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Pacific peoples' perspectives on spiritual health.

A thesis presented in partial fulfilment of the

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ABSTRACT

This research investigates Pacific peoples' perspectives on spiritual health and how this perspective contributes to the discourse on social determinants of health for inclusion in public health programmes and approaches. Pacific views on the value of holistic health and cultural principles are fundamental in addressing health inequities for Pacific people. Within the context of public health, the **aim** of the research examines the relationship between spirituality and wellbeing, acknowledging the interconnectedness of spiritual health with physical, mental, and social health.

The research **methods** of inquiry includes an extensive literature review to identify a definition of spiritual health, considering historical influences and the potential challenges that present themselves when efforts are made to fit indigenous knowledge into existing health frameworks. The study also uses a qualitative methodology and adopts Pacific Talanoa for its focus group discussion among Pacific peoples representing different religious backgrounds.

The **findings** highlight four main themes as a result of the focus group (1) interconnectedness of spiritual health with other areas of health; (2) importance of spiritual health practices; (3) influence of religious and cultural factors; and (4) interdependence of spiritual health on individual, familial, communal, and environmental health.

In **conclusion**, this study found that spiritual health has a significant role in promoting holistic wellbeing and health for Pacific peoples. By including and incorporating cultural and religious elements into health interventions, public health professionals and researchers may be able to develop more effective strategies to address health disparities and promote equitable health outcomes for Pacific people.

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What a journey it has been. I am so thankful for my beloved family. They have shown unwavering support throughout this process, often sacrificing quality time with me to ensure the success of this academic journey. To my husband, Matt, and our children Lincoln, Carmel, Anisa and Zhanna, your understanding and love sustained me through the late nights and demanding days of this adventure. To my mother, Tulua, whose guidance and wisdom have shaped me into the person I am today, and to my grandmothers, Shirley and Manesesa, whose spirits continue to inspire me, even in their physical absence.

A special place is reserved in my heart for main supervisor, Associate Professor Ridvan Firestone, who continues to be an outstanding mentor. Your belief in my abilities and your steady encouragement during moments of doubt were so important in helping me persevere. I am also grateful to my supervisor, Associate Professor Nia Aitaoto, for your continued service to the Pacific community, your insights and guidance throughout this research process.

A shout out to all my friends, especially Julia and Lisa, who have been supportive in many practical ways, such as helping with cleaning and cooking healthy meals and listening when I was finding it hard to stay motivated! Your support and contributions have not gone unnoticed. Thank you for being a part of this journey!

PREFACE

Why should spiritual health matter to public health professionals working with Pacific people? This is the question inspiration behind this research and it provides a framework in which to navigate the literature. The key research questions are:

1) What is spiritual health from Pacific peoples' perspectives?

2) What insights related to spiritual health can be gathered to better holistically understand Pacific health and wellbeing?

In the context of this study, the term "Pacific people" or "Pasifika peoples" is used as an inclusive overarching term to mean individuals who have ancestors from different Islands in the Pacific ocean and in Aotearoa New Zealand. It is essential to recognize that within this broad category there exists diversity, with Pacific peoples aligning themselves along various dimensions such as ethnicity and geography. According to the census classification there are 17 distinct ethnic groups in the Pacific category *(Ministry for Pacific Peoples, 2021)* and as articulated by Anae (2010), there is no singular "Pacific community" but rather a multitude of Pacific peoples with distinct perspectives and lived experiences *(Anae, 2010a)*.

My personal reflexivity statement

Reflexivity, in qualitative research, refers to the practice of continuously acknowledging how ones' own biases, assumptions, and positions of power influence the research process. By practicing reflexivity, researchers can strive for ensuring a high degree of integrity in the research process and outcome, ensuring that personal beliefs and biases do not inappropriately influence the research findings *(Olmos-Vega, Stalmeijer, Varpio, & Kahlke, 2023)*.

Many people go into research due to a sense of curiosity on the topic, and my journey of writing a thesis with a focus on spiritual health from Pacific perspectives is no different. Foundational to my personal wellbeing is my religion, the Baha'i Faith, and my Samoan

heritage, which both support the understanding of the interconnectedness of spiritual, social, and physical wellbeing.

I acknowledge my Samoan heritage (Gautavai, Savai'i) and my European heritage (fourth generation Pakeha), both of which I am proud of. Both have contributed to differing experiences in my life! I believe these differences offer me a broad lens through which to view health issues.

I spent the first 18 years of my childhood and teens in Papua New Guinea and this also contributes to my understanding of the world. Though I experienced a sense of disconnection from my ancestral homelands of Samoa and Aotearoa, I was exposed to different cultural influences and societal norms, which have enriched my perspectives on health and wellbeing. My research journey is shaped by my lived experiences and observations of the health disparities faced by Pacific communities in Aotearoa which provides me with a sense for urgency and a wish to contributing meaningfully to address these inequities.

I want to acknowledge that I have biases due to my educational upbringing in a western-centric education system. This type of educational system prioritizes epistemologies and research paradigms that often neglect indigenous and Pacific systems of knowledge. This may contribute to biases that influence my research design.

I am committed to practice reflexivity throughout my research process: critically examining and challenging any biases I may have through critical self-reflection and in consultation with my Pacific family, mentors and friends. By acknowledging and addressing these potential biases and using humility and integrity, I hope to honour the diverse voices and experiences of Pacific peoples, contributing to the advancement of health equity and social justice in Aotearoa.

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BACKGROUND AND RATIONALE

In Aotearoa, Pacific peoples make up 9% of the total population, comprising over 450,000 individuals (Ministry of Health, 2023b). According to the 2018 census, the majority of Pacific peoples in Aotearoa (two out of three) were born in here *(Ministry for Pacific Peoples, 2021).* The Pacific community faces significant health disparities according to various metrics in Aotearoa. Some of the biggest concerns for those in the public health fields are that there is a 63.4% prevalence of obesity among Pacific adults, a rate more than double that of Europeans at 29.3% *(Ministry for Pacific Peoples, 2022)*. Pacific children aged 2-14 years are over four times more likely to be obese than non-Pacific children *(Ministry for Pacific Peoples, 2022)*. Another concern is that Pacific adults are three times more likely to have diabetes compared to other non-Pacific groups (Ministry of Health, 2023b). Pacific peoples also have higher rates of chronic conditions and comorbidities, higher rates of unmet health care needs, and lower life expectancy than Europeans. Furthermore, Pacific peoples, on average, report higher psychological distress and depressive symptoms than non-Māori, non-Pacific peoples and these are just some of the significant health inequities *(Ministry of Health, 2023b)*.

There is a continued rise of non-communicable disease and obesity for Pacific peoples; things are not improving *(Cammock, Tonumaipe'a, et al., 2021; Faletau, Dobson, Nosa, & McCool, 2023)*. In terms of taking action there are efforts at an individual behavioural level with interventions, however more studies are showing that the non-communicable disease epidemics in the Pacific region links to more complex global and economic systems *(Mack et al., 2023; Rodriguez, George, & McDonald, 2017)*. We also know that as long as non-communicable diseases are viewed as behavioural issues that can be addressed through lifestyle changes, we omit the bigger picture and lose sight of addressing other underlying determinants of health *(Cath Conn, Daysha Tonumaipe'a, & Radilaite Cammock, 2021)*. As we become more aware of the health status of Pacific peoples and observation has shown no reduction in disease incidence, we might naturally start to look for opportunities that could exist in the Pacific body of knowledge. Creating and adapting programmes that are culturally appropriate, building on the strengths within Pacific communities and utilising approaches in line with the values of Pacific peoples.

We may find that traditional knowledge systems can contribute to reduce health inequities and incidence of illness *(Hardt et al., 2021; Ministry of Health, 2023b)*.

Public Health and reduction of health inequities

A fundamental concern for those in the public health field is understanding the root causes of health disparities and how they are detrimental to public wellbeing *(Baum, 2002)*. Efforts determine subtle influences on individuals within a community goes beyond the general and limited view of simple biological or medical causes. We see a growing number of academic scholars and researchers recognizing the complexity of health equity and confirming the profound impact of social determinants on health and wellbeing *(Braveman & Gottlieb, 2014; Gurney, Stanley, & Sarfati, 2020; Marmot, 2007; Salerno & Bogard, 2019; Sharma, Walton, & Manning, 2021)*.

For many people in the field of public health, consideration of the dynamics of social determinants usually takes into account the Dahlgren and Whitehead model, which promotes a hierarchical structure of influences on health. This model uses concentric layers that determine health: structural changes (level 1), living and working conditions (level 2), social and community support (level 3) and individual lifestyles (level 4) *(Dahlgren & Whitehead, 1991)*.

Levels 1 through 3 encompass social and community determinants, while level 4 focuses on individual factors. In this model, it is evident that only one quarter (1 of 4) of the contributing factors are individual factors. This means that health disparities are not simply caused by individual behaviours or genetic predispositions but are connected with other societal structures and wider systems. Dahlgren and Whitehead's framework offers a holistic perspective on health inequities, is there an opportunity to add religion or spiritualty into the model? As our understanding of social determinants increases, especially for those in public health, there is also a growing interest in the role that religion and spirituality plays part of social determinants of health *(Idler, 2014; Wedgeworth & Cody, 2023; Wolpe, Burnett, & Idler, 2014)*.

Spirituality as social determinant of health.

Religion and public health have had a long history together, and there are instances of public health goals being accomplished by religious organisations. Many of these religious organisations establish health development programmes and promote indigenous peoples' health. These efforts are complementary to population health efforts *(Idler, 2014)*. One example of such institutions is the Young Men's Christian Association (YMCA), which provides accommodation for men, regardless of class and economic position. Other examples include the La Leche League which supports breastfeeding mothers, and the Heifer International which supplied livestock to poor families *(Idler, 2014)*. Idler (2014) goes on to state "These institutions that we are calling ingenious are original in both their structures and functions, but they are also ingenious in the diversity of the public health problems that they address and in the nimbleness of their response to emerging conditions in the health of their populations.". It's clear that of religiously affiliated organisations have positively contributed to population that is particularly relevant to this research.

Aside from the services that religious organisations have provided the general population, their focus on the concept of spirituality impacts the overall quality of people's lives. Sometimes, spirituality or religion is overlooked in the context of social determinants of health *(Wedgeworth & Cody, 2023)*. Indigenous spirituality however is closely related to culture and ways of living for indigenous communities *(Fleming & Ledogar, 2008)*.

Pacific models of health

In looking at some of the social determinants and health inequities, one identifies opportunities and strengths for our Pacific peoples in Aotearoa that exist within their knowledge and value systems, which can contribute to this discourse. As we strive to increase Pacific peoples' involvement determining health outcomes and the empowerment of Pacific peoples, there could be different strategies and approaches taken, even down to the way in which they are involved in the design of their health programmes. Accepting culturally relevant approaches and methods is the first step towards having greater understanding of Pacific views on health *(Firestone et al., 2020; Firestone et al., 2021; Prapaveissis et al., 2022; Pulu, Tiatia-Seath, J., & Firestone, 2021)*.

Many indigenous beliefs consider the health of the individual in a holistic manner. The Māori health model, Te Whare Tapa Wha, developed by Sir Mason Durie *(Ministry of Health, 2023a)*, includes a range of cultural perspectives including physical, mental and emotional, social and spiritual wellbeing. The Pacific model, Fonofale *(Agnew et al., 2004)*, which includes four interrelated dimensions: spiritual, physical, mental and one that connects culture and family; together they all contribute to an individual's holistic wellbeing. Another Pacific model of health is Fonua Ola *(Tu'itahi, 2007)*, which includes five dimensions: physical, mental, spiritual, community and environmental. In all these models, spiritual health is considered to be a pillar of health. Of note, it's not only indigenous people that value spirituality, in fact as far back as the 1970s the World Health Organisation acknowledged spiritual health as a fourth factor of health *(Peng-Keller, Winiger, & Rauch, 2022; Reza & Mojgan, 2020)*. Spirituality has a fundamental role in maintaining health and wellbeing, and with these models in mind, this literature review explicitly looks at key aspects of spiritual health and what Pacific peoples think spiritual health is and its relationship to wellbeing.

LITERATURE REVIEW, PART 1

What is spiritual health?

The first area of focus for this literature review is on identifying a definition for **spiritual health** and if there are relevant and recent academic sources that attempt to define it. The initial search was done through Massey Discover and Pubmed. This search was limited to the last 10 years (year 2013 onwards) and filtered considering only peer-reviewed articles. The search terms used were:

- "Spiritual health" AND definition

This resulted in 126 hits on the Massey Discover database. There were a large range of very irrelevant results, so they were refined further through the Massey Discover search by selecting the categorised subject of "spiritual health". This resulted in 15 journal articles. With ten that had "spiritual health" in the title. Of these articles, eight were from Iran, one from Canada and one from India. At a very basic level we see that specific term spiritual health, has mostly has mostly come out of West Asia region.

