and compared pre- to post-intervention. On average, pacific identity and well-being scores were lower (M= 200.20, SD = 17.71) compared to after participation in mindfulness meditation intervention (M= 208.40,

SD = 19.24). This improvement of -8.20, 95% CI [-16.22, -0.18] was statistically significant, *t* (4) = -2.84. *p* =.047. Cohen's *d* = -1.27, 95% CI [-2.45, -0.02], showing a large effect size. The result supports that there would be a significant increase in pacific identity and well-being scores pre- to post-intervention. Figure 5 displays the pre- to post-intervention acific identity and well-being scores measured by PIWBSR-35 for participants one to five.

Figure 2

Pacific Identity and Well-being Scores Pre-and Post-intervention.



Note. P1, P2, P3, P4 and P5 are used to label each participant and highlight individual data pre- and post-intervention (error bars display standard error).

Table 7

Descriptive and inferential statistics for individual facets PIWBSR-35 (Pacific Identity and Well-being) pre-intervention and post-intervention (N=5).

Measure	Pre-Intervention		Post-Intervention		95% Confidence Intervals for the M_{diff}				
	M	*SD*	*M*	*SD*	Lower	Upper	*t*	*p*	Cohen's *d*
Family	43.8	3.34	45.2	2.59	-4.75	1.95	-1.159	.311	-.51
Societal	36.0	1.58	40.2	3.70	-9.42	1.02	-2.23	.089	-.99
Connection	36.4	4.50	38.0	4.12	-3.85	0.65	-1.96	.12	-.88
Group	31.6	5.98	30.8	6.14	-.238	1.83	2.13	.09	.95
Religion	32.8	3.96	34.0	7.245	-6.27	3.87	-.65	.54	-.29
Cultural Efficacy	19.6	2.607	20.2	3.27	-2.85	1.65	-.73	.50	-.33

Note. * $p < .05$, two-tailed

Individual Pacific Identity and Well-being results

A dependent samples *t*-test was conducted measuring individual scores using the PIWBSR-35. On average, all facets, including family, societal connection, group, religion, and cultural efficacy scores were lower pre-intervention to post-intervention. However,

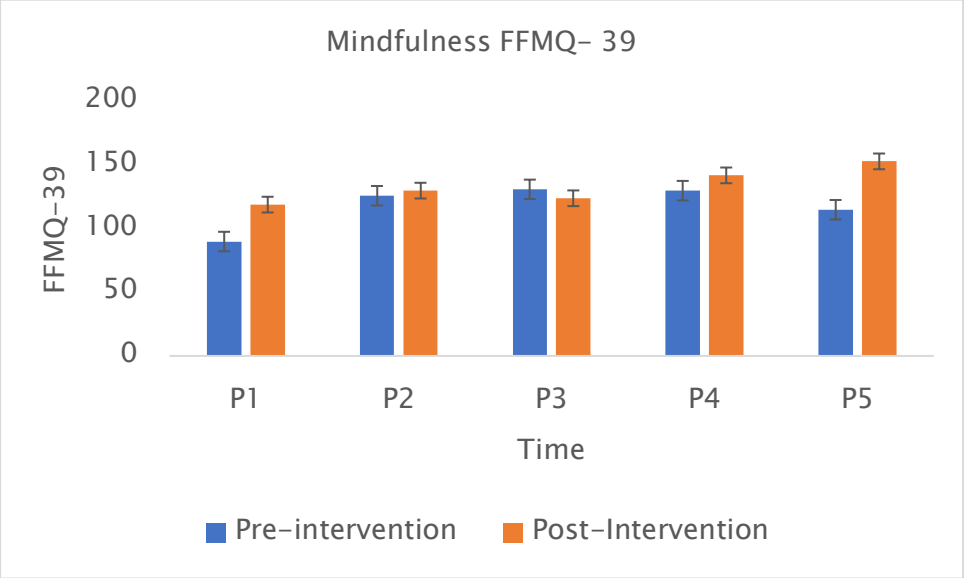
surprisingly there was no statistical improvement for any of the pacific identity and well-being facets.

FFMQ-39 Results

A dependent samples *t*-test was conducted using the FFMQ-39 to test the hypothesis that pre-intervention and post-intervention means were not the same. On average, mindfulness scores were lower (M = 118.40, SD = 17.09) relative to post-intervention (M = 208.40, SD = 19.24). However, this improvement, -15.20, 95% CI [-37.92, 7.52], was not statistically significant, t (4) = -1.86, p = .137. Cohen's d statistic was estimated as d = -0.83, 95% CI [-1.83, 0.24], indicating a large effect size. The results do not support the hypothesis that mindfulness scores would significantly increase pre- to post-intervention. Figure 6 displays the pre- to post-intervention mindfulness scores measured by FFMQ-39 for participants one to five.

Figure 6

Mindfulness scores Pre-and Post-intervention



Note. P1, P2, P3, P4 and P5 are used to label each participant and highlight individual data pre- and post-intervention (error bars display standard error).

Table 8

Descriptive and inferential statistics for individual facets FFMQ (Five Facet Mindfulness Questionnaire) pre-intervention and post-intervention (N=5).

Measure	Pre-Intervention		Post Intervention		95% Confidence Intervals for the M_{diff}				
	M	*SD*	*M*	*SD*	Lower	Upper	*t*	*p*	Cohen's *d*
Observation	28.00	4.85	32.80	3.56	-8.13	-1.47	-4.00	.016*	-1.79
Description	23.80	2.95	28.20	4.15	-12.57	3.77	-1.49	.209	-0.67
Awareness	22.40	5.41	23.00	4.42	-6.40	5.20	-2.87	.788	-0.13
Non-judgement	20.00	3.74	24.00	4.53	-9.55	1.55	-2.00	.116	-0.89
Non-reactivity	24.20	4.53	25.60	2.61	-6.26	3.46	-0.80	.468	-.358

Note. * p < .05, two-tailed

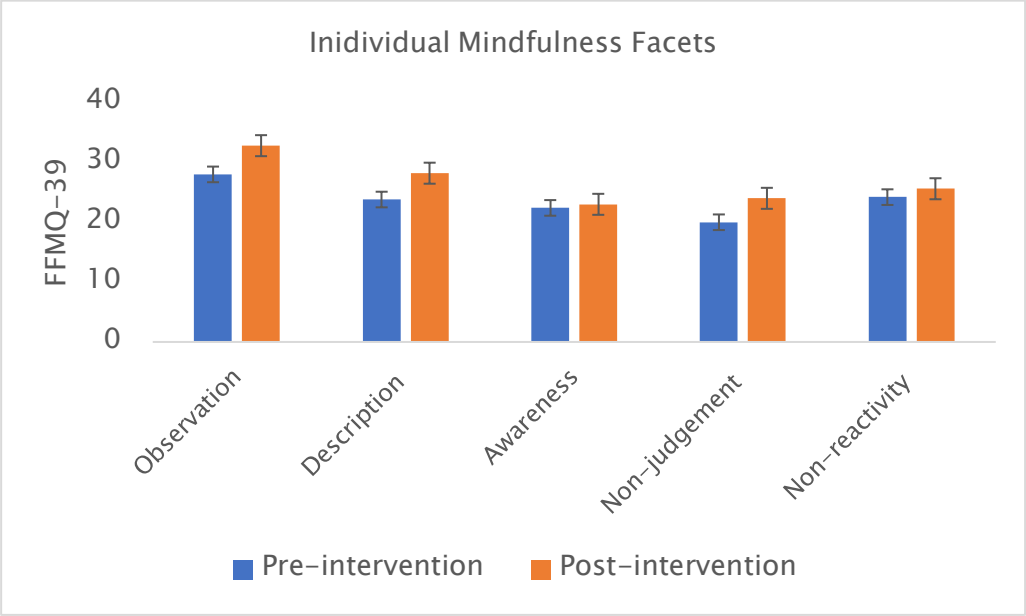
Individual Mindfulness Facet Scores

A dependent samples *t*-test was conducted using individual scores using the FFMQ-39. On average, description, awareness, non-judgement, and non-reactivity scores were lower pre-intervention relative to post-intervention. However, this improvement was not statistically significant. In contrast, pre-intervention observation scores were lower (*M* = 28.00, *SD* = 4.85) than post-intervention *(M* = 32.80, *SD* = 3.56). This improvement of -4.80. 95% CI [-8.13, 1.47] was statistically significant*, t (*4) = -4.00, *p* = .016. Cohen's *d* statistic was estimated as *d* = -1.79, 95% CI [-3.24, -0.28]; this indicated a large effect size. Figure 7

displays the pre- to post-intervention individual mindfulness scores measured by FFMQ-39 for participants one to five.

Figure 7

Individual Mindfulness Facets Pre- and Post-intervention



Note. Average mean score of participants for each mindfulness facet pre- and post-intervention (error bars display standard error).

General results

All participants (*N*= 5) scored higher on subjective well-being, pacific identity and mindfulness post-intervention. Although, a surprising result revealed that mindfulness scores were insignificant, whereas subjective well-being and pacific identity and well-being scores were significant. A further investigation was conducted to see if individual differences in pacific identity well-being factors were significantly different pre-and-post intervention, however the analysis revealed an insignificant result. In addition, a further investigation was conducted to see if individual differences in mindfulness facets were significantly different.

The analysis revealed that mindfulness observation was the only significant individual mindfulness facet, whilst description, awareness, non-reactivity and non- judgement were insignificant post intervention. This result suggests that participants reported differences over time in how they observed or attended to internal and external experiences such as sensations, cognitions, emotions, sights, sounds and smells (Baer et al., 2008). The following chapter aims to discuss the existing findings, strengths, limitations, and suggestions for future research.