From the results of Pubmed, the results were narrowed down based on those relevant articles with "spiritual health" in the title, as there was no way to filter by subject in Pubmed. This resulted in seven articles: Five from Iran, one from the United Kingdom (UK) and one from Spain. Once again showing most research is from West Asia and showing a gap in the research and literature from the Pacific, despite their strong foundation in spirituality and religion in the Pacific region.

All 17 articles were read and using the Joanna Briggs checklist I was able to narrow further the results to three research papers that were (to varying degrees) of some quality and had "congruity" throughout the research, methods and in the results *(Munn et al., 2021)*. Two of these were qualitative studies, one in Canada *(Michaelson, 2021)* (n=74 young people) and one in Iran *(Ghaderi, Tabatabaei, Nedjat, Javadi, & Larijani, 2018)* (n=22 health professionals). The last one was a literature review and concept analysis paper on spiritual health (nursing context) that used 436 resources *(Jaberi, Momennasab, Yektatalab, Ebadi, & Cheraghi, 2019)*.

These three studies were found to agree on three main themes that are characteristics of spiritual health. There themes are that spiritual health has in *integrating power*, is *multidimensional and subjective* and *harmoniously interconnected* with God, the self, others and nature.

Further details provided by the authors were:

1) Spiritual health has an **integrating power** that unifies, coordinates and integrates all dimension of health (physical, social and mental). (Jaberi et al.2019).

This point states that spiritual health is not an abstract belief or ideal but that it has a tangible impact on physical, mental, and emotional health. There is a sense that spiritual health affects wellbeing across the various aspects of a person's life, which means increasing spiritual health or making progress in the area of spiritual health can positively impact other areas of a person's life.

2) Spiritual health is **multidimensional and subjective** with dimensions such as cognitive (philosophical), experimental (emotional) and behavioural (Jaberi et al. 2019) or religious, individualistic and material world-oriented dimensions. Ghaderi (2018)

The multidimensional nature of spiritual health is an important concept as it shows the complexity of this topic. The subjective nature of spiritual health is crucial point because it recognizes that one person's definition of spiritual wellbeing may vary substantially or not at all from another's. There are many different worldviews and belief systems, among other reasons, which could be the cause of this. Respect for each person's personal beliefs or the beliefs of particular groups of people must therefore be emphasized. *(Ghaderi et al., 2018; Jaberi et al., 2019; Michaelson, 2021)*.

3) Spiritual health contributes to **harmonious interconnectedness** with God, self, others and nature. This was observed by all three studies *(Ghaderi et al., 2018; Jaberi et al., 2019; Michaelson, 2021)*.

The three studies had a common emphasis on connection, highlighting the connections among humans, the natural world, and divine entities. The studies highlight that it is crucial to the concept of spiritual health to maintain connections with oneself, other people, the natural world, and a higher power. Developing close relationships with others, appreciating nature, and strengthening one's sense of connection to a higher spiritual power were all regarded as essential elements of spiritual health. *(Ghaderi et al., 2018; Jaberi et al., 2019; Michaelson, 2021)*.

Michaelson (2021) emphasised that the study's cohort did not place much emphasis on a connection to God: This per se could be because the cohort consisted of young people who might not regularly attend churches in Canada. However, because of the strong religious beliefs of Iranians, Ghaderi et al. *(2018)* and Jaberi et al. (2019) noted a strong connection to God or a higher power. The first point—that there are variations in people's understandings of spiritual health due to perceived connectivity to external factors—may be linked to country-based variation resulting from varying levels of religiosity.

Table 1: Three emerging concepts of Spiritual Health

1) Integrating power	*2)* Multidimensional and subjective …	*3)* Harmonious interconnectedness
Spiritual health can impact the overall wellbeing of various aspects of a person's life.	There are many dimensions to spiritual health. Spiritual health may mean different things to different people.	Spiritual health is often described as different degrees of connection to ourselves, others, nature and God.

The overall scarcity of recent studies on the specific term "spiritual health" calls for an exploration of the reason for why there are so few studies in this area *(Gerhardt-Strachan, 2022; Isaak & Marchessault, 2008)*. This is the reason for this research. To help with providing more context, due to the scarcity of studies, including literature from the last 40

years (expanding the search to include older studies) may provide a more complete picture of spiritual health perspectives.

Historical perspectives on the difficulties of defining Spiritual Health

Upon reviewing a selection of the literature and research from the last 40 years, it became evident that defining and measuring "spiritual health" presented significant challenges. Condensing the many dimensions of spiritual wellbeing into a clear and concise concept has proven challenging for scholars and practitioners alike. Spiritual health may be assessed using methods other than those typically used for physical or mental health, which frequently lend themselves to more concrete measurements and diagnostic standards *(J. Fisher, 2011; J. W. Fisher, Francis, & Johnson, 2000; P. W. McSherry & Ross, 2010; W. McSherry & Cash, 2004)*.

Spirituality in general terms

From the literature, spirituality has three aspects that may contribute to it being a complex topic to understand and explore. The first is that spiritualty often links to many different spheres of scientific fields. The second, is the subjective and personal nature of it. And thirdly, the confusion around how spirituality and religiosity relate to each other. These three aspects can make it difficult for categorisation and broad agreement on its definitions.

1. Spirituality and links to different scientific fields

Exploring the concept of spirituality entails a comprehensive examination across several interdisciplinary domains. Religious studies provide invaluable insights into the diverse belief systems and practices that shape spiritual experiences, highlighting the cultural and historical dimensions of spirituality *(Malviya, 2023)*. In medicine, psychiatry, and psychology, the focus lies on understanding how spirituality intersects with mental and physical health, with research indicating the potential benefits of spiritual practices in promoting holistic wellness and aiding in the treatment of mental health disorders *(Khazaeli, Hosseini, Sortiji, & Saberi, 2024; Sperry, 2012)*. Anthropology and sociology areas of study often refer to it in relation to the socio-cultural contexts in which spirituality

manifests. For example, the communal aspects of spiritual beliefs and practices for certain religious or cultural groups and how these beliefs can form identities and impact life decisions *(Brown, 2024; Yaden et al., 2022)*. Environmental science offers a unique perspective by exploring the connection between spirituality and the natural world, recognizing the profound impact how high moral standards, defined as and spiritually mindedness, can have on sustainable practices and preservation of the environment *(Anthati, Cheema, Yadav, & Amrale, 2022; Gottlieb, 2019; Sulphey, 2022)*. Finally, neuroscience can look at the neurological effects of spiritual experiences or practices, like meditation and prayer for example, which can effect changes in brain function and changes in consciousness *(Jonas, Schmidt, & Walach, 2011; Young, 2011)*.

In conclusion, the literature and research around spirituality can link to numerous disciplines (see figure 1), and adds complexity to the task of providing a single definition of spirituality and spiritual health.

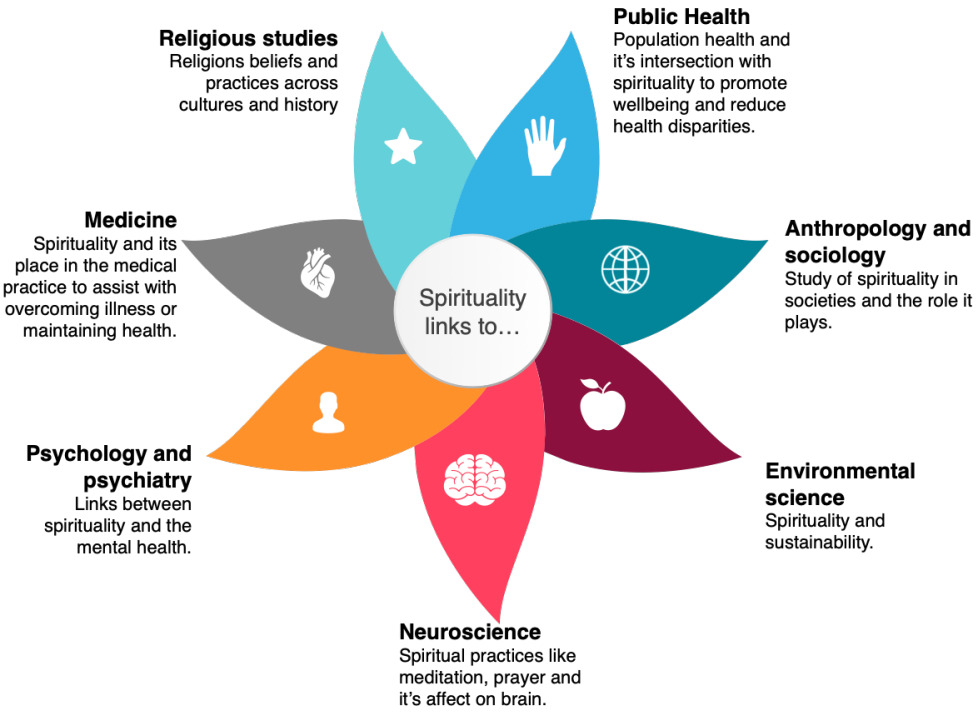

Figure 1: Spirituality and some links to other disciplines

2. Subjectivity of Spirituality

The second difficulty with coming to an agreement on the meaning of spirituality, is that it is considered highly subjective in nature. That is, some people and groups of people may

interpret spirituality differently based on a variety of reasons including but not limited to personal beliefs, life experiences and cultural backgrounds *(Chiu, Emblen, Van Hofwegen, Sawatzky, & Meyerhoff, 2004)*. Spirituality often involves a person's understanding of the purpose of life and the existence of God and beliefs or decisions about these are often very personal and can be unique *(Monir, Fazlollah, & Eesa, 2016)*. Another aspect of spirituality's subjectivity can be the variety of expressions of spiritual practices such as meditation, prayer, and mindfulness, which are also often deeply personal experiences *(Wedgeworth & Cody, 2023)*. It is worth noting that spirituality is almost universally experienced, with 80% of the world adhering to a religion (H. G. Koenig, 2012), despite being subjective.

3. Spirituality and religiosity– complementary or at odds?

A third issue is that there is sometimes confusion or differing opinions between specific terms like spirituality and religiosity. The link between physician and clergy, at least from western perspectives, can be traced back to the French revolution and even for several hundreds of years religious institutions were responsible for licensing physicians *(H. G. Koenig, 2012)*. The concept of spirituality was often a part of religion and the concept of religion was much more broad in its scope (incorporating spirituality for example). This separation of religion and spiritualty as distinct concepts a recent development and has been heavily influenced by western perspectives since the 1960s *(Kao, Peteet, & Cook, 2020; Oman, 2018)*.

Secularism

The rise of secularism and individualism have played a significant role in shaping the modern understanding of spirituality *(Malviya, 2023; McLeod & Hempton, 2017)*, and spirituality is often decoupled from religion and viewed as an individualised spiritual path *(D. Hodge, 2015)*. Therefore, spirituality has become more commonly understood as a universal keyword for finding the direction and meaning of life, focussed on individual and personal development. It provides a distinction between communal values or experiences of spirituality in relation to religiosity, at least in developed nations *(D. Hodge, 2015; D. R. Hodge, 2005a, 2005b; H. G. Koenig, 2012; Oman, 2018)*.

“Religiosity gap”

Some studies have explored the concept called the “Religiosity gap” where there is a difference in perspectives of professionals in health fields, such as psychologists, and those who they are offering services to *(Hardy, Nelson, Moore, & King, 2019; Milner, Crawford, Edgley, Hare-Duke, & Slade, 2020; van Nieuw Amerongen, Schaap-Jonker, Schuhmann, Anbeek, & Braam, 2018)*. The religiosity refers to the fact that a high proportion of health professionals favour views of spirituality in a broader sense and don’t consider themselves religious (i.e. they are more secular). While there has been a recent shift to separate religion and spirituality, the shift has been largely in academic circles and in developed countries, which may lead to a bias towards Eurocentric perspectives, and can dismiss alternative ways of understanding spirituality and religion, particularly those from non-western societies *(D. Hodge, 2015)*.

The understanding of spirituality has changed overtime. Whereas it used to be a part of the broader concept of religion, it is becoming more common now to be seen as unrelated to religion. Eurocentric thought has contributed to the separation of spirituality and religion and the rise of the two terms of “religiosity” and “spirituality” *(Hawks, Hull, Thalman, & Richins, 1995; Iannello et al., 2022; W. McSherry & Cash, 2004; W. R. Miller & Thoresen, 2003)*. While it is more common for spirituality and religion to have distinct meanings, they often complement each other and can offer a more holistic understanding of human beliefs, values, and practices when considered together *(Moberg, 2002; Zinnbauer, Pargament, & Scott, 1999)*.

A helpful way to conceive these two perspectives may be depicted better as a multidimensional matrix, as suggested by Selvam (2013) (**Fig. 2)**, rather than viewed as separate terms completely. The interaction between religiosity and spirituality creates various possibilities within a matrix, rather than pitting them against each other. This also goes in line with various studies that use these terms of spiritualty and religion interchangeably, hyphenated, or together.

High Spirituality	Spiritual-but-not religious Spirituality of quest Sacred OR secular search for significance	Religious - spirituality Intrinsic religion Sacred AND secular search for significance
Low Spirituality	Neither religious nor spiritual 'secular' worldview Searching or no search for significance	Empty religion Extrinsic religion No serious search for significance
	Low Religiosity	High Religiosity

Figure 2: Multidimensional matrix adapted from Selvam (2013)

In a globalized world, with more than 80% of the world's population adhering to a religious group (H. G. Koenig, 2012), fostering mutual respect for different spiritual traditions is essential to promote the wellbeing of all. Therefore encouraging the investigation of spiritual and religious perspectives in public health is important (Buenconsejo & Datu, 2023; Hardy et al., 2019; Ranz, 2021).

To place this in context, in Aotearoa, the Pacific population has the highest level of religious affiliation (70.8%) compared to European (37.9%), Māori (38.9%), Asian (62%), Middle Eastern, Latin American and African (68.3%), and other ethnicities (44.6%). Based on Selvam's (2013) multidimension matrix, Pacific peoples would place themselves on the right-hand side of the matrix, with high religiosity, and with either high or low spirituality. This shows the importance of considering religion and spirituality together in regards to Pacific peoples, and moving forward in the study we will use both religion and spirituality as important to the context of "spiritual health".

Spirituality, Health and Wellbeing

The literature review so far has found that spirituality has many positive bearings on health. Whilst there is very little research on "spiritual health" as a specific concept, it is important to understand religion and spirituality (R/S) in relation to health. In this context a

review of R/S to explore why spirituality holds significance in promoting wellbeing is important. Such an investigation helps to justify our study. If empirical evidence suggests that spirituality correlates with positive health outcomes, then it becomes important to integrate spiritual considerations into public health initiatives.

The majority of the academic articles published over the past 20 years, that were reviewed in this study, cite numerous works by Koenig, and in particular, from his published book called Handbook of Religion and Health (2012, 2nd – 3rd editions) as well as multiple of his academic papers. His most cited book "provides a concise but comprehensive review of research on religion/spirituality (R/S) and both mental health and physical health. It is based on a systematic review of original data-based quantitative research published in peer-reviewed journals between 1872 and 2010…" *H. G. Koenig (2012)*. In the Background chapter earlier, some key areas have been identified where Pacific peoples in particular experience negative health outcomes compared with other groups in Aotearoa. Some research relevant to these health issues have been collated below in a table along with several studies taken from Koenig's handbook (2023).

Some common health issues for Pacific peoples in Aotearoa	Some relevant studies on connections with Religiosity/Spirituality and health outcomes Source: Koenig (2023) (Harold G. Koenig, 2023)
Higher prevalence of obesity Higher rates of diabetes	More recent research, particularly longitudinal studies, indicates that greater religiosity predicts either a reduction in weight/BMI over time or has no impact.
Higher rates of chronic conditions and comorbidities	Chen and Venderweele (2018) conducted a study following 5,000-7,000 adolescents and found that attending religious services at least once a week predicted a 15% lower risk of cigarette smoking 8-14 years later.

	90% of cross-sectional studies and 75% of prospective studies found that greater religiosity was inversely related to cigarette smoking.
Lower life expectancy	Four of five prospective studies, following cardiac surgery found that greater religiosity at baseline predicted better surgical outcomes (less morbidity, mortality) (Oxman et al., 1995; Contrada et al., 2004; Ai et al., 2009a; Bagheri et al., 2019), and one found no effect (Contrada et al., 2008). Given the mixed findings above (positive, negative, and no effects), even in high-quality studies, further research is needed as to why results are different across studies.
Higher psychological distress and depressive symptoms	Ahrenfeldt and colleagues (2017) in a prospective study of 14,255 people found that those who were religious were less likely to experience depressive symptoms. Fancourt and Steptoe (2018) conducted a 10 year prospective study (from 2548 adults) and found that membership in church or religious groups was associated with 21% lower odds of negative mood and 54% higher odds of positive mood. Braam and Koenig (2019) found that those who were more religious or spiritual were nearly 40% more likely to be in the nondepressed group.

Table 2: Summary of the Pacific peoples' health issues and some findings by Koenig, 2023

Koenig (2023) states "For certain outcomes, such as longevity, suicide, or substance abuse, the evidence is very consistent and robust. However, for other outcomes such as the incidence of cardiovascular disease or cancer, the evidence is somewhat more varied

across studies.”. So while there is some evidence showing benefits to religiosity on health, more research is needed to understand how it can vary across studies. This variation maybe another reason why a more holistic health perspective including the social determinants perspective is so important, as it shows that there are additional influences that affect the potential benefits of religiosity on health.

LITERATURE REVIEW, PART 2

Pacific perspectives and spiritual health

The second part of the study of the literature focussed on investigating the available literature on Pacific perspectives of spiritual health using the Massey University Discover and Pubmed database. Based on my experience of the previous search and study on the topic of spiritual health, I was certain that there would be scarce literature that directly looked at Pacific perspectives on spiritual health. The first search terms used were:

- "spiritual health" AND New Zealand
- "spiritual health" AND pacific islanders OR pasefika OR pasifika
- "spirituality" AND pacific health
- "spirituality"AND New Zealand"

This resulted in no useful records (quantitative or qualitative) in either Discover or Pubmed on spiritual health from Pacific peoples' perspectives. Given the lack of results on literature that specifically looks at spiritual health in Aotearoa or in the Pacific, there was a need to widen the scope to general spirituality and religiosity (more broadly) as it relates to health or wellbeing.

To begin I needed to broaden the approach to include localised knowledge that was being generated here in Aotearoa. This can be justified because there are a growing number of Pacific peoples who identify as multi-ethnic (e.g. different Pacific nations and Māori), with the greatest increase over the last 5 year *(Ministry for Pacific Peoples, 2021)*. Delving into the different Pacific and Māori indigenous perspectives provide added context to this study.

Spirituality and wellbeing from Māori and Pacific perspectives in Aotearoa

Aotearoa is in the late colonial period (Dawson, Jaye, Gauld, & Hay-Smith, 2019) and Māori continue to face negative impacts of colonialism as it still pervades health policy and practices. Colonization has contributed greatly to health disparities, poverty, and denial of access to their land. This is considered historical trauma and its implications are

still being experienced today (Gracey & King, 2009). Limiting the plight of Māori health inequities solely to "historical trauma" can be viewed as short-sighted and inadequate (Reid, Cormack, & Paine, 2019), and therefore the subject should be considered in the wider context such as the current dominant narratives (e.g., neoliberalism).

Neoliberalism makes assumptions about individuals and promotes the strength of the "financial market" as being a key indicator of progress, which links to an orientation towards a money and production-based system. It is said that neoliberal practices threaten Māori world-views *(Bargh, 2007)*. Resistance to neoliberal practices is a way to decolonise *(Tuhiwai Smith, 2021; Wirihana & Smith, 2014)*. Slowly overcoming the ongoing effects of colonization for Māori hauora, must include bringing mātauranga Māori into focus *(Berghan et al., 2017; Came, Kidd, & Goza, 2020; Came, McCreanor, & Manson, 2019; Came, O'Sullivan, Kidd, & McCreanor, 2020; Moewaka Barnes & McCreanor, 2019)*. Also, wairuatanga or spirituality for Māori is a significant element of Māori world views about health and wellbeing *(Came, Cornes, & McCreanor, 2018)*. A quick reflection on Māori health beliefs would place the concept of the health of the individual as being closely linked to many other facets of life *(Baxter, Kani Kingi, Tapsell, Durie, & McGee, 2006; Durie, 2004; Ratima & Signal, 2015)*. Wirihana and Smith *(2014)* state that

"Māori viewed wellbeing as a holistic process which emphasised the interconnected nature of spirit, body, society and the natural environment. Moreover, individual wellbeing and interpersonal relationships relied on a complex and sophisticated process founded on the basis of spiritual knowledge." (Wirihana and Smith 2014, pg 201)

Clearly, spirituality has a very distinct role in Māori health, to the extent that it could be argued that wellbeing is **founded** on spiritual knowledge. Similarly, wairuatanga is also included in Te Tiriti (the fourth article) which should be honoured and incorporated at all levels of health policy and promotion *(Berghan et al., 2017; Came et al., 2018; New Zealand. Human Rights, 2012; Waitangi Tribunal, 2019)*. Whether by choice or due to ignorance, there continues to be lack of incorporation of wairuatanga and a holistic view on health *(Berghan et al., 2017)*. Embedding Māori tikanga, such as using te reo,

whakatauki and waiata are considered spiritual practices and practical ways of expressing wairuatanga *(Came, O'Sullivan, et al., 2020; Kiyimba & Anderson, 2022; Miriama, 2019)*.

The inclusion of indigenous models of health in research and in practice provides a conceptual understanding to others about the emphasis of the interplay and relationships between each dimension of health, and almost all these models include spiritual wellbeing as being another health dimension. **Te Whare Tapa Wha**, which is a concept created by Sir Mason Durie in 1984, includes Taha wairua (spiritual health) as being a crucial element of health for Māori, alongside Taha tinana (physical health), Taha whānau (family health) and Taha hinengaro (mental health) *(Ministry of Health, 2023a)*. Another Māori model of health is **Te Wheke**, developed by Rangimārie Rose Pere in 1997. This was developed in the context of family health, whereby each of the eight tentacles represent different dimensions of health, including Wairuatanga – spirituality. Because the different dimensions are linked by the Te Wheke, it shows they are interconnected dimensions of health and not separate *(Mark, 2008; Ministry of Health, 2023a)*. Thus, these models emphasize the interconnectedness of various health dimensions, suggesting that spiritual wellbeing is linked with physical, mental, and familial health.

The **Fonofale Model**, conceived by Fuimaono Karl Pulotu-Endemann in 1984, offers a holistic perspective on health from a Samoan worldview, symbolized by the metaphor of a traditional fale (house). Within this model, the falealuga (roof) signifies culture, values, and beliefs, while the four pou (posts) represent the fa'aleagaga (spiritual), fa'aletino (physical), mafaufau (mental), and isimea (other) aspects of wellbeing. The fa'avae (foundation) of the fale is the aiga (family), and enveloping the structure is the cocoon, symbolizing the environment. Spirituality is integral to this model, with each element contributing to overall wellbeing within the interconnected framework of the Fonofale *(Agnew et al., 2004; Ponton, 2018)*.

The **Fonua Model** by Sione Tu'itahi is a Tongan framework with five interdependent dimensions of life, each complementing the others to foster harmony and holistic wellbeing. The model specifies five dimensions: Laumalie (Spiritual), 'Atamai (Mental),

Sino (Physical), Kainga (Collective/Community), and 'Atakai (Environment), likening their interconnectedness to the weaving of a mat. Upholding the wellbeing of each dimension is important for maintaining holistic health. Additionally, the model outlines five levels: Taautaha (Individual), Famili (Family), Kolo (Local/Village), Fonua (Nation), and Mamani (Global Society), showing the importance of considering health within varying societal contexts, from individual to global scales *(Tu'itahi, 2007)*.

The **Te Vaka Atafaga** framework contains Tokelau concepts of mental health and overall wellbeing. It was developed by elders (Fuli Fati and Lisone Kupa among others) and identifies six key areas of health: Te tino o Te Tagata (Physical body), Mafaufau (Mind), Kaiga / Pui- kaiga (Family), Tapuakiga/Talitonuga (Spirituality/Belief systems), and Puipuiga o Te tino o Te Tagata (Environment). Within these dimensions, the significance of spirituality is also noted, highlighting its role as a fundamental aspect of holistic wellbeing in Tokelauan culture *(Kupa, 2009)*.

In summary, the Te Whare Tapa Wha and Te Wheke models support the idea of the interconnectedness of various health dimensions within Māori culture, emphasising the vital role of spirituality alongside physical, mental, and familial wellbeing. Similarly, the Fonofale Model, puts spirituality as a part of the holistic health view and both the Fonua Model and the Te Vaka Atafaga model recognize the significance of spirituality in promoting overall wellbeing within their respective cultural contexts. Collectively, these models highlight the holistic nature of health, emphasising the importance of addressing spiritual wellbeing alongside other dimensions for comprehensive health promotion and intervention strategies within Pacific communities in Aotearoa.