Chapter Five: Discussion

To the researcher's best knowledge, a mindfulness-based intervention implemented for Pasifika University students is lacking. For such reasons, the current study addresses the research gap by introducing a feasible exploratory study. The present study aims to integrate mindfulness meditation and is implied to be a holistic form of therapy appropriate for Pasifika University students living in New Zealand. Most of the participants were novice meditators, and throughout the intervention, participants were encouraged to engage in formal and informal mindfulness-based practices outside of the mindfulness meditation sessions. The purpose of this research is to investigate the efficacy of a brief four-week MBSR intervention, which over the course, consisted of eight thirty-minute sessions that were combined and completed over four one-hour sessions. The current study explores levels of mindfulness, subjective well-being and Pasifika identity and well-being of university students pre-and post-intervention.

The current study involved a single group design utilising a quantitative method. It was hypothesised that there would be an increase in levels of well-being, improvement in Pasifika well-being and identity, and an increase in mindfulness facets following the brief intervention. Overall, the study revealed four significant findings. Firstly, there was an

increase in subjective well-being levels. Secondly, there was an increase in Pasifika identity and well-being levels. However, there were insignificant findings when all facets (pacific connectedness and belonging, group membership, religious centrality and embeddedness, familial well-being, societal well-being, and cultural efficacy) were measured individually. Thirdly, there was a non-significant result in mindfulness traits; however, when assessed individually, there was a significant difference in the mindfulness facet of observing. The additional four mindfulness traits (acting with awareness, describing, non-judging, and non-reactivity to inner experience) were insignificant.

Based on the current study's findings, it is proposed that a mindfulness meditation intervention could be an appropriate intervention for Pasifika University students aged 18 – 24 years old and can be delivered within a university environment as it appears to increase both subjective well-being and Pasifika identity and well-being. The findings provide preliminary results to support that there would be a positive increase in well-being and identity for students within a university setting. While this is the case, it is essential to consider these findings with caution. There are multiple limitations to the study that will be revealed in the following sections, including the fact that the current study did use an experimental group and no control group. Thus, the findings cannot be ruled out that any significant difference in the present study is associated with mindfulness meditation. The following section discusses the existing findings, strengths, limitations, and suggestions for future research.

Subjective Well-being

Subjective well-being is determined by a person's evaluation of their life in a positive manner (Manuela & Sibley, 2013). Subjective well-being describes positive and negative aspects, life satisfaction, and happiness, each associated with all areas of life (Diener & Ryan, 2009). Embedded in Buddhist philosophy is that all psychological suffering results from a

judgmental mind, specifically when one categorises experiences into good and bad, inevitably leading to some level of mental health distress (Nyklíček & Kuijpers, 2008). For such reasons, exploring how one can respond skilfully when life appears challenging or distressing is essential. Various mindfulness meditation studies have revealed improvements in overall well-being post-intervention, including improvements in social connection (Adair et al., 2018; Hurley et al., 2014).

A dependent samples *t*-test was conducted using the WHO-8 well-being measure, used in the longitudinal Youth19' survey to test the hypothesis that pre-intervention and post-intervention well-being means differ. The analysis supports the hypothesis that well-being scores were significantly different pre- and post-intervention, revealing a large effect size between the two-time points. Thus, the results support the hypothesis that there would be an increase in well-being scores post-intervention.

A possible explanation for improvements in well-being for the current study could be the natural improvement of mood over time or the expectancy that there would be an improvement in mood post-intervention (Nyklíček & Kuijpers, 2008). The current study was completed at the end of the semester following the examination period. It could be that participants' levels of well-being could have increased over time naturally. Bewick et al. (2010) conducted a study assessing well-being among undergraduate students across all faculties. They revealed that levels of strain on psychological well-being were higher in semester one, and there was a significant reduction in levels of distress from semester one to semester two. This pattern was observed in years one and three of undergraduate degrees (Bewick et el., 2010).

The improvements in subjective-well-being for the current study could help address and support the mental health and well-being challenges experienced by Pasifika youth living in New Zealand (Ataera-Minster & Trowland, 2018; Fa'alili-Fidow et al., 2016; Fleming et

al., 2020; Foliaki et al., 2006; Hudson et al., 2017; Pulotu-Endemann & Faleafa, 2017; Tukuitonga, 2013). Different ways in which mindfulness can promote the well-being of Pasifika youth will be discussed further in future recommendations.

Pasifika Identity and Well-being

Pasifika literature identifies that 'a good life' or well-being can be better understood from solidarity or as a collective, which anchors Pasifika well-being behaviours (Faleolo, 2020). Pasifika people are connected to their well-being holistically via multiple factors. These include a sense of belonging, group membership, religious/spirituality, family, and cultural efficacy. These factors cannot be separated as they all collaborate and influence one's subjective well-being. All factors are interrelated and promote the well-being and identity of the Pasifika People (Manuela & Sibley, 2013, 2015).

Mindfulness meditation could be considered a holistic therapy suitable for Pasifika youth. Rix and Bernay (2014) identify that mindfulness interventions utilise breath and body-based practices and allow the exploration and interaction between emotions, thoughts, physical sensations, relationships with others, and interconnectedness with the natural world. Although there is insufficient research assessing Pasifika identity and well-being and mindfulness, a recent study revealed that a five-week mindfulness-based intervention was feasible for incarcerated youth of mixed-ethnic Native Hawaiian/ Pacific Island descent (Le & Proulx, 2015). For example, the incorporation of the Hawaiian term Mahalo, meaning " we are connected deeply through our breath" (Shim, 2013, as cited in Le & Proulx, 2015, p.7), and aloha, meaning presence in breath, was emphasised through the mindfulness practices. Participants were encouraged to inquire about their relationship and sense of connection to thoughts, emotions, and each other, emphasising in the context of aloha and mahalo (to be mindful) is considered a way of being. In addition, the findings revealed a decrease in cortisol response, improved biomarkers of stress as well as lower perceived stress. Their study

demonstrated and integrated the commonalities of mindfulness meditation and Pasifika culture (Le & Proulx, 2015). Therefore, revealing a holistic response and pathway culturally appropriate for the Pasifika community.

A dependent samples *t*-test was conducted using the PIWBSR-35 to test the hypothesis that pre-intervention and post-intervention pacific identity and well-being means differed. The analysis supports the hypothesis that, on average, Pasifika identity and well-being scores differ pre- and post-intervention, giving a large effect size between the two-time points. The current study reveals new findings for academic literature that pacific identity and well-being levels could be improved by participating in an MBSR intervention.

The current study's findings could help address the identity and well-being issues faced by Pasifika youth (Bush et al., 2009; Ioane, 2017; Kokaua et al., 2009; Mila-Schaaf, 2013; Tiatia-Seath, 1998). For example, it could encourage future studies to integrate Pasifika values with mindfulness-based interventions that support Pasifika youth with the nourishment and quality of one’s vā. Different ways of how mindfulness can promote Pasifika well-being and identity will be discussed further in future recommendations.

Overall, a possible explanation for improvements in identity and well-being for the current study could result from interpersonal expectancy effects. According to Rosenthal and Rubin (1978), interpersonal expectancy effects is the phenomena in which an experiment yields expected results, specifically from the researcher's involvement in shaping the participants' response rather than being a result of natural responses. Additionally, the expectation of specific results (from humans or animals) influences how researchers treat subjects, increasing the probability of subjects responding as expected. These interpersonal self-fulfilling prophecies can be demonstrated in psychological experiments, including classrooms and workshops (Rosenthal & Rubin, 1978). Thus, the reliance on self-report

measures and positive findings from mindfulness-based interventions may be subject to expectancy effects (Ghanbari Noshari et al., 2023).

Ghanbari Noshari et al. (2023) explored expectancy effects when conducting a mindfulness meditation study. They found that the labelling of a jigsaw task as mindfulness and providing authentic mindfulness training instructions showed a medium to large effect size in expectancy, whereas the control group that did not receive the label mindfulness or mindfulness training instructions for the same jigsaw task showed no expectancy and no change pre to post-test (Ghanbari Noshari et al., 2023).

For the current study, the expectations of the mindfulness meditation facilitator, group, and researcher could have influenced the findings. The participants had access to social support from the other participants, the researcher and the mindfulness facilitator. Each session was prompted with a 10-minute education lesson, and important benefits and evidence-based were summarised. Discussion following the mindfulness sessions also allowed participants to review their experiences. This format was consistent throughout the current study. For that reason, the information sessions and the debrief following the mindfulness practice could have contributed to the participant's improvement in subjective well-being and identity. Therefore, engagement in mindfulness meditation promotes various beneficial results (Baer, 2003; Carmody & Baer, 2008; Shapiro et al., 2008), so the awareness that one could improve well-being through mindfulness meditation intervention could have contributed to the results.

Mindfulness

"Mindfulness means to pay attention in a particular way; on purpose, in the present moment and non-judgementally "(Kabat-Zinn, 1994, p.4). Mediation is a mental training method proposed to improve a person’s core psychological capacity, such as attentional and emotional self-regulation (Tang et al., 2015). Additionally, a brief mindfulness intervention is

expected to yield positive results in mindfulness traits (Gilmartin et al., 2017; Mackenzie et al., 2006) and well-being (Bennett & Dorjee, 2016; Brown & Ryan, 2003; Huppert & Johnson, 2010).