While there is a high degree of congruency with all these models of health, it is important to state that it is also important to reflect critically as a Pacific health researcher, to ensure that the models are not merely used to fit within a westernized view, but to be representative of Pacific knowledge. An oversimplification of some of these indigenous concepts to fit into models can possibly lead to an underestimation of the richness that lies within them. Certain aspects which are tapu (i.e., sacred knowledge) may even be

excluded or not shared openly *(Atua, Tamasese, & Efi, 2005)*. There is also the point of some 'cluttering' based on the number of methods, models and paradigms attributed to Pacific research methods. *(Anae, 2019; Atua et al., 2005)*. As mentioned earlier in the context of Māori, decolonisation efforts are also making an impact on Pacific studies and as such, it should be noted as important to consider in future research *(Thaman, 2003)*. Due to the scarcity of the literature on spiritual health and Pacific peoples in Aotearoa, the current project will explore the views of this topic with a small group of Pacific people.

METHODOLOGY

Background

To the best of my knowledge, this is the first time that qualitative methods have been used with Pacific peoples in Aotearoa, specifically exploring their spiritual health perspectives.

Since in-depth background information on spiritual health from Pacific peoples' perspectives (qualitative and quantitative) was not available, my hypotheses were developed based on the available literature. They are:

1. Spiritual health for Pacific peoples is important to their overall wellbeing.
2. Spiritual health and spiritual practices are foundational to the lives of Pacific peoples.

These hypotheses suggest that spiritual health is a key component to the wellbeing of Pacific peoples, and acknowledging this at every level of the health care system is important when interacting with them. In Aotearoa, Te Whatu Ora released the first ever legislative national action plan to improve the health and wellbeing of Pacific peoples in Aotearoa, and this plan aligns with Pae Ora (national health action plan for all New Zealanders). The Pacific action plan, Te Mana Ola, outlines five key areas, which generally aim to specifically improve health equity for Pacific peoples. They are: 1) improve population health by working with communities, 2) prioritise disease prevention, health promotion and wellbeing, 3) enable Pacific peoples to exercise authority over their health and wellbeing 4) ensure timely services are reaching Pacific peoples and 5) growing a supporting Pacific health leadership *(Ministry of Health, 2023b)*. This study aims to support the second key area as a primary focus. Due to the exploratory nature of this study, it was decided that a qualitative approach utilising focus groups was necessary and appropriate, to identify and discuss the main issues, and gaining insights about Pacific peoples' perceptions about spiritual health. This approach also enabled an exchange of knowledge. The diversity of the participant perspectives and lived experiences was valued and they were not only collected but also shared, exchanged and compared to identify common ideas, thus the use of a talanoa approach. Focus groups are also less intrusive and align well to how Pacific peoples' interact and socialise their viewpoints.

1.1.1 Methodology

The development of qualitative methodological approaches on the topic of spiritual health is scant. At best, there is an increasing awareness of its relevance, especially in the context of holistic health models such as the ones described earlier. However, these models of health do not explain how to analyse and utilise the model components that can visibly or pragmatically improve or enhance a person's health and wellbeing. Analyses by Firestone et al.(2020) examined the different components of the Fonofale model of health among 700 Pacific adults aged 18 years and older from two large rural and urban community centres. They reported that spiritual health was not a measurable outcome. Instead, the community viewed spiritual health along similar veins as being related to 'community health and wellbeing' and 'family wellbeing'. Thus, this further fueled my interest in what spiritual health means to Pacific peoples, and how they practice it, and to understand whether or not the concept of spiritual health has evolved since the inception of the Fonofale model *(Firestone et al., 2020; Firestone et al., 2021)*.

The other common methodology is quantitative research, typically associated with epidemiological approaches that value utilising tools, such as questionnaires, to enable researchers to swiftly gather data from a wide array of respondents, ensuring consistency across data collection, analysis, and reporting *(Gordis, Celentano, & Szklo, 2019; Szklo, 2019)*. However, the quantitative approach has its limitations. Despite its ability to provide standardized answers, it may fall short in contexts requiring the depth, breadth, and richness of data often sought in exploratory research endeavours.

Qualitative research emerges therefore, as a fitting choice for exploratory studies. Unlike quantitative methods, qualitative approaches prioritize depth over breadth *(Liamputtong, 2020; Ward & Delamont, 2020)*. Techniques such as interviews and focus groups facilitate open-ended exploration, bringing forth descriptive data essential for comprehensive analysis.

In exploratory studies, particularly under researched domains, qualitative methods are an appropriate choice. Leavy (2017) states "Exploratory research can help us fill a gap in our knowledge about a new or under researched topic, or approach the topic from a different perspective to generate new and emerging insights. When you conduct a literature review

and come up short, this absence of adequate research is often an indicator that exploratory research is needed."*(Leavy, 2017)*.

When investigating under researched areas, qualitative research often emerges as the preferred methodology as it excels in providing depth of ideas and richness of interactions leading to new insights. It is therefore the preferred choice for exploratory studies in areas where there is very limited existing research.

In addition to considerations on quantitative and qualitative research, another crucial aspect was the need for cultural sensitivity and appropriateness when working with Pacific peoples. It is increasingly evident that research conducted within Pacific indigenous populations must be approached with profound respect for their cultural values, traditions, and ways of knowing *(Cammock, Conn, & Nayar, 2021; Tiatia-Seath, 2008; Tiatia-Seath, McCool, & Nosa, 2021)*.

There is a growing recognition of the biases inherent in western research methodologies and the urgent need to address them. In Aotearoa in particular, Māori have been subjected to exploitative research practices, often resulting in misrepresentation, stigmatization, and marginalization *(Came et al., 2019; Graham & Masters-Awatere, 2020; Tuhiwai Smith, 2021)*. Therefore, any research endeavour involving Pacific indigenous groups must prioritize their rights, perspectives, and self-determination *(Suaalii-Sauni & Fulu-Aiolupotea, 2014)*.

A mixed method approach was also considered but after reviewing the literature it was decided that a simple explorative study was sufficient. Goodyear-Smith (2021) suggested, in her work called "Fa'afaletui: A Pacific research framework", a mixed-method approach to research in order to engage meaningfully with Pacific peoples. Her work considered the importance of engaging with Pacific peoples in a culturally appropriate manner, which required building meaningful relationships based on trust, reciprocity, and mutual respect *(Goodyear-Smith & Ofanoa, 2022)*. While time prevents implementing a mixed-method approach to this particular study, I will draw from some of the ideas mentioned by Goodyear-Smith (202*2*).

Open-ended questions in a focus group format seemed to be the most practical and appropriate way to gain insights into the spiritual dimensions of health that quantitative methods might overlook or be unable to examine (as in the case of Firestone et al.'s (2020)

study). This format encourages a sensitive approach to ensure that the participants voices are heard and their perspectives can be incorporated into the research, It allows the group members' perspectives on spiritual health, in all its complexity and richness to be openly discussed and respected.

In summary, the decision to opt for qualitative research in exploring spiritual health from a Pacific peoples perspectives, was considered the most appropriate method. By embracing Pacific indigenous perspectives and methodologies, researchers can contribute to more ethical, equitable, and impactful research outcomes while challenging the biases inherent in western research paradigms *(Anae, 2019; Goodyear-Smith & Ofanoa, 2022; Suaalii-Sauni & Fulu-Aiolupotea, 2014; Vaioleti, 2006)*.

Focus groups

Focus groups, as a qualitative research method, provide an ideal platform for Pacific participants to engage in open discussions and share their perspectives on spiritual health, in culturally sensitive and respectful setting *(Bishop, 2020)*. This approach encourages participants to express their views freely and in their own words, allowing the researcher to capture the nuanced and context-specific aspects of spiritual health that may be missed by a more structured or quantitative methods. Secondly, focus groups facilitate peer interactions, which aligns with the communal and collective nature of many Pacific cultures *(Anae, 2019; Cammock, Conn, et al., 2021; Goodyear-Smith & Ofanoa, 2022)*. Pacific communities often place great value on communal bonds and shared experiences, which are central to their spiritual practices. Using a focus group was a culturally relevant and sensitive method for exploring the dimensions of spiritual health among Pacific people, ensuring that their voices and unique perspectives were heard and respected.

Interpretive Theories

The Interpretive paradigm looks at how humans interpret the world and information, focusing on understanding subjective meanings and perspectives *(Leavy, 2017).* Conversely, methodological theories emphasize the research process itself, examining the methods used to investigate the world and generate knowledge.

Therefore, Interpretive Theories will underpin this study and explore the subjective experiences, meanings, and perspectives of participants. Drawing from interpretive traditions such as phenomenology, the study seeks to uncover the lived experiences and cultural nuances surrounding spiritual health and Pacific perspectives.

Pacific research methodologies

The most appropriate approach for the current research project is to use Pacific research methodologies and methods *(Anae, 2019; Tualaulelei & McFall-McCaffery, 2019).* As this research investigates Pacific perspectives, and the researcher is a person of Pacific heritage, therefore it is fitting to use methods and approaches that are congruent with the aims of the research.

The use of Talanoa as a research methodology was chose for the focus group. It is suitable and relevant for this research. Vaioleti (2006) has described Talanoa as an approach that will *"allow Pacific peoples to help identify issues, then co-create knowledge and solutions for themselves. Implementation of findings based on Talanoa research methodology should be more trustworthy, relevant and widely supported by Pacific peoples, because they will feel that they have had meaningful engagement in the research processes" (Vaioleti, 2006).*

Talanoa shares a "phenomenological approach to research with Grounded Theory" (Vaioleti, 2013), and therefore it aligns well to the aims of the current study.

ANALYSES APPROACH

Phenomenology

Phenomenology is a philosophical and research approach that centres on the subjective experiences of individuals, emphasising the unique nature of human perception and consciousness *(Smith, 2022)*. It explores how individuals perceive the world around them, aiming to uncover the meaning inherent in their lived experiences. By asking probing questions and delving into the essence of these experiences, phenomenology seeks to illuminate the richness and depth of human consciousness *(Van Manen, 2016)*. Ultimately, the goal of phenomenology is to deepen our understanding of immediate experiences, providing profound insights into the subjective world of human consciousness. This aligns with the goal to understand Pacific perspectives related to holistic wellbeing, where individuals' health are intertwined with their cultural identity, relationships, and environment.

Grounded Theory

Grounded theory is a qualitative research methodology *(Glaser and Strauss in 1967)*. It emphasizes the organic emergence of theories from the data itself. It uses a process of inductive and iterative steps to develop theories, drawing insights from the participants experiences, their stories and narratives. Grounded theory encourages researchers to closely look at the qualitative data, analysing and comparing various sources to generate theories. This approach is adaptable to processing various types of sources on information such as field notes and interview transcripts, making it a versatile tool in qualitative research *(Tarozzi, 2020)*. Grounded theory offers a promising methodology for investigating Pacific health issues within their cultural contexts. It allows from some of the complexities of cultural beliefs and practices to be explored using inductive reasoning. This provides a good way to uncover the underlying patterns and dynamics that shape health behaviours and outcomes from the Pacific perspectives.

Deductive and Inductive Logic

The discussion of the findings will be from a positivist perspective, utilising both inductive and deductive methods. The aim is to provide insights related to new inquiries and existing knowledge (from the literature review).

Deductive and inductive logic offer complementary approaches to drawing conclusions in research. Deductive reasoning starts with a specific hypothesis and tests it against collected data, following a structured and hypothesis-driven path. In contrast, inductive reasoning begins with data exploration to identify patterns and trends, leading to the formulation of hypotheses. While deductive logic focuses on validating or disproving predetermined hypotheses, inductive logic allows hypotheses to emerge from observed patterns, offering a more flexible and exploratory approach. In the context of this project, both deductive and inductive logic play important roles in understanding and addressing health disparities. Deductive reasoning allows researchers to test hypotheses and theories derived from existing Pacific health frameworks. Inductive reasoning allows for the exploration of new factors that might surface. By combining deductive and inductive approaches a more comprehensive understanding of Pacific perspectives on spiritual health can be reached.

1.1.2 The Role of the Researcher

The focus group involved me as the main researcher (the author) and my supervisor who assisted in the role as a note-taker.

There were six participants in the focus group (three females and three males, age range: 23-51 years old). Two of the male participants participated online due to their geographical location (Dunedin and Auckland), while the remaining four attended the focus group discussion in person.

The focus group lasted approximately two hours. This method is chosen as it supports further the value of a collective process to the generation of knowledge. It also allows for the physical and metaphorical "relational space" or the "va tapuia" relationship between the participants. Which as Anae says: "implies that in our relationships with all things, living and dead, there exists a sacred essence, a life force beyond human reckoning…" *(Anae, 2010b).*

Cultural awareness on the part of the researcher and the note taker was essential to this methodology and I was required to consider what was said and unsaid, how the body moves and affirming and interpreting them with the participants *(Tualaulelei & McFall-McCaffery, 2019; Vaioleti, 2013)*.

The personal and basic data on each of the participants was gathered through a simple consent form (**See Appendix 1.1**), which was signed at the focus group meeting and handed back to the researcher. The form presented general information about the research topic and outlined the nature of the data collection, storage and use. It also had a dedicated section to confirm the consent of the participant. The form was written in English as all the participants were English speakers and five out of six were also fluent in either Tongan or Samoan.

The data collected was stored in a locked cupboard in the office of my primary supervisor. It will continue to be located at the Massey campus, Wellington, New Zealand, and it will only be accessible by the supervisor and myself as the researcher. The data will be stored for 7 years before being destroyed. If there are staff changes, this data and information will be transferred and stored in the managing Director's office of the research centre.

This research project received full ethical approval from the Wellington Massey University Ethics Committee on the 11th of May 2023. The specific details regarding this approval can be found in **Appendix 1.2**, which includes the Ethics Notification Number: 4000025549.

Furthermore, all participants involved in the study were provided with an Information Sheet and a Consent Form, detailing the procedures of the focus group sessions (**See Appendix 1.1**).

1.1.3 Time and location of focus group sessions

The focus group took place at Massey University, Wellington campus. The focus group started at 1pm and finished at 3pm on Thursday 20th of July 2023.

1.1.4 Research process

The researcher started the focus group with a loto (blessing/prayer), and provided a brief introduction and project aims to all the participants. The focus group discussion was audio-recorded.

The researcher led the focus group with key questions (**see Appendix 1.3**). However, the questions provided broad themes that focused on the research aims, and exploration of these questions were permitted to allow the talanoa to diversify freely. During the session, probing questions were used as guides to draw out further contributions from the group as necessary, but not used as part of a strict formal questioning process. Inherent to the talanoa process was the opportunity for there to be free flowing conversations between the participants and the researcher and between the participants themselves *(Anae, 2019; Ponton, 2018; Vaioleti, 2006)*. As the researcher, I took on a positivist stance, because I directed the focus group discussion to fit the aims of the study, thus ensuring sufficient evidence was obtained.

1.1.5 Recruitment

The participant recruitment was based on a convenient purposive sample, because of the limited resources and timeframe available to the researcher to conduct the research. The selection process for participants in the focus group study involved reaching out to

individuals via established Pacific networks, as well as through recommendations from supervisors, Pacific mentors, and university colleagues. The key emphasis was on recruiting participants who not only possessed experience in community health but also demonstrated a genuine interest in the topic of spiritual health. This approach ensured that the selected participants were not only well-versed in community health matters but were also likely to engage meaningfully with the focus group discussions on spiritual health.

1.1.6 Selection criteria

Participants for the focus group were selectively invited from various sectors related to health and community wellbeing. The selection encompassed individuals from distinct backgrounds, including experienced Pacific Community-based health volunteers or workers, as well as Pacific Health researchers. The criteria for inclusion in the study were carefully outlined, requiring participants to have a minimum of five years of experience in their respective capacities. Additionally, participants were required to be of Pacific Island heritage, ensuring representation from major groups in Aotearoa. Furthermore, the recruitment process aimed to prioritize gender balance within the participant pool, fostering diverse perspectives and insights during the focus group discussions.

Eligible participants for the study were defined as followed: Firstly, individuals who self-identified as Pacific adults aged 18 years and older and met the specified inclusion criteria were considered suitable candidates. Secondly, individuals who currently reside in Aotearoa, ensuring geographical relevance to the study's context. Thirdly, individuals who have resided in Aotearoa for a minimum period of five years, indicating a substantial connection to the local community and potentially enriching the depth of insights they could offer during the research process.

Exclusion criteria were established to delineate parameters for individuals ineligible to participate in the study. Firstly, minors under the age of 18 were excluded from consideration. Secondly, individuals who did not self-identify as Pacific were ineligible, ensuring that the study focused specifically on perspectives within the Pacific community. Lastly, individuals who were not current residents of Aotearoa were also excluded, as the

study sought to capture insights specifically from those with a direct connection to the local context.

1.1.7 Focus Group Incentives

All participants were given a $50 gift voucher. This token was deemed appropriate as many took time out of their workday to attend the focus group. .

1.1.8 Transcription and Analysis

The data collected from the focus group was transcribed by myself as the researcher. The transcripts also contained any non-verbal communication that occurred during the session. The transcripts were then sent to the participants for verification and to confirm that the transcripts are an accurate record of the group discussion. Participants were invited to modify any of their own comments, or other notes related to them, but were not allowed to change those comments made by others. No requests for changes were made, therefore the final copy of the transcription was confirmed.

In the analysis, the researcher read over the transcripts thoroughly whilst listening to the digital voice player several times. This allowed a greater level of focus on the comments made during the group discussion. As this study was explorative in nature, some themes emerged that were identified using a general inductive approach. Thus, grounded theory was the primary approach of analysis.

FOCUS GROUP FINDINGS

1.1.9 Focus group demographics:

The focus group comprised six participants, evenly split between three females and three males. This diverse group represented various ethnic backgrounds, including Samoan (2), Tongan (2), Samoan-Tokelau (1), and Tongan-Fiji (1), reflecting a broad spectrum of cultural perspectives. Their ages ranged from their 20 to 55 years old, providing a wide array of life experiences and viewpoints. Pseudo names were assigned to each participant to aid in the analysis process while ensuring anonymity and fostering a more personalized talanoa discussion. The pseudo names used were: Lusiane for the Samoan female participant, Sione for the Samoan male participant, Mele for the Tongan female participant, Saimoni for the Tongan male participant, Aisea for the Samoan-Tokelau male participant, and Ailini for the Tongan-Fiji female participant.

1.1.10 Eight (8) key ideas from the talanoa:

Based on the grounded theory methodology of constant textual *comparisons (Glaser, 1995)*, eight key ideas relating to spiritual health and wellbeing were identified from the talanoa. These were:

1. Conceptualising spiritual health and wellbeing
2. Connections between spirituality and religion
3. Spiritual practices in fostering holistic wellbeing
4. Spiritual health and its interconnecdtenns with ofther dimensions of health
5. Influence of culture on spiritual health
6. The broader community impact on health
7. Barriers to attainment of spiritual health
8. The importance of integrating spiritual health into healthcare systems.

These ideas served as starting points to bring them together and into major themes.

1.1.11 Four major themes:

After analysing the eight key ideas in detail, four major themes emerged. These were the most important and cohesive points and they reflected the collective concerns and perspectives of the participants. These themes were the **interconnectedness of spiritual health and other areas of health**, which stresses the role spirituality plays in various aspects of a person's life. Secondly, **the importance of spiritual health practices,** which focusses on the transformative power of spiritual practices and activities in relation to one's overall wellbeing. Thirdly, the role of **culture and religion** on wellbeing, highlighting the importance of beliefs and traditions on spiritual health. And lastly, the **interdependence between spiritual health and the wellbeing of individuals, families, communities, and the environment** emerged as a major theme.

1.1.12 A general overview and description of these four major themes

(1) Interconnectedness of spiritual health and other areas of health

Interconnectedness, according to the definition from the Cambridge dictionary, is "the state of having different parts or things connected or related to each other". This relationship can be observed in many ways in nature. For example, the ways that different living organisms, like bees and flowers, in an environment rely on one another to survive and succeed. The notion that spiritual health is connected with other health aspects implies that all are interconnected or interrelated. It posits that spiritual wellbeing can influence and be influenced by other health dimensions, such as physical, mental, and emotional wellbeing. For instance, when a person feels spiritually fulfilled, it might create positive effects on the person's general health. In the context of the current examination, connectedness denotes a holistic view of health, which underscores in particular the fact that there exist linkages between the body, mind, and soul.

(2) Importance of spiritual health practices

Spiritual health practices are an integral component of holistic wellbeing, addressing the profound need for each person to connect to something greater than ourselves. It's a quest for a deeper inner connection to self, and a connection to a Creator beyond ourselves, sometimes referred to as God or Mother nature or other indigenous terms. This connection

to a higher power is an acknowledgment of our place in the universe and our link to ourselves, others, the environment, and the spiritual realm. Often times, this is related to both an oncological belief system and a teleological system. Teleology, is the idea that there is a purpose and a way to fulfil that purpose in life. Under this theme, the importance of spiritual health practices, drawing insights from a focus group discussion.

(3) Religious and cultural influences

This theme looks at religion and culture and how people's collective experiences and their connection to belief systems, traditions can influence wellbeing. This theme looks at how beliefs can and do sometimes naturally evolve overtime and overall religion and culture have a profound influence on Pacific individuals, their families and communities.

(4) Interdependence between spiritual health and the wellbeing of individuals, families, communities, and the environment

The theme of interdependence between spiritual health and the wellbeing of individuals, families, communities, and the environment, is a fascinating aspect of human existence. This idea of interdependence takes the concept of interconnectedness described earlier in (1) to the next level. It delves into the degree and depth of the connection and extends it to mean that they are inseparable and bound strongly together.

Comments from the focus group talanoa are used to illustrate the shared insights on the above-mentioned themes. This exploration brings to light sub-themes that have emerged which sheds further light on the ways in which religion, traditional practices, cultural values, and an open-minded approach come together to explain some perspectives of Pacific peoples on spiritual health.

THEME 1: INTERCONNECTEDNESS OF SPIRITUAL HEALTH AND OTHER AREAS OF HEALTH

1.1.13 Perspectives on the human spirit

The study participants offered insights into their understanding of the spirit, which they perceived as integral to the nature of human reality and existence. Central to their beliefs is the conviction that every individual possesses a spirit, representing a core ontological belief.

Lusiane articulates the belief in the eternal nature of the spirit, asserting that it persists beyond the confines of the physical body and mind. She emphasizes the enduring nature of the spirit, regardless of the fate of the body, portraying the spirit as transcending physical boundaries:

"I think that his spirit lives on […] doesn't matter what happens to your body and mind. And it's the spirit that […] never dies […] So our spirits don't die, our spirit, my spirit doesn't die. […] so my body dies tomorrow […]my spirit lives on […]And that's what I believe."

Mele's reflections offer a complementary perspective, viewing the spirit as a person's true self and emphasising the importance of aligning our life with it:

"I was taught that your spirit is your true self and I when I think about health it's like […] your life is basically trying to […] commune and be one with your spirit because there's so many distractions in the world that cause us to […] forget."

Aisea and Sione adopt some action-based ideas to understand the nature of the spirit in terms of spiritual wellbeing, emphasising the importance of actively caring for the spirit through community engagement and personal practices:

"Giving back to the community and the feelings that you get from that […]enriches your spiritual health as well […] the maintenance stuff for your spirit […]"

"You're looking after your spirit at the same time."

These remarks made by Lusiane concerning the permanence of the soul, encourages the idea of the potential for personal transformation through the practices of prayer (individually or with other):

"[…]the spirit is permanent and I guess that is when we have to individually and personally […]practice daily […]I think if we can stick to our daily practice and we can work collaboratively support each other, I think we can actually see our spirit play a role in the way we live life."

The viewpoints shared above contribute to a sense of collective and shared understanding among the participants that the spirit is an essential component of personal identity and health.

1.1.14 Perspectives on God

The participants' belief in God came through strongly from the talanoa, and it appears to contribute to some more foundational aspects of their perspectives on spiritual health. Belief in God shapes their understanding of spirituality and informs their approach to wellbeing.

Their reflections show a strong individual connection to God, showing the significance of divine guidance in their lives. Sione describes how meditation has become integral to his daily practice, allowing him to pause, listen to God, and engage in a conversational dialogue with Him:

"But now you're sort of looking at meditation as an important part of that sort of pausing, listening to God and there's talking to God […] So that's sort of evolving in my sort of daily practice […] meditation comes through with […] prayer. Because you're part of that process where you're listening […] what is God trying to tell me? Just listen, yeah. So it's almost that kind of conversation […]I'm more aware of [that] now so I […] should be listening also to God as well as communicating with Him."

Aisea expressed gratitude to God in different times and areas of his life, finding peace and a sense of wellbeing and happiness or guidance through prayer, particularly when experiencing life's challenges:

"I'm always going straight to thank God […] the Highest Being. And even in my lowest times, I always find myself praying God. When I'm nervous, before I want to do something, I'll look to [God], and that always calms me […] I go back to what was first planted in me as a young kid […] tatalo to and pray to God and Jesus […]"

Ailini shares a comment where she looks back ather early Christian upbringing and stresses her belief in the existence of God:

"… with my Christian upbringing is this visual of God, Jesus […] and I go back to who drew the picture of God. But I […]know for a fact that there's a higher power."