For the current study, a dependent samples *t*-test was conducted using the FFMQ-39, to test the hypothesis that pre-intervention and post-intervention means were not the same. On average, mindfulness scores were lower relative to post-intervention. However, this improvement was not statistically significant. Although an insignificant result was found. For the current study, Cohen's *d* statistic was estimated and indicated a large effect size, suggesting practical significance for future studies (Sullivan & Feinn, 2012).

In addition, a paired samples *t*-test was conducted for each individual mindfulness facet. Each facet had improved pre to post intervention. However, four mindfulness facets (description, awareness, non-judgment, and non-reactivity) were non-significant. An unexpected result revealed that observation was significantly different post-intervention.

The analysis partially supports the hypothesis that mindfulness scores significantly differ pre-and post-intervention. New findings are inconsistent with the body of work reported by mindfulness meditation literature suggesting that short-term mindfulness programs can improve mindfulness skills post-intervention (Josefsson et al., 2014; Klatt et al., 2009; Nyklíček, & Kuijpers 2008; Tang et al., 2007), and that mindfulness traits and well-being are positively correlated (Carmody & Baer, 2008; Galante et al., 2018; Goodman & Schorling, 2012; Khan & Zadeh, 2014).

A possible explanation for the insignificant result could be the methodology used. Mindfulness practice has taken a predominant intrapersonal focus and applies solidarity meditation as a foundation (Kramer et al.,2008, as cited in Skoranski et al., 2019). Similarly, the current study's focus was predominantly internally focused, including body scan, sitting meditation and sensory exercises. While this approach to mindfulness practice yields positive

results, alternative methods may be more appropriate and suitable for Pasifika people. Being well and seeking well-ness involves working on personal and interpersonal relationship factors for Pasifika people.

A further explanation for the insignificant result could be the time allocated towards practicing mindfulness meditation. For example, Sears et al. (2011) found that outside of the meditation classes, participants found it challenging to find time and motivation to practice meditation, and there were questions about the efficacy and self-efficacy to engage (Sears et al., 2011). In addition, although participants for the present study were encouraged to practice MBSR for 15 mins every day, during the talanoa, it was expressed that some of the participants found it difficult to practice MBSR at home, without the guidance of the group or meditation facilitator. Fa'alogo-Lilo and Cartwright (2021) state that the Pasifika self cannot be separated from the vā or relational space shared between people, family, and community. A recommendation for the current study is the inclusion of a recorded guided meditation sound-track or recording for participants to utilise while away from the intervention. Also, the encouragement to invite families and friends to participate with them, encouraging a sense of connection and nurturance of the vā.

Additionally, another possible explanation for the insignificant result could be the exclusion of Mindful Hatha Yoga, which was not included in the current study. Yoga is considered one part of the intervention in several MBSR studies (Labbe', 2011). Academic literature shows mindful yoga is associated with significant increases in psychological well-being relative to sitting meditation and body scans, which was also associated with decreases in complex emotion regulation (Sauer-Zavala et al., 2013). Similarly, Carmody and Baer (2008) identify a strong association between mindful yoga and increased mindfulness skills, reduced medical and psychological symptoms and improved well-being, and all mindfulness

facets but describing (Carmody & Baer, 2008). Thus, it is essential for future studies to consider the inclusion of mindful yoga as part of the MBSR intervention.

Overall, it is challenging to explain possible explanations for the insignificant results. A proportion of mindfulness-based therapy is reported to be influential and statistically significant, with positive studies frequently being published relative to non-significant outcomes (Coronado-Montoya et al., 2016). Additionally, Strauss et al. (2014) examined 124 mindfulness-based training, randomised control trials. The findings revealed that ninety per cent were presented as positive studies. Three trials were negative, without alternative explanations to support the negative results and suggest that the treatment might still be effective (Strauss et al., 2014). A possible explanation could be that the studies included in the meta-analysis targeted people who, at the start of the intervention, were experiencing an existing episode of depressive or anxiety disorder. Thus, mental health pre-intervention could have affected post-intervention results (Strauss et al., 2014).

Mindfulness Observation

A dependent samples *t*-test was conducted using individual scores using the Five Facet Mindfulness Questionnaire (FFMQ-39). On average, description, awareness, non-judgement, and non-reactivity scores were lower than post-intervention scores. However, this improvement was not statistically significant. It is argued that the effects of MBSR on well-being are becoming established in academic literature, and that the positive effects can be attributable to the increases or changes in mindfulness skills training (Nyklíček & Kuijpers, 2008). Thus, it is presumed that mindfulness facets would significantly improve with meditation practice. However, the findings in the current study are incongruent with what is promoted within the mindfulness space (Baer et al., 2008; Carpenter et al., 2019).

A possible explanation for this finding is perhaps there was not much time allocated towards attending to all mindfulness facets. Nyklíček and Kuijpers (2008) argue that although

several studies report positive effects on well-being and MBSR, it is unknown whether the changes of mindfulness facets directly affect the positive effects. Thus, they conducted a study measuring the effects of MBSR intervention on well-being. They found that an increase in mindfulness resulted in a significant reduction in vital exhaustion and an increase in positive effect, but was insignificant on perceived stress and quality of life. Thus, positive effects were partially mediated due to MBSR participation. Accordingly, these findings contest the idea of to what extent is regular daily practice necessary for achieving the positive effects of the mindfulness meditation intervention (Nyklíček & Kuijpers, 2008).

A surprising finding was that the mindfulness facet observation post-intervention was significantly higher than pre-intervention, giving a large effect size. Labbe' (2011) states that observing and describing experiences can help a person enhance mindfulness during sitting meditation and throughout the day. While attending mindfully to inner and outer experiences, e.g., sensations, emotions, thoughts, and images, practising mindfulness encourages a person to take a mental note by pausing and observing these inner and outer experiences rather than ignoring them (Labbe', 2011).

Thus, a possible explanation for the significant finding in the mindfulness observation facet could have been influenced by the time participants spent practising body scans and sitting meditation. Overall, the intervention included body scan practice (30 minutes), sitting and sensory meditation (45 minutes), and guided visualisation exercises (30 minutes) were implemented in seven out of the eight sessions. In contrast, mindfulness eating (10 minutes) and loving-kindness meditation (15 minutes) were implemented for two out of the eight mindfulness. Hence, as Carmody and Baer (2008) demonstrated, the body scan practice is significantly associated with increased observing. non-reactivity to inner experience (mindfulness facets), increased psychological well-being and decreased interpersonal sensitivity and anxiety (Carmody & Baer, 2008).

Similarly, body scans and sitting meditation were encouraged throughout the current study at each session. Participants were encouraged to consciously maintain or return to the awareness of the present moment using their breath. Progressively, attention would move slowly towards sensory perceptions of what they could hear, smell, and feel in the world around them. Any thoughts that occurred were observed, acknowledged and accepted with discernment. The mediation facilitator encouraged the participants to be patient with themselves, release any tension felt in the body, and trust in the process of the self and mindfulness meditation practice. Thus, because body scan and sitting meditation was completed at each session, this could have influenced the current study's findings. Additionally, participants could have developed a better understanding of the strategies and felt more comfortable when engaged with body scans and sitting meditation. The preliminary results revealed suggest a more extensive study is warranted.

Improvements in Well-being and Identity

Overall, there were no significant decreases in well-being, identity, or mindfulness. The current study allowed participants to experience and cultivate cognitive and affective qualities that Labbe' (2011) and Kabat-Zinn (1990) identified, which could have contributed to the significant findings in well-being and identity. For example, a loving kindness attitude encouraged participants to cultivate kindness and compassion towards themselves and others. As demonstrated specifically in meeting two and four, where there was an intentional focus on becoming aware of emotions and the physical symptoms that arose, participants were encouraged to respond skilfully rather than suppress and resist emotion. In addition, during the last mindfulness session, participants were educated on the importance of letting go of pain and allowing things to be, encouraging feelings of empathy and compassion towards self and others. A loving kindness mediation followed where participants were encouraged to visualise a person, they had challenges with and begin to express words of loving-kindness

towards them—noticing thoughts, body sensations and distractions. If the experience of discomfort rose, attention was directed towards sending loving-kindness to self or someone they considered to love.

It is reported that practising a few minutes of loving-kindness mediation increased feelings of social connection and positivity towards novel individuals on an explicit and implicit level (Hutcherson et al., 2008). Similarly, undergraduate students' part of a mindfulness and loving-kindness meditation group revealed greater social and natural connectedness post-intervention and enhanced connectedness feelings (Aspy & Proeve, 2017). Furthermore, during the mindful eating exercise in session three, participants were encouraged to pay attention and be aware of the raisin. To think about the texture, smell, taste, and how the body responds, nurturing feelings of appreciation for the body's capability. The origin of the raisin and the people involved in the manufacturing and transport process. The purpose of this exercise was to encourage participants to be more mindful about what they eat and how good it is for the physical body and to trigger feelings of appreciation. The intention behind the mindful eating exercise was to develop a sense of interconnection with others and the world as the raisin nourishes the body in the present moment.

Lastly, throughout the study, the participants were provided with a journal intended to regulate emotions through writing down thoughts and practising gratitude. Mindfulness techniques and journaling have been successful in college students, which support increased well-being, reduced stress and improved college atmosphere (Khramtsova & Glascock, 2010). It is unknown how often participants utilised and participated in journaling throughout the current study. However, it could have encouraged feelings of empathy and gratitude towards self and others for the participants influencing improvements in well-being and identity. Therefore, while there are significant findings for the current study, the findings need to be considered with caution.