Mele emphasizes two things. The first is the correlation between religion and spirituality and the second is that a person's spirit, is of God:

"And I think from my experience, like how I've grown up, I don't really see a difference between religion and spirituality, like these two things are interlinked, like what you were just like saying …]before those previous, you know manifestations probably that we do not know and we'll never know because our history has been passed down orally so it's like there's always been that link and I think we know of God because you know our spirit is of God. It's inherent within us, but yeah".

Ailini described how belief in God strengthens hope and that through traumatic experiences you can find a way to move forward by turning to God:

"That idea of like Higher Power I think it's most important going through the self-care process knowing that there's hope. There's someone or something bigger than you. Again, when you go through traumatic experiences or turmoil there's always this hope that you won't be there for a very long time. Imagine we didn't have this hope, you give up. So yeah, especially when you go through the challenges often, say storm is over, like the storm will be over soon. But I guess just having that idea that there's something way bigger than

yourself. It's not so much deflecting your problem but knowing that it won't last, and there's always sunny days. I guess the hope is looking forward to those sunny days, when you go through those…"

Belief in God shapes the groups collective understanding of spirituality and informs their approach to wellbeing. God plays a pivotal role in guiding their life journeys and providing wisdom and hope from a spiritual perspective. Their spirituality is influenced by their belief in God and contributes to how they consider and make steps towards being healthy. They rely on God to lead them through life and lift them up through the spiritual side of things.

1.1.15 Perspectives on how to conceptualise Spiritual Health

During the group discussion, the concept of spiritual health emerged as a complex topic, with participants collectively trying to find the words to define or describe it in simple terms. Ailini articulates this challenge, saying:

"*It's not a concept that you could single up. Yeah, it's gotta be… just holistically. So when you say spiritual health like, yeah, there's no definition."*

She emphasizes the connections that spiritual health has to physical and mental wellbeing, suggesting that it is a holistic balance of these dimensions:

"As to what it is because when I think about spiritual health…all the physical health and mental health is under sort of woven together."

Mele also responded by saying that there is degree of difficulty in defining the nature of spiritual health, but that it is also a reflection of a persons' true or real self. In her own words:

"I just concur with […]what Sione was saying before. It's so hard to actually describe what spiritual health is but I think growing up […]I was taught that your spirit is your true self and I when I think about health it's like coming back to that, your life is basically

trying to like commune and be one with your spirit because there's so many distractions in the world that cause us to like forget."

Mele agrees with the importance of finding a sense of balance and harmony by reflecting within oneself but also through a shared collective awareness. She states:

"...So when I'm thinking of spiritual health, it's like [...] we come back to who we truly are. And it's like an individual process, but it's also collective as well because it's those things, like we're all spiritual."

Overall, the participants consistently and collectively emphasized the interconnected nature of spiritual health with other dimensions of wellbeing. They articulated the Pacific perspective that spiritual health is holistic and very closely linked with physical and mental health. This interconnectedness highlights the importance of approaching health from a comprehensive and holistic framework rather than trying to approach the different areas of health (spirit, mental, physical, social etc) in insolation.

1.1.16 Perspectives on the holistic nature of spiritual health

This is quite closely related to the previous point. Within the context of Pacific perspectives, participants collectively shared that health is holistic, recognizing spiritual health and its affect or connection to other dimensions of wellbeing. However we are drawing out here more specific examples of this to help with clarifying this perspective.

Ailini articulates the challenge of defining spiritual health in isolation by emphasising its holistic nature, continuing on her thoughts shared in the previous section, she states:

"[...] So yes, spiritual health would be again balance of all these different aspects in like physical, mental. Yeah, I my brain just can't get around it part of our perspective, yeah it's like oh what? When you ask the question like my mind couldn't register or how to sort of define how that looks like, because probably the way I was raised in this whole list of points, that we have that spiritual health is not a single entity. It's a concept that's woven within other aspects of life."

Ailini then also states the connection of spiritual health with physical and mental wellbeing, noting its influence across all aspects of life:

"it's like if you are physically broken, spiritually broken, those two go in hand in hand […] I think if your spiritual health is broken that affects other aspects right […] again coming into the holistic approach that I spoke of earlier, yeah so definitely woven…"

Additionally, participants acknowledge the impact of spiritual health on mental and physical wellbeing, recognizing its potential to shape individual experiences and outcomes. Aisea reflects on the effect of spiritual distress on mental and physical health, highlighting the primacy of spiritual wellbeing in influencing broader health outcomes:

"You know your sense of purpose and why you are here? Once you don't have that sense of belonging […] you know no sense of identity. You don't have any faith or you lose hope. […] someone does you wrong, someone you love let you down or you've disappointed someone yourself or […] you making money as well, like you […] might not be acknowledged for the work you do and it all starts to […]enters more your spiritual first and then it starts to manifest to mental health, […] you start doubting yourself. You're feeling down, start feeling depressed, and […] ultimately seeps into your physical. You don't wanna exercise, you don't wanna, you know. You don't wanna eat well, you don't eat… So I think for me everything starts at spiritual. Because […] it can manifest in mental ways, but it's always that feeling like ohh I got heartbroken or I feel really down. I don't have any hope. To me that's in my spirit, that I feel that […]. So in terms of how to fix your physical and mental, yeah, like I've just said, it can manifest in different ways."

The discussions surrounding the holistic nature of spiritual health stress that when attempting to address spiritual health, one must look at the whole person and it is important to adopt a holistic approach which considers the other aspects of health.

1.1.17 Perspectives on personal growth and life's purpose:

Another sub-theme that further conceptualises spiritual health, is that it has been perceived as being closely tied to a sense of purpose in life. Saimoni says:

"I think for me spiritual wellbeing relates to my sense of life meaning and purpose. I try and tell myself I'm a Christian, but I know I'm a heathen. I'm not a Christian. I'll never be a Christian. We're still sinners, but we try our best to be a Christian, but it is our connection to our culture, our community. And it could mean a lot of other things as well as mental health and in the ethics we hold. So for me it's the sense of life and purpose and that's what spiritual wellbeing is for me."

1.1.18 Perspectives on spirituality over the course of life:

It was also apparent that the participants' views on spiritual health can change, evolve, or develop over time. The participants in this study described an aspect of progression with spirituality that gives insight into the fact that personal experiences and exposure to different aspects of spirituality can alter their perceptions about their spiritual realities. This can enable people to develop their understanding about life through the lens of personal growth. It indicates that spiritual beliefs are dynamic by nature and it emphasizes the importance of an open and adaptable approach to nurturing spiritual wellbeing within the Pacific context.

Sione reflects on the evolution of his spiritual perspective, acknowledging the profound changes that have occurred over the years:

"[…] spiritual health, I mean at this stage of life, now means different if you talked to me 10 years ago... Spiritual health now, it's very all-encompassing... For me it's what's that state of spiritualism in that sense. […] it's funny when I talk about spiritualism or spiritual health now it's much different than it was like if you asked me 10 years ago."

His journey highlights the transformative power of experience in broadening one's spiritual understanding.

Similarly, Lusiane shares insights into her evolving spiritual journey, rooted in her upbringing within the Christian faith:

"Yeah, I grew up as a Christian myself back in Samoa... Now to me, that hasn't changed... But what has changed is that it's more encompassing... I think over time as well, you know with knowledge, we know a lot more."

Her narrative expresses the integration of traditional beliefs with new knowledge, illustrating the adaptability of spiritual perspectives in light of evolving understandings.

Aisea shares about the nature of spiritual experiences, acknowledging the influence of personal growth on his evolving spiritual outlook:

"Yeah for me growing up in a Christian household, my perspective on spirituality has always been kind of centered around church and religious practices. But as I've grown older and learnt more in life for me [...]it manifests in different ways, depending on what I'm doing."

His narrative highlights the fluidity of spiritual experiences and the role of life experiences in shaping individual spiritual paths.

Their stories offer valuable insights into the dynamic evolution of spiritual perspectives over time, rooted in personal growth, experiences, and cultural influences. Embracing this journey of growth and exploration is essential in fostering a deeper understanding of spiritual health within the Pacific context.

1.1.19 Perspectives related to cultural and ancestral influences:

Cultural and ancestral ties are prominent influencers on an individuals' perceptions of spiritual health and they can contribute to a sense of purpose and belonging. These influences, deeply rooted in cultural values and teachings passed down through generations, serve to foster a sense of continuity and identity. Lusiane encapsulates this sentiment, stating:

"Spiritual health is rooted in cultural values and teachings, passed down through generations, creating a sense of continuity and identity."

Such teachings provide individuals with a framework for understanding spiritual wellbeing within the context of their cultural heritage.

Moreover, participants reflect on the historical legacy of their ancestors and the impact of culture on their spiritual beliefs. Sione acknowledges the transformative influence of Christianity, noting:

"*Our ancestors knew God, obviously interpreted in a different way before missionaries arrived, and obviously that's why they sort of embraced it (Christianity).*"

This acknowledgment shows a connection between cultural evolution and spiritual understanding, highlighting the possible shifts in beliefs over time.

Engagement with cultural practices and traditions can act as a source of spiritual nourishment and connection. Aisea shares his experience of gaining spiritual enlightenment through interactions with elders and immersion in cultural knowledge:

"For me it's every time I speak to elders and learn more about our culture and how things used to be better, then I feel more connected […] to my culture […] I feel a sense of belonging to somewhere and knowing who I am. I feel enlightened and I would describe that as my spiritual wellbeing is in a positive state."

This testimony shows the profound sense of belonging and identity that cultural engagement fosters, enriching individuals' spiritual wellbeing.

In addition, participants drew parallels between traditional legends and Christian narratives, recognizing the interconnectedness of different belief systems. Sione emphasizes the coming together of traditional and Christian ideologies, stating:

"In regards to traditional legends, traditional knowledge. I think for me to the same sort of aspect where you're looking at Christianity and how it interlinks with our traditional knowledge, traditional religions and after studying stories, like Tagaloa Lagi (Tagala-a-Lagi) and the interpretation of pre-missionary times. For me, it sort of clarifies that our people are actually linked quite closely with the same God."

This acknowledgment promotes the nature of spiritual understanding, wherein diverse cultural narratives come together to shape individuals' perceptions of God.

In conclusion, cultural and ancestral influences shape individuals' understanding of Pacific perspectives on spirituality.

THEME 2: IMPORTANCE OF SPIRITUAL HEALTH PRACTICES

Spiritual practices are important to individuals' lives, as shown by the comments made throughout the focus group talanoa. Practices such as prayer and meditation were discussed as having positive effects on a person's wellbeing. These spiritual practices served as a foundation for personal spirituality, instilling a sense of purpose and a means of seeking guidance in their life journey.

Connection to nature increased the sense of connection to the self and to God. These experiences emphasize the importance of recognizing the spiritual significance of the participant's surroundings and incorporating them into their spiritual journey.

1.1.20 Perspectives of rituals and practices in spiritual health:

The participants shared that spiritual rituals and practices were ingrained within the family context and passed down through generations. Sione reflects on the influence of his family's spiritual practices on his own journey, stating:

"Seeing my parents in daily prayer and fasting, that practice sort of grew on me."

He further states the important role of prayer within his family, affirming:

"The spiritual practice of prayer, growing up it's a pivotal part, you know, especially in my family."

Similarly, Lusiane shares her gratitude for the spiritual upbringing she received within her family, highlighting the importance of daily prayer:

"… I am very grateful to have brought up in the family that I did because I we prayed every day and every night and that's what I do now. It's a good thing. It's amazing and when you know how to pray properly…"

Mele draws parallels between physical and spiritual health, likening spiritual practices to nourishment for the spirit:

"…like physical health like, you know, you need to eat healthy foods, you need to exercise to maintain that healthy body. It's just like our spiritual health, and I feel like those practices like prayer and meditation really help, like bulk up our spirit."

Aisea emphasizes the connection between prayer and familial heritage, expressing:

"I still link back to Christianity through prayer and knowing my great grandparents faifeaus…and when I pray, I feel when they were praying back in the day, a connection to them…"

Furthermore, Lusiane speaks of the transformative power of meditation and prayer in relieving stress and nurturing spiritual wellbeing:

"I do like meditation because I feel […] when I'm really still […] I can be relieved of all the stress, I guess that's what the role of meditation and prayer is for me."

Sione also touched on mediation and prayer in relation to the process of surviving getting his pe'a (Samoan traditional tattoo) by saying:

"And when I came to do the tattoo and the au (stick?) sticking hitting… That you know[…]the au hitting the body[…] The only way I could sort of deflect it was through meditation[…] The guys saying, how are you sort of [coping] […] are you meditating? The body healed really [well]. So I actually read through that process (meditation) stuff actually works."

These quotes show the vital role of spiritual practices within the home environment in maintaining spiritual health and wellbeing.