Strengths

Firstly, the current study is the first of its kind, The Pasifika population continues growing in complex and diverse settings (Manuela & Anae, 2017), alongside the evolving health system. Thus, it is essential for the health and well-being of the Pasifika people to be conceptualised (HCSC, 2021). The current study further adds to interventions aimed at supporting Pasifika well-being and identity (Ataera-Minster& Trowland, 2018; HQSC, 2021; NZMHC, 2022; TGIMHA, 2018), and provides an integrated perspective for both the Pasifika and mindfulness space (Baer, 2003; Coronado-Montoya et al., 2016; Le & Proulx, 2015).

Secondly, the current study was conducted during the COVID-19 pandemic, specifically focusing on the Pasifika population. It is shown that populations facing socio-economic hardship and health disparities prior to COVID-19 would be the most vulnerable during a pandemic (Ioane et al., 2021). A systematic review of the mental health population identified that psychiatric symptoms for patients with pre-existing psychiatric disorders deteriorated due to both the direct and indirect effects of COVID-19 (Vindegaard & Benros, 2020). Additionally, many Pasifika people in the diaspora struggled to meet their cultural, social and material needs during the COVID-19 pandemic (Alefaio, 2020; Ioane et al.,2021). Young Pasifika people in New Zealand also experienced hopelessness, anxiety and depression during the 2020 – 2021 global pandemic (Siegert et al., 2022). Thus, the social connection was especially crucial during the COVID-19 pandemic. Although health promotion and specific initiatives were offered during the COVID-19 pandemic (MPP, 2020b), public health measures needed an understanding of the world in which Pasifika people lived (Ioane et al., 2021). The current study intends to add to the expanding Pasifika literature to support Pasifika well-being (LeVa, n.d.; MHWBC, 2022).

Lastly, in between mindfulness sessions, participants were encouraged to Talanoa or talk about their experiences. Knowledge and emotions were shared and generated throughout the discussions, building rapport among the participants. It is possible that sharing experiences encouraged a sense of connection among the participants and their interpersonal relationships (Farrelly & Nabobo-Baba,2014; Vaka et al., 2016). The current study allowed a different perspective within the Pasifika and mindfulness space. While there are strengths for the current study, the findings need to be considered with caution and consider the limitations. The following section identifies the limitations and recommendations of the current study.

Limitations

External validity

Most participants are female undergraduate students under the age of 25 years old. The Pasifika population is diverse and complex (Manuela & Anae, 2017), and so it is unclear whether similar results will apply to undergraduate Pasifika males, students above 24 years old, non-binary, transgender people and Pasifika youth that is not in university.

Moreover, the study had a small sample size, although small sample groups have been utilised previously in mindfulness interventions (Chiesa & Serretti, 2014; Tang et al., 2015), it is not recommended as the sample size can affect the direct link with statistical power, and small studies have a lower chance of detecting significant effects, and are less likely to be published (Goldberg et al., 2017). Additionally, sample sizes increase the reliability of significant treatment effects (Baer, 2003) and statistical power (Cohen, 1988, as cited in Lakens, 2013). For example, Turner (2014), conducted a randomised control trial utilising eight sessions of mindfulness mediation training versus control training and found improvements in emotional regulation, mindfulness, negative affect, and self-perception for

ageing for participants in the mindfulness mediation group. However, the analysis revealed insignificant results due to the sample size (Turner, 2014).

A further limitation is the time spent practising mindfulness meditation for the current study. MBSR and MBCT programs generally last eight weeks and require daily practice and weekly group sessions; they require a high level of commitment from the participant and facilitator (Howarth et al., 2019). A lack of time is reported as an essential barrier when engaging in meditation, especially finding time to do homework (Chen et al., 2014). Similarly, for the current study, initially, an eight-week program was proposed. However, the researcher liaised with the participants and the meditation facilitator regarding suitable dates and times. Initially, a meeting twice a week for 30 mins was proposed. However, at the end of the first meeting, the participants and the meditation facilitator discussed an alternative where a meeting for one hour once a week was suitable. As a result, mindfulness meditation classes were conducted over four weeks. Participants met weekly and completed two mindfulness meditation classes in succession. Altering the mindfulness meditation classes allowed participants, specifically those with family and work commitments, to attend the intervention. Therefore, a four-week programme may not be enough.

Results examining time spent practising have been inconsistent (Nyklicek & Kuijpers, 2008). Garland et al. (2010) argue that time spent practising or the ability to apply mindfulness to experiences in everyday life increases a person's dispositional mindfulness. Howarth et al. (2019) propose that a brief five-minute mindfulness session can impact multiple mental and physical health outcomes. Additionally, time spent practising short-term mindfulness interventions has shown a significant positive association between individual practice outside of the group and improvement in psychological well-being and mindfulness (Huppert & Johnson, 2010). The extent of the home practice of formal meditation exercises is

significantly related to the degree of change in most facets of mindfulness (Carmody & Baer, 2008) and several measures of psychological well-being (Carson et al., 2004).

Therefore, it is recommended that future studies focus on further at home practices of both formal and informal. Future studies should consider including an informative booklet for learners to refer to each day/week, including activities, goals, and self-reflection. In addition, future studies should provide homework tasks for learners to complete before the next session. Providing an additional resource will allow the possibility of tracking both formal and informal mindfulness practices. It would also provide insight into qualitative data. The downside of qualitative research is that it is a time-consuming process (Choy, 2014).

In addition, it is recommended that future studies extend the practice of four to eight weeks, with each session consisting of two to three hours and a six-hour silent retreat between classes six and seven, as recommended by Kabat-Zinn (1990) and Shapiro and Carlson (2009). Follow-up studies should include a larger sample and evaluate the long-term effects beyond the completion of the intervention (Bishop, 2002). Unfortunately, including a control group and an adequate sample size tends to take time and resources that were not available. Whereas, self-report measures are the most commonly used method of assessing mindfulness because of the cost and efficiency (Labbé, 2011).

Internal validity

The study reveals that participants' levels of well-being changed over time but cannot confirm whether the intervention caused the change. At the same time, participants were encouraged to practice 15 mins a day of mindfulness practice, engaging in both formal (body scan, sitting meditation, walking mediation) and informal practices (mindful reading, eating, driving). It is unknown whether participants could practice mindfulness outside of the classes. Most of the students were novice meditators, so it may have been challenging to practice without the guidance and support of the meditation facilitator or group setting. It could have

been challenging to practice informal mindfulness practice if the home environment is busy or the lifestyle does not allow the time or space for people to complete mindfulness training outside of the intervention setting.

Additionally, changes observed over time could be due to maturation (bodily changes, such as becoming hungry, tired or fatigued, wound healing, recovering), or history (an external experience that a participant experiences outside of the specific event) (Campbell, 1957, as cited in Flannelly et al., 2018). A recent study found that mindfulness meditation was significantly associated with increased feelings of quiet and calm and marginally increased relaxation and sleepiness among participants (Jones et al., 2018).

Moreover, Pasifika people are relational, so different situations could have triggered different emotions and behaviours according to the social context of what is socially acceptable. For example, Mila-Schaaf (2013) reveals the role of New Zealand-born Pasifika people navigating social situations that follow a specific narrative of the dominant culture (European or Non-New Zealand-born Pasifika people). Pasifika participants reported that they found themselves in situations where they felt passive or stuck, and adjusted their behaviours according to the socially accepted way of being to counter negative projections (Mila-Schaaf, 2013).

Therefore, it is considered essential to have a control group and non-active control conditions, to reduce confounding variables and ensure that the treatment group did play a key role in improving more than the control group (Baer, 2003), specifically when comparing mindfulness interventions to other therapies (e.g., cognitive behavioural therapy). There have been studies which have shown efficacy and positive results in reducing stress in controlled groups (Grossman et al., 2004), such as relaxation training (Jain et al., 2007; Tang et al., 2007) and health promotion programs (Bay & Chan, 2019; MacCoon et al., 2012). Thus, including additional control groups would be a better indication of efficacy (Baer, 2003).

Unfortunately, including a control group and an adequate sample size during the COVID-19 pandemic impacted recruitment.

Furthermore, a future recommendation is a need for a post-follow-up period (Le & Proulx, 2015). A post-follow-up period will identify whether there are changes in subjective well-being, identity and mindfulness levels. Furthermore, a limitation is the nature of self-report measures; paper and pen self-reports were utilised. Self-reports are suspectable to expectancy effects (Ghanbari Noshari et al., 2023). The self-report measure does not have validity scales or items to determine how truthful and accurate the subject's responses are. How mindful a person is could differ from how they self-reports their mindfulness. Previous studies have reported the possibility of report bias due to incentives provided to the participants of mindfulness meditation studies (Bazarko et al., 2013; Kriakous et al., 2021). For the current study, participants were given $30 grocery vouchers and $30 petrol vouchers each, and chocolate-covered strawberries as a token of appreciation. Thus, it is unknown whether the results were impacted by report bias.

Additionally, the participants' understanding of test items could have influenced their mindfulness practice. For those who do not know about mindfulness practice, responses might be based on experiences unrelated to mindfulness (Labbe', 2011), or the answers could be based on social desirability bias. However, similar studies show that social desirability did not influence results (Brown & Ryan, 2003; Lau et al., 2006).

A possible explanation of the insignificant result of mindfulness from a Pasifika perspective is using quantitative self-report measures. Although quantitative research has dominated mindfulness research (Langer et al., 2020; Lemon, 2017), a few mindfulness studies explore the mechanisms of action involved in participants' subjective experience (Langer et al., 2020; Shennan et al., 2011). The current study is also guided more towards the traditional research method, in which a hypothesis drives the research. The interactions

between participants and researchers are guided by approved questionnaires and ethics (Vaioleti, 2006). Therefore, there is a research gap and need for more qualitative research to capture participants' experiences and continue an increased understanding of mindfulness and its underlying mechanisms (Shennan et al., 2011). Qualitative research identifies an in-depth understanding and explanation of a problem and aspects that cannot be quantified (Queirós et al., 2017). They allow the exploration of views for both homogenous and diverse groups. They unpack differing perspectives, identify underlying beliefs, values, assumptions that are important for participants (Choy, 2014).