1.1.21 Perspectives on connection to nature

In addition to the interconnectedness between spiritual, physical, and mental dimensions of health, the participants in the study also emphasized spiritual connection with nature and the environment. They highlighted how immersing oneself in natural settings, such as the ocean, can bring a sense of calm and tranquillity, offering a spiritual experience and a way

to escape from life's challenges. This recognition of the link between nature and spiritual wellbeing was a common thread among the participants.

Aisea shared his reflections on the spiritual significance of being in nature, particularly by the ocean, stating:

"I just reflected […] that was going […] towards nature and in the ocean […] my wife always wants to go to sea because she sit at the beach and we just go […] to the beach and eat there. […] The feeling you get when you're at the ocean and hearing the waves, it's like it's calming me that's […] a spiritual practice, you know. Yeah, you would think, you know, it's just a nice place to eat, but actually going there to walk and yeah connection to nature is quite important."

Saimoni echoed this sentiment, expressing how his experiences while fishing in the ocean provide a profound sense of connection with nature and a temporary escape from life's worries:

"Thank you it reminds me. That's how I feel every time I go fishing. You and nature in the ocean and […]as you climb onto that boat, that's it, you forget everything. And when you move where the boat goes over to the bar[…]it's just […] nothing. There's just you in the water […] you know […] connecting to nature, maybe a better way than going to church."

Aisea stated how spiritual experiences throughout life, such as wrestling or spending time in the bush, can bring spiritual sensations:

"But as I've grown older and learnt more in life for me and I kind of describe it as having different spiritual experiences throughout life and it manifests, in different ways, depending on what I'm doing with its physical[…]when I wrestle […] I feel like it's a spiritual experience for me. It takes me to places emotionally where I have different feeling […]"

These reflections depict some perspectives on the connection between nature and spiritual wellbeing within the Pacific context, highlighting the restorative and transformative power of immersing oneself in the natural world.

THEME 3: RELIGIOUS AND CULTURAL INFLUENCES

1.1.22 Perspectives on the intersections of spirituality and religion

All participants expressed and affirmed to different degrees the connections between religion and personal spirituality. While there were different religious beliefs (Baha'i Faith and Christian) and Christian denominational beliefs (Methodist, Seventh Day Adventist and Ekalesia Faapotopotoga Kerisiano Samoa (EFKS)) mentioned in the group, they all acknowledged that religion plays an important role in how they perceived spirituality and spiritual health/wellbeing, from a Pacific worldview.

All participants shared similar perspectives on the connections between religion and personal spirituality, irrespective of their specific religious affiliations. Aisea eloquently expresses this sentiment, stating:

"I'm always going straight to thank God...I always find myself praying God. When I'm nervous, before I want to do something, I'll look to and what always calms me. Or so yeah, at times when you're balancing between the Christian faith and the traditional spirituality. Navigating that I always find that most extreme, I go back to what was first planted in me as a young kid is still tatalo (pray) to and pray to God and Jesus said, yeah, that's it for me."

Similarly, Ailini reflects on her Christian upbringing, recognizing the influence of religious teachings on her spirituality:

"And I had this phase where I dug into history regarding impact of Westernization and the Bible and how it's been used in various ways. But I mean, I'll take whatever mixing, some my life from the Bible. I won't take everything because God has designed us in a way that you're able to you know pick up what's all those human values. Yeah. What's from the heart."

Mele highlights links between the nature of religion and spirituality, noting:

“I think we've we're coming to this new stage in new era, where we're thinking more holistically about faith and spirituality. And I think from my experience, like how I've grown up, I don't really see a difference between religion and spirituality like these two things are interlinked like what you were just like saying before those previous, you know manifestations probably that we do not know and we'll never know because our history has been passed down orally so it's like there's always been that link and I think we know of God because you know our Spirit is of God. It's inherent within us”.

For Mele, the essence of spirituality is inherent within the individual, emanating from God that transcends religious boundaries.

Lusiane's observations further explains the significance of church and religious community in shaping individuals' spiritual journeys:

“I think with the communities that I've worked with in the past in my previous role in the community, it's definitely Church [that] has a lot to do with their spiritual journey I suppose or that's what you know, associate them to the spirit is Christianity. It's church, its prayer meetings, you know, is living life based on the values of being hardworking and so it's all biblical values […] I uphold as well myself. And so that is the spirituality, based on my observations of the community that I've worked with”.

This closeness of religious practice and spirituality reflects a Pacific cultural and communal understanding of spirituality.

Ailini echoes this sentiment, recognizing the association of spirituality with religious institutions:

“And in most cases, spirituality from a Pasifika perspective is often associated with an institution or church. Can you speak about spirituality? Church comes to mind.”

In summary, the perspectives shared by participants show the relationship between spirituality and religion. From expressions of gratitude to reflections on personal growth, religious beliefs serve as a foundation that shape individuals' spiritual outlooks and experiences. In navigating the complexities of faith and spirituality, individuals draw upon their religious traditions to cultivate a sense of purpose and meaning in their lives.

1.1.23 Perspectives on Pre-Missionary Spiritual Practices:

One notable aspect is the recognition of spiritual practices that existed prior to the arrival of missionaries, including the worship of traditional gods and adherence to indigenous rituals. This acknowledgment of the continuity of spiritual beliefs and practices within Pacific cultures, demonstrates a connection between traditional spirituality and the adoption of Christianity.

Sione offered insightful reflections on the link between traditional and Christian beliefs, stating:

"In regards to traditional legends, traditional knowledge. I think for me to the same sort of aspect where you're looking at Christianity and how interlinks with our traditional knowledge, traditional religions and after studying stories, like Tagaloa Lagi (Tagaloa-a-Lagi) and the interpretation of pre missionary times. For me, it sort of clarifies that our people are actually linked quite closely with the same God. You know, I think Tupua (reference of a revered Samoan academic) had a great comment you know, our ancestors knew God, obviously interpreted in a different way before missionaries arrived, and obviously that's why they sort of embraced it…we've embraced it, so for me, I mean traditional knowledge, pre missionary religion."

Ailini humorously added to this by saying that a "Tongan Jesus" existed before the arrival of missionaries, indicating the presence of indigenous spiritual beliefs predating Christian influence. She shared anecdotes from discussions with her father, reflecting on what life might have been like before the arrival of Christianity, saying:

"It's quite funny because we often joke ohh we had a Tongan Jesus before the missionaries came. Me and my dad do a lot of these discussions about what it was like back in the day…"

Mele contributed to the conversation by offering a broader perspective on the cyclical nature of history and spirituality. She suggested that history is not a linear progression but rather cyclical, with each millennia experiencing a renewal of spiritual understanding. This

viewpoint shows the adaptability of spiritual beliefs over time, transcending the boundaries of cultural shifts and external influences, as she stated:

"...it's like kind of thinking in terms of like history, it's not linear, you know, it's not just like past, present, future, but it's like cyclical and then every generation or every you know every millennia. So there's this new regeneration of the Spirit."

Aisea acknowledges the continuity of religious practice across generations, finding a profound sense of connection to ancestors who upheld similar spiritual traditions. This sentiment highlights the enduring legacy of faith within Pacific communities and the intergenerational transmission of religious customs. Aisea further explains the process of cultural adaptation within Christianity, stating:

"I feel like we make it our own, and so we're taking Christianity, and we put our customs next to them and made it our own."

In this statement, Aisea expresses the fluidity of religious identity and the incorporation of indigenous customs and beliefs into Christian practice. This bringing together of cultural elements reflects the creativity of Pacific peoples in shaping their spiritual heritage within the framework of Christianity.

Overall, Aisea's reflections offer valuable insights on the link Christianity and Pacific cultural traditions, highlighting the ways in which spirituality is deeply rooted in both personal experience and collective identity.

1.1.24 Perspectives on the coherence between traditional views of spirituality and religion

In discussing the coherence between traditional views of spirituality and religion, participants highlighted the complementary nature of their spiritual and religious beliefs. The majority expressed that their understanding of spirituality aligns with their religious convictions, and that both traditional and religious beliefs enhance one another.

Sione offers a reflection on traditional and Christian faith:

"So as far as faith, you know when we talk about aitus, and to the traditional church umm for me, actually that's part of roots and then links Tagaloa Lagi to me, it's actually like Atua. And there is a common link somewhere. So I'm sort of thinking well saying that that they were very spiritual and you know, they're still spiritual. Maybe more on the Christian faith, but that's that came right through that line."

Sione's words describe the perceived continuity and interconnectedness between traditional spiritual concepts and Christian theology, suggesting a shared spiritual essence that transcends cultural and religious boundaries.

Overall, participants' insights into the coherence between traditional spirituality and religious beliefs. This relationship offers insights into the perspectives within Pacific peoples' cultures.

1.1.25 One perspective on a disconnection with the Christian faith and spirits of ancestors

Ailini did note that she believed there was a disconnect between her Christian faith and the connection she feels with the spirits of her ancestors, suggesting an internal struggle to reconcile some traditional elements with Christianity:

"I feel like the word spiritual is like a Western concept. Yeah, we don't talk about spirit in that way. Like it's from a Palagi perspective, they would categorize all of it as spiritual, but if I'm talking to my ancestors, my ancestors spirit is different from my Christian faith, so you could be fed spiritually. Then there's this whole other aspects of spirits. That are not won't be seen as spiritual. I think the Pacifica people are often, just my upbringing, it would be acknowledging where I come from. So it's basically my ancestors, but it almost goes against your Christian faith. So it's like, how do you balance it? Because I have. This two different worlds that are not allowed collide and ancestors of my spirit and me having a spiritual connection with him. Indeed my faith. And so I don't really mix the two worlds because Christian faith would be like that's the evil aspect."

It is interesting to note that there was a noticeable pause and silence soon after this comment, so it was noted down as a visual observational note. After discussion with the supervisor, this could indicate that views may not be shared by the majority of the group.

THEME 4: INTERDEPENDENCE BETWEEN SPIRITUAL HEALTH AND THE WELLBEING OF INDIVIDUALS, FAMILIES, COMMUNITIES AND THE ENVIRONMENT

The focus group discussion highlighted that there is a strong interdependence between spiritual health and the wellbeing of individuals, families, communities, and the environment. Participants emphasized that spirituality is both an individual and collective process, influencing each other in a balancing and enriching way.

Sione has emphasised that health is highly connected with your spiritual health by stating:

"Yeah, I mean, I think for me it's just being aware of self care, you know, and how important it is. That process is to look after your health, you know and spiritually is probably the main because it really stems from there that you are aware. If you're not centred in that, in that spiritual sense, then everything else is gonna be very, very different."

Sione's emphasis on the interconnectedness between health and spiritual wellbeing suggests that it serves as a foundational element from which other aspects of health are connected to. By prioritizing spiritual centeredness, individuals can bring awareness and balance that extends to their physical, mental, and emotional health.

Mele focussed on the interconnectedness of individual and collective spirituality, stating:

"It's like an individual process, but it's also collective as well because it's those things, like we're all spiritual. So everything kind of influences each other. Like I really like what everyone said so far about. It's like about this balance and this harmony."

This perspective highlights the enrichment that occurs within group practices, providing perspectives on the importance of collective worship.

Aisea reflected on the depth of spiritual connection experienced in communal worship settings, contrasting experiences in Palagi (Pakeha) churches with those in Pacific churches:

"The only thing that comes to mind is our worship in a Palagi (Pakeha) church versus worship in a Pacific church…I always felt with the Palagi one there was never the connection…it didn't get as deep as when I'm amongst the Pacific people…[like when] we're singing in Samoan or Tokelau language"

Aisea's observation shows the significance of cultural connection and language supporting a deeper spiritual connection within Pacific communities.

Lusiane said:

"*All of those forms of rituals would come down to blocking any distractions. …we need a special space and meditating to honor…And in that sense, you could see how you spirituality is affected by what surrounds us. So I guess in terms of having the connection. It would have been true for you to elevate to the spiritual level and that space that we have Ola Manuia*, that's a good space to actually reflect on spirituality."*

*Ola Manuia is the name of a specific group setting where Pasifika people meet regularly in a workplace to pray and be together.

This perspective highlights the transformative power of spaces for collective worship with the goal of communion with the divine.

Lusiane mentioned how the environment has an impact on our spirit:

"The physical side, the material you know the environment that plays a huge role. And you know and kind of diminishing our, you know and in our spirit it gets pushed down and you know lower and lower."

Overall, the perspectives point to the interconnectedness between spiritual health and individual, familial, communal, and environmental health, highlighting the transformative power of collective worship.