Similarly, for Pasifika research, it is argued that a supportive therapeutic intervention for Pasifika requires the understanding of cultural values, beliefs, and practices, including those associated with mental well-being (Samu & Suaalii-Sauni, 2009) and also the practical application of this understanding into therapeutic practice (Te Pou, 2010). Talanoa, for example, is an essential aspect of Pasifika methodology and provides a way in which Pasifika people communicate and share their views about a topic (Farrelly & Nabobo-Baba, 2014; Vaka et al.,2016; Vaioleti, 2006). Hence, the absence of qualitative data limits the current study. Although talanoa was encouraged throughout the study, the discussions and experiences of the participants needed to be captured, and it is difficult to identify possible explanations for the current study's findings. The questionnaire used may need to be revised. Future studies must consider capturing the discussions during the intervention via a mixed-method approach with qualitative and quantitative measures.

Future recommendations will need to be aware of the context that research occurs. For example, participants will behave differently depending on the age, gender, cultural rank or community standing of the researcher (Vaioleti, 2006). Research suggests that an advantage of an ethnic minority workforce significantly improves health outcomes for ethnic minorities, specifically by enhancing both capability and capacity of the public health workforce (Pulotu-

Endemann & Faleafa,2017). Growing the workforce and cultural competency of services in general (Pulotu-Endemann & Faleafa,2017). It is notable that although the meditation facilitator was middle age European with limited knowledge of Pasifika culture. It is recommended that future studies are conducted by Pasifika people with a good understanding of both mindfulness and the Pasifika milieu, similar to that found in Le and Proulx (2015). For example, the New Zealand organisation LeVa, provides support aimed to increase the capacity and capability of the Pasifika workforce, ensuring fit for purpose and contribution to the enhancement of cultural competency of the mainstream workforce (Pulotu-Endemann & Faleafa,2017).

Lastly, Baer (2003) discusses limitations and a lack of evaluation of treatment integrity. A need for explicit treatment fidelity assessment allows an examination of the degree to which the given treatment was delivered as intended by a particular mediation or control intervention for each instructor. Treatment fidelity can be accomplished by videotaping intervention sessions and submitting these for quantitative fidelity evaluation by expert instructors of the particular interventions (Davidson & Kaszniak. 2015). Future studies could potentially measure physiological or behavioural, and social desirability measures should be included, such as the Marlow-Crowne Social Desirability Scale (Crowne & Marlowe, 1960). The following section aims to identify further recommendations for future studies.

Future Recommendations

Pasifika people are faced with the challenges of acculturation (Manuela & Anae, 2017), identity confusion (Mila-Schaaf, 2013), and being overrepresented in poor socio-economic factors (Foliaki et al., 2006; Pulotu-Endemann & Faleafa, 2017), underrepresented in higher education (Nanai et al., 2017; Sopoaga et al., 2017), poor mental health and barriers

to accessing appropriate mental health services(Ataera-Minster & Trowland, 2018; Foliaki et al., 2006), and have unmet health needs (Tukuitonga, 2013).

The current study provided insight into the challenges Pasifika youth living in New Zealand face. It is found that Pasifika's health and well-being are conceptualised from a holistic nature, and the integration of mindfulness provides an opportunity for participants to develop self-awareness of their inner world and a sense of connection to the external world. To cultivate Pasifika well-being and identity, it is recommended that mindfulness-based interventions address Pasifika communities in New Zealand through a holistic lens, with understanding one's identity, social and cultural connectedness (Agee et al., 2013; Manuela & Anae, 2017; Manuela & Sibley, 2014; Mila-Schaaf & Robinson, 2010), familial connection (Alefaio, 2020; Efi, 2003; Suaalii-Sauni et al., 2009), and one's spiritual connection (Efi, 2005; Ihara & Vakalahi, 2011; Masoe & Bush, 2009; Matika et al., 2021; Toso, 2011). Future studies could incorporate various ways of being mindful that could support mental, physical, spiritual, and social well-being.

Mindfulness research predominantly focuses on individuals in a group setting (Baer & Krietemeyer, 2006). It is argued that mindfulness lacks literature demonstrating the integration of theory with couples and families (Gambrel & Keeling, 2010; Gehart & McCollum, 2007). With that said, Kabat-Zinn (1993, as cited in Goleman & Gurin, 1995) identifies that mindfulness can support one with skills to navigate stressful interpersonal situations by empowering people to approach problems as challenges relative to threats. The practice of mindfulness can improve social relationships by helping people develop better emotion regulation in demanding social situations. Promote greater openness to and acceptance of others' negative feelings and thoughts or differing perceptions of the problem (Labbe', 2011). More research within the mindfulness space is required, specifically addressing ways to improve social support and enhance social relationships (Labbe', 2011).

A future recommendation could be the inclusion of a 'mindfulness buddy', in which a participant is paired with a person from one's social circle, that can help prompt mindfulness awareness whether it be through having the discussion and practising with social supports outside the intervention (Mitchell et al., 2015). Although mindfulness literature is predominantly based on one's intrapersonal experience, mindfulness literature is expanding towards reporting the impacts of interpersonal relationships. To illustrate, Shapiro and Carlson (2009) found that therapists and health practitioners who participated in the MBSR showed improved client relationships (Shapiro & Carlson, 2009). Barnes et al. (2007) explored relationship satisfaction and response to relationship stress in romantic relationships. Additionally, Brown and Cordon (2009) found that higher mindfulness traits predicted higher levels of relationship satisfaction and the ability to respond constructively to relationship stress. They also found that higher mindfulness traits predicted lower levels of the emotional stress response (Brown & Cordon, 2009). Therefore, a future recommendation should consider promoting universal interventions that support social and emotional learning, mindfulness, and compassion within families, schools, and community centres (Greenberg & Mitra, 2015; Kabat-Zinn, 2011). External contexts such as meditation classes or groups, yoga, and retreats could provide people with an opportunity to continue their practice with external support (Roemer, & Orsillo, 2003).

A further recommendation that could be more suitable for Pasifika people is incorporating music, dance, and storytelling as part of the mindfulness-based intervention. de Sousa and Shapiro (2018) identify dance as a form of informal mindfulness practice that allows one to access a sense of calmness, interconnectedness, heartfulness and presence through the body. Dancing to music can be utilised as a vehicle for practising present-focused mindfulness meditation and support the cultivation of a series of breathing and body awareness exercises (Marich & Howell, 2015). A recent study revealed that tango dancing

was used as an effective mindfulness meditation in reducing symptoms of psychological distress and promoting well-being (Pinniger et al., 2012).

In addition, for Pasifika people dance passes essential cultural information and traditions to the proceeding generations in many Pasifika and Indigenous cultures (Anderson & Atkinson, 2013, as cited in Taeao & Averill, 2021). Similarly, storytelling is a practice in Indigenous cultures that sustains communities and validates Indigenous peoples' experiences and epistemologies (Iseke, 2013). For example, the Native Hawaiian practice of storytelling aims to connect through sharing emotional information, hopes, desires, and intentions (Le & Shim, 2014). Storytelling can also be depicted through dance, music or poetry. For example, the hula (a traditional Hawaiian dance) facilitates sensory experience via body movements (Le & Shim, 2014). Participants focus on body sensations that can only exist in the present moment (i.e., the mind may wander to the past or future, but the body, like the breath, only exists in the present). Embedded at this moment is also the awareness of connection to the land, nature, and one's ancestors and family lineage (Le & Shim, 2014).

Similarly, in the Tongan culture, the Tau'olunga is performed by females in which there is little body movement, except when bending the leg and taking side steps, the importance of this dance is focused on the sentiment of movements the poetry expresses, rather than the melody (Kaeppler, 1970). Furthermore, Puna and Tiatia-Seath (2017) identify that for NZ-born Cook Island youth, cultural groups offer social platforms for youth and that watching and participating in Cook Island cultural dance and performances creates a sense of belonging and inclusiveness. They found that cultural dance groups are a positive way to learn, promote social cohesion, and allow youth to discuss the challenges and realities of being an NZ-born Cook Island. Many participants in their study expressed that dance and song are positive aspects of their culture and identity and are a helpful way to maintain physical, mental, spiritual, and social well-being, at the same time, support connection with

their cultural heritage and a deeper understanding of dance and song expression (Puna & Tiatia-Seath, 2017).

Therefore, for Pasifika people, cultural dance groups are identified as a positive way for young Pasifika people to relate and create a deeper connection to active participation and learning (Puna & Tiatia-Seath, 2017). Dance groups allow people to express emotions, support mental, social, spiritual, and physical well-being, and help sustain cultural heritage, pride and uniqueness in NZ's multicultural environment (Puna & Tiatia-Seath, 2017).

Lastly, a future recommendation is to consider the implementation of mindfulness practices within the church or religious spaces or groups. Mindfulness offers various aspects of most religious teachings (Labbe', 2011; Labbe' & Fobes, 2010). Spirituality's importance in Pasifika milieu and harmonious relationships with the spiritual domain is well documented (Lui & Schwenke, 2003, as cited in Fa'alogo-Lilo & Cartwright, 2021; Tamasese et al., 2005). Christianity is embedded within the value system of Pasifika culture (Havea et al., 2021). The core 'values of love for the family and respect for God are each important and demonstrated via anga faka-Tonga (Tongan way of life) and fa'a-Sāmoa (Samoan way of life) principles (Faleolo, 2020). Thus, an additional recommendation should consider integrating 'centering prayer', a form of Christian devotion meditation that entails surrendering and consenting to God's will amid psychological stress (Frederick & White, 2015). One is in touch with the centre of their being and engages in an effortless prayer to abide with God in the present moment (Knabb, 2012). As a result of 'centering prayer', one can experience a union with God, supporting one to relate to their thoughts (Knabb, 2012).

Therefore, because interpersonal relationships are necessary for the well-being and identity of Pasifika people, future studies need to consider ways in which mindfulness intervention can include the acknowledgement of one's faith, family, peers, and friends. It

could provide an innovative and proactive approach to mental health and well-being promotion (Ataera-Minster& Trowland, 2018).

Conclusion

Mental health is an essential state of well-being that affects how people think, feel and behave (WHO, 2022). Despite the importance of well-being, we face a global health burden of mental health challenges. Some argue that the mental health burden is the result of (but not limited to) a lack of social connection and belonging (Bandyopadhyay & Meltzer, 2020; Laursen & Hartl, 2013; Loades et al.,2020; Pfefferbaum & North, 2020). People strive to avoid loneliness and seek connection and belonging (Baumeister & Leary, 1995; Seppala et al., 2013). Forming human connections is especially important considering the global pandemic circulating in society, where people have become less socially connected (Bandyopadhyay & Meltzer, 2020). Having social support promotes resilience and social connection (Pevalin & Rose, 2003). Identity formation plays an important role in well-being (Hardy et al., 2013), and sets the foundation for how one relates to others. Youth are at an age where their sense of self is constantly evolving and constructed (Laursen & Hartl, 2013) as they navigate the diasporic world.

While New Zealand is considered 'the land of milk and honey' and has offered many opportunities for families to thrive, for some there exists an identity crisis and constant battle about what it means to be Pasifika and how to feel a sense of belonging in modern-day New Zealand. For Pasifika youth living in New Zealand, some are faced with challenges with identity confusion, an over-representation in poor socio-economic factors and poor access to culturally appropriate health services.

Feeling one has poly-capital resources to behave confidently in both New Zealand and Pasifika contexts can support one's connection to well-being and identity. Currently, the new health reform in New Zealand (MHWB, 2022) has prompted a space to explore and address

issues with accessibility, stigma, family, and trust in services, (Ataera-Minster& Trowland, 2018; Fa'alogo-Lilo & Cartwright, 2021). A focus on nourishing the vā could be achieved through, services that encourage spiritual healing, mind-body practices such as mindfulness, and promoting Pacific ways of knowing and doing, specifically the relationships with environment, ancestors, culture, family and others (Paterson et al., 2018).

The present study reveals that Pasifika's health, identity and well-being are conceptualised holistically, and the integration of mindfulness meditation offers a space of opportunity to address the challenges experienced by Pasifika communities. Mindfulness meditation has been recognised as an effective tool to develop self-awareness and benefit one's inner and outer world, and can help regulate emotions and behaviours during challenging times. Mindfulness meditation can also support a person's sense of connection to the external world, and positively influence how people interact and relate with others. Mindfulness is a personal journey of discovery. Many skills can be cultivated from its practice. Not only is it a practical skill, but it is also affordable and accessible in many forms. Additionally, when working with Pasifika people, it is recommended that the specific mindfulness meditation practice that is chosen is carefully implemented towards supporting one's values, whether it be through spiritual practice, and/or an activity that promotes one's connectedness to culture, society, and family

In conclusion, this pilot study was conducted to incorporate Pasifika literature with mindfulness. It appears that mindfulness and Pasifika values share commonalities in viewing well-being as holistic. To cultivate Pasifika well-being and identity, it is recommended that mindfulness-based interventions address Pasifika communities in New Zealand through a holistic and culturally appropriate lens. The present study is a stepping stone towards further investigations that can promote well-being, identity and mindfulness of Pasifika people.

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Appendices

Appendix A

Participant information sheet and Consent Form for Participants

The Effects of Mindfulness Meditation on the Well-Being of Pasifika Students

INFORMATION SHEET- PARTICIPANTS

Introduction

Mālō e lelei, Talofa lava, Fakaalofa lahi atu, Bula vinaka, Kia Orana, Taloha ni and warmest Pasifika greetings to you. My name is Miriam Uele. I am Postgraduate student from the School of Psychology working on my Master's Thesis at Massey University.

Project Description

I invite you to participate in a pilot study that I am leading titled '*The Effects of Mindfulness Meditation on the Well-being of Pasifika Students'*. To date, a mindfulness intervention completed by Pasifika people has not been done. The purpose of this pilot study is to measure whether practicing mindfulness meditation can positively impact the well-being of Pasifika university students.

The practice of mindfulness has become a topic of interest in academic research, primarily because it has shown to help a person skilfully respond to emotional distress. Poor mental health statistics show young Pasifika people are disproportionally affected. Thus, your participation in this pilot study will contribute important information for academic literature. Your agreement to take part of the study would be appreciated and you will be offered a $30 grocery voucher as token of appreciation.

Recruitment

We are looking to recruit a diverse group of participants who are within the age group of 18 to 24 and are of Pasifika descent, studying full-time with Massey University. If you are interested in this study

and would like to volunteer, please complete the participation consent form that has been attached to this email. Please read and sign the form and return it to my email Miriam.Uele.1@uni.massey.ac.nz. Data collection will need to be completed as soon as possible.

Project Procedures

I ask that you dedicate a minimum of eight hours of your time over a period of six weeks. During this time, you will complete questionnaires that capture your demographics, levels of well-being and levels of mindfulness. Additionally, a four-week mindfulness meditation program will be conducted during this time with a qualified meditation facilitator. Each meditation class will be for approximately 30 minutes. For the first 10 minutes, the meditation facilitator will discuss a specific topic with the class, you will then practice 15 minutes of mindfulness meditation, followed by a 5-minute discussion.

Data Management

Data will be used for research purposes only. To ensure confidentiality, you will be given a number code prior the commencement of the intervention. All information will be stored in a safe and secured filing cabinet. After completion of the study, the data will be destroyed. You will be sent an email summarizing the project findings.

Participant's Rights

You are under no obligation to accept this invitation. If you do decide to participate, you have the right to ask any questions about the study or withdraw from the study at any time. Completion and return of the questionnaires imply consent, however, you have the right to decline answering any particular question. If you feel your participation in the study causes you distress, harm or discomfort, we reassure you that the meditation facilitator and myself will help ease any discomfort you may experience. Additionally, my supervisor is a Clinical Psychologist who can be consulted with by phone if the need arises. Details for appropriate support services will be provided at our first meeting.

Malo 'Aupito, Fa'afetai lava, Meitaki Maata, Vinaka, Fakaaue, Fakafetai lahi lele and warmest regards. We look forward to hearing from you soon.

Project Contacts

For further questions or concerns please contact Researcher Miriam Uele on MOB: [redacted] | Email: Miriam.Uele.1@uni.massey.ac.nz or contact Supervisor Matthew Shepherd on MOB: [redacted] | Email: M.shepherd1@massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application SOB 20/18. If you have any concerns about the conduct of this research, please contact Dr Gerald Harrison, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83570, email humanethicsouthb@massey.ac.nz .

Appendix A (continued)

MASSEY UNIVERSITY
SCHOOL OF PSYCHOLOGY

The Effects of Mindfulness Meditation on The Well-Being of Pasifika Students

PARTICIPANT CONSENT FORM – INDIVIDUAL

I have read, or have had read to me in my first language, and I understand the Participant Information Sheet. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

1. I wish/do not wish to have data placed in an official archive.
2. I agree to participate in this study under the conditions set out in the Information Sheet.

Declaration by Participant:

I _____ hereby consent to take part in this study.

[print full name]

Signature: _____ Date: _____

Contact Researcher Miriam Uele on MOB: [redacted] | Email: Miriam.Uele.1@uni.massey.ac.nz
or Contact Supervisor Dr Matthew Shepherd, MOB: [redacted] | Email:
M.shepherd1@massey.ac.nz

Appendix B

Participant information sheet and Consent form for the Meditation Facilitator

MASSEY UNIVERSITY
SCHOOL OF PSYCHOLOGY

The Effects of Mindfulness Meditation on the Well-Being of Pasifika Students

INFORMATION SHEET- MEDITATION FACILITATOR

Introduction

Mālō e lelei, Talofa lava, Fakaalofa lahi atu, Bula vinaka, Kia Orana, Taloha ni and warmest Pasifika greetings to you. My name is Miriam Uele. I am Postgraduate student from the School of Psychology working on my Master's Thesis at Massey University.

Project Description

I invite you to participate in a pilot study that I am leading titled '*The Effects of Mindfulness Meditation on the Well-being of Pasifika Students'*. To date, a mindfulness intervention completed by Pasifika people has not been done. The purpose of this pilot study is to measure whether practicing mindfulness meditation can positively impact the well-being of Pasifika university students.

-
- The practice of mindfulness has become a topic of interest in academic research, primarily because it has shown to help a person skillfully respond to emotional distress. Poor mental health statistics show young Pasifika people are disproportionally affected. Thus, your participation in this pilot study will contribute important information for academic literature. Your agreement to take part of the study would be greatly appreciated, and you will receive reimbursement for your services.

Recruitment

Your organization Mindfulness NZ schools, has been identified as an important resource that would benefit our research. If you are interested in this study and would like to volunteer, please complete the participation consent form that has been attached to this email. Please read and sign the form and return it to my email at Miriam.Uele.1@uni.massey.ac.nz.

Project Procedures

If you do agree to help facilitate this study, I ask that you dedicate a minimum of four hours of your time. A four-week mindfulness meditation program will be conducted in which you will run two meditation classes a week for approximately 30 minutes. For the first 10 minutes, a specific topic will be discussed with the class, followed by 15 minutes of practicing mindfulness meditation, then ending with a five-minute discussion. The outline for each week can be found below.

Class 1: An introduction of mindfulness and evidence-based research.

Class 2: The underlying mechanisms of the brain and the nervous system.

Class 3: The physiology of breathing.

Class 4: Rumination

Class 5: Recap of key points previously covered and Mindfulness of emotions

Class 6: Brain breaks

Class 7: Awareness of physical sensations of tension in the body.

Class 8: Summary of course

Participant's Rights

You are under no obligation to accept this invitation. If you do decide to participate, you have the right to ask any questions about the study or withdraw from the study at any time.

Malo 'Aupito, Fa'afetai lava, Meitaki Maata, Vinaka, Fakaaue, Fakafetai lahi lele and warmest regards. We look forward to hearing from you soon.

Project Contacts

For further questions or concerns please contact Researcher Miriam Uele on MOB: +[redacted] | Email: Miriam.Uele.1@uni.massey.ac.nz or contact Supervisor Matthew Shepherd on MOB: [redacted] | Email: M.shepherd1@massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application SOB 20/18. If you have any concerns about the conduct of this research, please

contact Dr Gerald Harrison, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83570, email humanethicsouthb@massey.ac.nz .

Appendix B (continued)

MASSEY UNIVERSITY
SCHOOL OF PSYCHOLOGY

The Effects of Mindfulness Meditation on The Well-Being of Pasifika Students

PARTICIPANT CONSENT FORM – MEDITATION FACILITATOR

I have read, or have had read to me in my first language, the Participant Information Sheet. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

1. I wish/do not wish to have data placed in an official archive.
2. I agree to participate in this study under the conditions set out in the Information Sheet.
3. I agree to treat all information about the participants as confidential and will not pass any information on to a third party.

Declaration by Participant:

I _____ hereby consent to take part in this study.

[print full name]

Signature: _____ Date: _____

Contact Researcher Miriam Uele on MOB: [redacted] | Email: Miriam.Uele.1@uni.massey.ac.nz
or Contact Supervisor Dr Matthew Shepherd on MOB: [redacted] | Email:
M.shepherd1@massey.ac.nz

Appendix C

Confidentiality Agreement for Pasifika Participants and Meditation Facilitator

The Effects of Mindfulness Meditation on the Well-Being of Pasifika Students

CONFIDENTIALITY AGREEMENT

I ..... (Full Name - printed)

agree to keep confidential all information concerning the project

.....

.....

.....

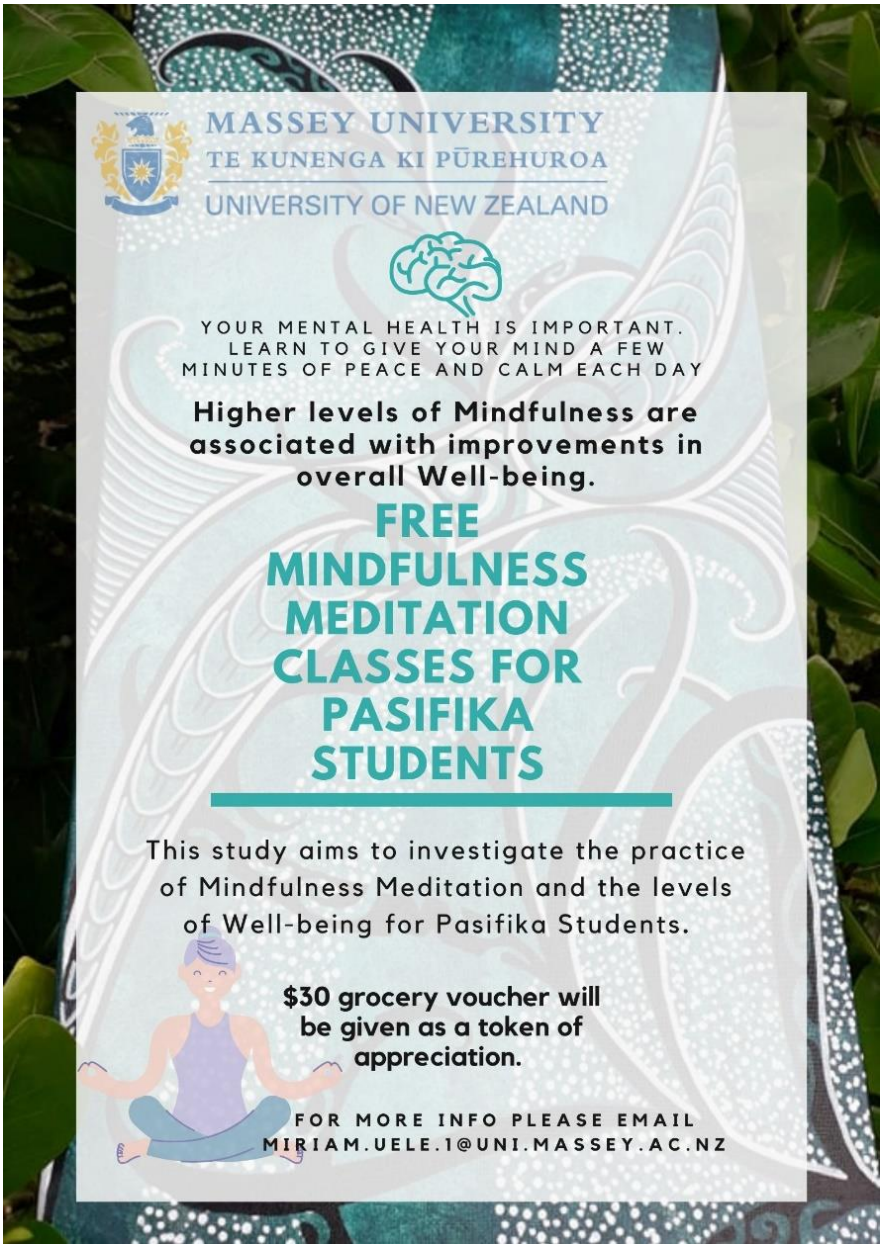
..... (Title of Project).

I will not retain or copy any information involving the project.

Signature: ..... **Date:** .....

Appendix D

Mindfulness Meditation Advertisement



Appendix E

Request and Permission for MAPSA to help with recruitment

Mālō e lelei Erani,

My name is Miriam Uele. I am Postgraduate student from the School of Psychology working on my Master's Thesis at Massey University. My thesis will be a pilot study titled '*The Effects of Mindfulness Meditation on the Well-being of Pasifika Students'.* My research team and I will be running a 4-week mindfulness meditation class twice a week with a qualified Meditation Facilitator. We are looking to recruit a small group of 10 undergraduate Pasifika students studying at Massey University. The Massey Albany Pasifika Students Association has been identified as an important resource that would greatly benefit our research. We invite your association to be part of this study by promoting an advertisement via social media and face to face interactions with your club members. Please find the advertisement that has been attached to this email. More information can be found in the participation information sheet below.

Please let me know if your organisation would be interested in being part of this important study. You can contact me by mobile on: [redacted] or by email: Miriam.Uele.1@massey.ac.nz.

Malo 'Aupito,
Miriam Uele

INFORMATION SHEET- PARTICIPANTS

The Effects of Mindfulness Meditation on the Well-Being of Pasifika Students

Introduction

Mālō e lelei, Talofa lava, Fakaalofa lahi atu, Bula vinaka, Kia Orana, Taloha ni and warmest Pasifika greetings to you. My name is Miriam Uele. I am Postgraduate student from the School of Psychology working on my Master's Thesis at Massey University.

Project Description

I invite you to participate in a pilot study that I am leading titled '*The Effects of Mindfulness Meditation on the Well-being of Pasifika Students'*. To date, a mindfulness intervention completed by Pasifika people has not been done. The purpose of this pilot study is to measure whether practicing mindfulness meditation can positively impact the well-being of Pasifika university students.

The practice of mindfulness has become a topic of interest in academic research, primarily because it has shown to help a person skilfully respond to emotional distress. Poor mental health statistics show young Pasifika people are disproportionally affected. Thus, your participation in this pilot study will contribute important information for academic literature. Your agreement to take part of the study would be appreciated and you will be offered a $30 grocery voucher as token of appreciation.

Recruitment

We are looking to recruit a diverse group of participants who are within the age group of 18 to 24 and are of Pasifika descent, studying full-time with Massey University. If you are interested in this study and would like to volunteer, please complete the participation consent form that has been attached to this email. Please read and sign the form and return it to my email Miriam.Uele.1@uni.massey.ac.nz. Data collection will need to be completed as soon as possible.

Project Procedures

I ask that you dedicate a minimum of eight hours of your time over a period of six weeks. During this time, you will complete questionnaires that capture your demographics, levels of well-being and levels of mindfulness. Additionally, a four-week mindfulness meditation program will be conducted during this time with a qualified meditation facilitator. Each meditation class will be for approximately 30 minutes. For the first 10 minutes, the meditation facilitator will discuss a specific topic with the class, you will then practice 15 minutes of mindfulness meditation, followed by a 5-minute discussion.

Data Management

Data will be used for research purposes only. To ensure confidentiality, you will be given a number code prior the commencement of the intervention. All information will be stored in a safe and secured filing cabinet. After completion of the study, the data will be destroyed. You will be sent an email summarizing the project findings.

Participant's Rights

You are under no obligation to accept this invitation. If you do decide to participate, you have the right to ask any questions about the study or withdraw from the study at any time. Completion and return of the questionnaires imply consent, however, you have the right to decline answering any particular question. If you feel your participation in the study causes you distress, harm or discomfort, we reassure you that the meditation facilitator and myself will help ease any discomfort you may experience. Additionally, my supervisor is a Clinical Psychologist who can be consulted with by phone if the need arises. Details for appropriate support services will be provided at our first meeting.

Malo ‘Aupito, Fa’afetai lava, Meitaki Maata, Vinaka, Fakaaue, Fakafetai lahi lele and warmest regards. We look forward to hearing from you soon.

Project Contacts

For further questions or concerns please contact Researcher Miriam Uele on MOB: [redacted] | Email: Miriam.Uele.1@uni.massey.ac.nz or contact Supervisor Matthew Shepherd on MOB: +[redacted] | Email: M.shepherd1@massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application SOB 20/18. If you have any concerns about the conduct of this research, please contact Dr Gerald Harrison, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83570, email humanethicsouthb@massey.ac.nz

Appendix E (continued)

Erani Teaupaku

President of executive committee

Massey Albany Pasifika Student Association

To Whom it may concern,

I am writing to confirm the support of myself and the MAPSA executive committee. I was contacted by Miriam Uele in regard to her research project. We are thrilled to have this opportunity as we believe we have a cohort of Pasifika students who would show interest in being involved in this research project.

We as a committee can provide support by connecting Miriam to Pasifika students who are members of our student-led club. This will be orchestrated through our social media promotions and face-to-face interactions with our club members. This will also include ensuring that we support the communication processes between student and research facilitator (Miriam Uele).

We as a team also consent for our information as committee members to be utilised by.

Please feel free to contact me if you have any questions or require further information from myself or my committee.

Ngā Mihi Nui,

Erani Teaupaku

eraniteaupaku@gmail.com

027 9388 710

Appendix F

Mindfulness Meditation Flyer

SUPPORT SERVICES

SPARX

Free phone 0508 477 279 or

Free text 3110

YOUTHLINE

Free call 0800 376 633 or

Free text 234

talk@youthline.co.nz

LIFELINE

Free call 0800 543 354 or

Free text Help to 4357

For more Info

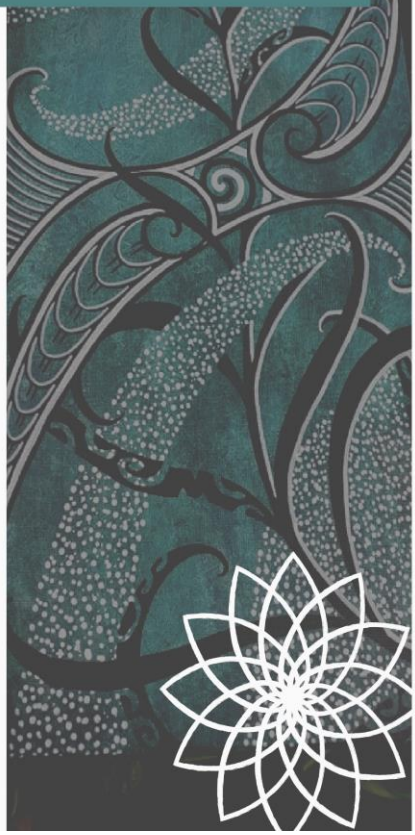
Contact: [redacted]

Miriam.uele.1@uni.massey.ac.nz

MINDFULNESS MEDITATION

Our Study

Higher levels of Mindfulness are associated with improvements in overall Well-being. This study aims to investigate the practice of Mindfulness Meditation and the levels of Well-being for Pasifika Students.



He hōnore, he korōria ki te Atua
He maungārongo ki te whenua
He whakaaro pai ki ngā tāngata katoa
Hangā e te Atua he ngākau hou
Ki roto, ki tēnā, ki tēnā o mātou
Whakatōngia to wairua tapu
Hei awhina, hei tohutohu i a mātou
Hei ako hoki i ngā mahi mō tēnei rā
Amine

Honour and glory to God
Peace on Earth
Goodwill to all people
Lord, develop a new heart Inside all of us
Instill in us your sacred spirit
Help us, guide us
In all the things we need to learn today
Amen

Kia tau ki a tātou katoa
Te atawhai o tō tātou Ariki, a Ihu Karaiti
Me te aroha o te Atua
Me te whiwhingatahitanga
Ki te wairua tapu
Ake, ake, ake
Amine

May the grace of the Lord Jesus Christ, and the love of God, and the fellowship of the Holy Spirit be with you all
Forever and ever
Amen

Our Schedule

Dates and Times

Thursday 19th November:
11:30am - 12:30pm
- Measurements for Pasifika Identity & Well-being, Mindfulness & Well-being to be completed

12:30 - 1pm
- An Introduction to Mindfulness

1pm - 1:30pm
- The Underlying Mechanisms of the Brain & Nervous System.

Tuesday 24th November: 12:30 - 1pm
- The Physiology of Breathing.

Thursday 26th November: 12:30pm - 1pm
- Rumination.

Tuesday 1st December: 12:30pm - 1pm
- Mindfulness of Emotions.

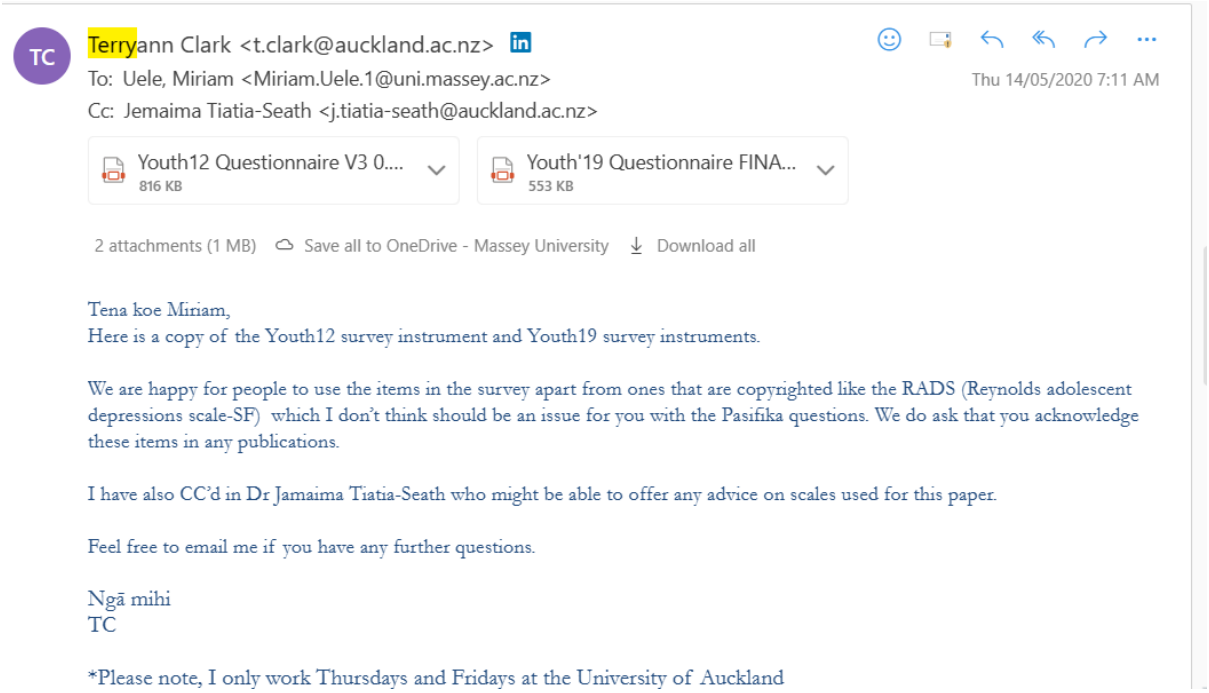
Thursday 3rd December: 12:30pm - 1pm
- Increasing Awareness of Physical Sensations of Tension in the Body.

Tuesday 8th December: 12:30pm - 1pm
- Brain breaks.

Thursday 10th December: 12:30pm - 1:30pm
- Overview of Mindfulness Meditation sessions.
- Measurements for Mindfulness and Well-being to be completed.

Appendix G

Permission to utilise WHO-8 well-being measure



TC

Terryann Clark <t.clark@auckland.ac.nz>

To: Uele, Miriam <Miriam.Uele.1@uni.massey.ac.nz>

Cc: Jemaima Tiatia-Seath <j.tiatia-seath@auckland.ac.nz>

Thu 14/05/2020 7:11 AM

Youth12 Questionnaire V3 0.... 816 KB

Youth'19 Questionnaire FINA... 553 KB

2 attachments (1 MB) Save all to OneDrive - Massey University Download all

Tena koe Miriam,
Here is a copy of the Youth12 survey instrument and Youth19 survey instruments.

We are happy for people to use the items in the survey apart from ones that are copyrighted like the RADS (Reynolds adolescent depressions scale-SF) which I don't think should be an issue for you with the Pasifika questions. We do ask that you acknowledge these items in any publications.

I have also CC'd in Dr Jamaima Tiatia-Seath who might be able to offer any advice on scales used for this paper.

Feel free to email me if you have any further questions.

Ngā mihi
TC

*Please note, I only work Thursdays and Fridays at the University of Auckland