1.1.26 Perspectives of tautua (service) and spiritual health

The interdependence of spiritual wellbeing among individuals, families, communities and the environment were also viewed as a process that was strengthened through the concept of service, or "tautua", to others. A lengthy discussion on the interdependence between spiritual wellbeing and the concept of service, known as "tautua," unfolded with Mele who shared a quote that depicted the transformative power of joy and service in times of despair. She reflected on the role of faith and upbringing, and highlighted the link between serving others and nurturing one's own spirit:

“There's this quote that goes like “joy gives us wings in times of joy our intellect is keener, our strength is more vital and our understanding is less clouded”. And so like whenever I'm in that state, where I feel like I'm in despair and you know, there's no like light at the end of the tunnel…I try to remind myself to be grateful. I think that stems from all the religions or church or faith... It's that orientation of our spirit towards hope. And I think that's how I cope with stress and trauma or whatever. And I think also another thing that was kind of always encouraged when it when we were growing up is like, the more you focus on others, the less you feel like you have problems because then you see around you the world is problematic, but you're actually contributing something beautiful to the world and so that sense of joy that you derive from service is actually nurturing your spirit."

Mele reflects on the profound influence of her upbringing on her coping mechanisms, emphasising the connection between faith, hope, and service as vital components in navigating life's challenges.

"And it's like and that way it heals yourself. So I think this understanding it's like yeah, the more you are able to serve, the more you feel like you're also serving yourself. it's a very interconnected, interwoven process.”

Mele highlights the reciprocal nature of service, illustrating how giving back to others not only benefits the recipient but also contributes to one's own healing and sense of fulfilment.

Building upon Mele's insight, Sione emphasised the reciprocal relationship between giving and receiving in service. He stated that spiritual enlightenment comes from acts of kindness and community engagement by saying:

“Also agree in the 'tautua' or service, that it's in giving that you receive because you know you can talk about that. But if you're not actually giving, you actually don't feel that you know. And level that, that's if you're loving somebody else it actually comes back, so those sort of practices. You're thinking, oh, how is that going to help but you know in their spiritual ways it happens. You know we will serve community, like I go back and help small choir, that you know in Newlands...but I'm there just helping out. I feel like I'm empowered in that process of getting to serve. And that to me, from my daily practice and I should never lose roots of my community, right? If you doing all these great flashy things and you

lose it, then you actually feel actually, it's not the same. But you come back to the source of where it all started…it's about people, community."

Lusiane further reinforced the significance of service in nurturing spiritual health, drawing from familial values and the sense of identity derived from community involvement:

"And these are the values that our parents always brought up as well. You know, Alofa, love, Tautua, respect all the values come into play here...the feelings that you get from [service] enriches your spiritual health as well as to, you know, the maintenance stuff for your spirit, whether it's for me personally, it's again, coming back to the identity of this rediscovering it and also reclaiming that part of me that wasn't taught to me from my parents, and going out to the community.

Mele reiterated the centrality of service in shaping spiritual growth and sense of purpose, highlighting its profound impact on individual and communal wellbeing:

"It's like service to others is really the purpose of our lives, you know, and that's how we grow our spirit."

Through these reflections, the interconnectedness between individual spiritual fulfilment and service to others emerges as a cornerstone of holistic wellbeing within the Pacific context, sharing the transformative potential of service on spiritual health.

1.1.27 Perspectives on cultural ideas of reciprocity and their interconnectedness with wellbeing:

Within Pacific communities, cultural concepts of reciprocity, such as fa'alavelave, play a significant role in shaping social interactions and support systems. These practices often reflect a deep sense of communal responsibility and interconnectedness among individuals, families, and communities. However, while these cultural norms foster solidarity and support, they also present challenges that can impact spiritual health and overall wellbeing.

Lusiane acknowledges the positive aspects of fa'alavelave, recognizing its role in fostering familial support and community cohesion:

"I can look back and I can see the good things[…]Like fa'alavelave is not a bad thing[…] I think it's good to have family gathering around supporting you, cause that's the whole idea of fa'alavelave, like your cousins and aunties or extended family coming and give you

gifts or supporting you with, you know, providing food for your funeral or wedding and stuff like that so to me, there's nothing wrong with that."

However, Ailini points out the potential negative consequences associated with these practices:

"The Tongan way of doing fa'alavelave, yeah, you could empty your bank account and if you're giving it for the purpose of the church, then, whether the kids wake with lunch of not. And this little the cycle that we're around."

Moreover, there is a recognition of the pressure individuals feel to adhere to societal expectations, as expressed by Ailini and Aisea:

"...My sisters, my brothers are doing [giving money] it so I'm not gonna be the one that I'm just gonna, you know, give you know this amount when everybody's doing it. So you feel pressured into doing it and I feel that that's what happens in our, you know, in our families."

Aisea further added:

"I totally agree with everything you were saying in terms of fa'alavelave and pressure around churches. I think I see the really about feeling more connected in that Pacific churches as opposed to Palagi church. And I guess that's where we have the good aspects of our culture. Then we start to see the other side where, service to a fault then give giving beyond our means…".

Despite these challenges, there is an acknowledgment of the importance of responsible giving, as emphasized by Lusiane:

"You know, giving is good, giving your service, giving your wealth I suppose, if you have wealth…but only what you can, should be the rule."

In summary, the cultural ideas of reciprocity embedded in practices like fa'alavelave reflect both the interconnectedness and complexities of wellbeing. While these practices promote communal support and solidarity, they also pose challenges that necessitate thoughtful consideration and responsible engagement to ensure the holistic health and wellbeing of individuals and communities.

Overall, this chapter has elucidated the four major themes from the focus group talanoa, describing in detail a range of Pacific perspectives on spiritual health and its relationship with various dimensions related to health and wellbeing, and at the same time providing context, which can offer a different perspective in explaining health inequalities and inequities, as well as, characterising what healthy lives for Pacific peoples.

DISCUSSION

In the discussion chapter, I will examine the four identified themes derived from the findings. I will explore the connections between these themes and the existing literature, considering their implications for public health. Additionally, I will provide suggestions and recommendations supported by further research, practice, or literature. Before I discuss the key findings of the research, it is necessary to contextualise the research on one core belief.

1.1.28 Core belief: the spirit is the essence of an individual

During the focus group session, the participants shared in a variety of different ways, that the human spirit is the most important part of a person. There was acknowledgement of the human spirit having existence beyond the physical life on earth.

This finding is supported by the literature found earlier where various studies confirmed the spirit as being the essence of an individual as a fundamental understanding among many religious groups and peoples *(Ahmad, Seyed Mahmoud, Saharnaz, Mohsen, & Bagher, 2018; Ajam Zibad, Mohammadi Shahboulaghi, Foroughan, Rafiey, & Rassouli, 2016; Akbari & Hossaini, 2018; Fleming & Ledogar, 2008; Idler, 2014)*.

The understanding of the belief, that the spirit is "the essence of the individual", has implications on deciding what appropriate steps may be taken by those in the health fields. Sue & Sue (2008) stress the importance of service provision to be congruent with the patients beliefs, values and customs and cultural worldviews *(Wing Sue & Sue, 2008)*. And literature found earlier confirmed that the exclusion of core beliefs (cultural) can lead to the marginalisation of indigenous people *(Reid et al., 2019)* and promote Anglo-European/Pakeha beliefs *(Kidman & Chu, 2017)*

A **recommendation** is that health professionals be educated about Pacific peoples' religious beliefs, by attending diversity training at the very least. Ideally this knowledge can be gained though friendships with Pacific peoples and learning naturally from them. Studies have shown that value structures influence ones attitudes towards diversity and that age, gender, race and religiosity are moderating factors *(Sawyerr, Strauss, & Yan, 2005)*. Therefore obtaining understanding about Pacific religious beliefs, may change the attitudes, increasing the likelihood of more appropriate health care to be used.

DISCUSSIONS ON THE 4 MAIN THEMES OF THE FINDINGS

From the research findings, there are four major themes that will now be discussed.

Theme 1: Interconnectedness of Spiritual Health and Other Areas of Health

The theme carries important implications for public health policy and practice in Aotearoa. The unanimous understanding is that spiritual health cannot be isolated from other dimensions of health and this is significant. This is supported by the literature and confirmed by many Pacific health models such as the Fonofale, Fonua and Te vaka atafaga *(Agnew et al., 2004; Kupa, 2009; Tu'itahi, 2007)*.

One challenge that has presented itself, is that researchers struggle to include the spiritual component of the models, hence the premise behind the current project. More often than not these models refer to all components of health and wellbeing in general terms such as 'holistic approach'. So at the very least public health programs for Pacific peoples must adopt a holistic approach and recognise the nature of this interconnectedness. This will yield more comprehensive and effective results *(de Diego-Cordero, López-Tarrida, Linero-Narváez, & Galán González-Serna, 2023; Ghiya, 2019)*.

1.1.29 Spiritual health and its place within a holistic view:

Acknowledging the potential impacts and interactions between the different aspects of health is a key part of getting to a deeper understanding of spiritual health. The findings indicated that spirituality/religion had a major role in wellbeing for the participants. The recommendations for this would then be a call for targeted interventions that nurture spiritual wellbeing to improve the overall health of Pacific populations in Aotearoa.

A study by Firestone and others, included a Pacific health model (Fonofale) *(Firestone et al., 2021)* that enabled Pacific participants to enhance their health and wellbeing using a mobile health application (OL@-OR@). As part of this programme, the participants were encouraged to upload and share spiritual quotes or prayers that helped them on a daily basis. That is likely the first time a public health programme used the spiritual component as part of an intervention programme in Aotearoa. Interestingly, Firestone and others

carried out specific analyses investigating the use of the Fonofale model and its impact on health and wellbeing. In their findings, they reported that statistically, the spiritual component was not impactful on their health and wellbeing. On the surface this may seem at odds with what the findings showed, but the authors did mention that the spiritual dimension had probably evolved from 'spirituality' on its own, to one that is inclusive of 'family and community life'. This aligns well to the initial major theme, because Pacific peoples perspective on spiritual health is strongly aligned with other dimensions of health. Another thought to consider is that perhaps the use of spiritual quotes as a component was not sufficient to provide a deep level of spiritual nourishment. The findings found that there are several complex and rich ways that spirituality is expressed, such as links to going to church, being in nature, being of service to others and therefore the study could be enhanced to include more explicitly some of these other cultural and spiritual elements.

1.1.30 The relationship between the body and spirit

From the focus group discussions, it was clear that Pacific peoples hold a holistic perspective on the relationship between the body and spirit. Throughout our conversations, participants reiterated the interconnectedness of physical, spiritual, and mental wellbeing in their cultural worldview. The literature showed that having a complete and accurate understanding of the human spirit may be difficult as it incorporates various branches of knowledge, such as philosophy, culture and religious perspectives *(de Diego-Cordero et al., 2023)*.

The implications on health practitioners is that the metaphysical nature of the spirit may become a barrier to health professionals who work in the biomedical field *(Sperry, 2012)*. While efforts to understand it is valuable, it does not mean that we must wait for a full understanding before taking the necessary steps to investigate it or include aspects of it in the area of public health. What is the most necessary understanding in this regard is a focus on the holistic nature of human existence, which encompasses the body, mind, and spirit *(Mark, 2008; Marques, Freeman, & Carter, 2021; P. W. McSherry & Ross, 2010; Mo Yee, Siu-Man, Pamela Pui Yu, Cecilia Lai Wan, & Pamela, 2009; Nolen, Ivey, & Walker, 2023)*.

For public health professionals, acknowledging the significance of this perspective relates very closely to core cultural beliefs also. There is consensus that health promotion programs should be culturally sensitive (CS) and that one framework by Renicow et al. (1999) found that there are two dimensions of CS: surface structures and deep structures *(Resnicow, Baranowski, Ahluwalia, & Braithwaite, 1999)*. Resnicow et al.(1999) state that surface structures increases the "acceptance" of health promotion messages but deep structures conveys "salience". In relation to the Pacific perspective of there being a "body and spirit connection", this would be considered deep structures of cultural sensitivity. Health messaging that incorporates these deep structures would be more effective in achieving greater understanding and salience. A superficial level of cultural sensitivity would be using "people, places, language, music, locations and clothing familiar within a specific culture" *(Resnicow et al., 1999)*. Thus, we must move beyond these surface level structures to be more effective with health promotion messages and activities that target Pacific peoples, and other indigenous groups.

1.1.31 Personal growth and purpose

The findings highlighted the strong connection between spiritual health and personal growth, as well as the pursuit of life's purpose. The literature supports this finding as fulfilling one's life purpose as an aspect of spirituality and religious beliefs. Exploring this for individuals and as a collective can potentially increase wellbeing *(Dos Santos et al., 2022; D. R. Hodge, 2005a)*. The implications of this highlights avenues for public health interventions tailored to incorporate spirituality as a resource tool for personal growth and resilience. Empowering individuals in Aotearoa to explore their spirituality and its relationship to their life journey can be a valuable public health strategy. This may involve providing resources for spiritual exploration and guidance or creating spaces for individuals in Aotearoa to share their evolving spiritual perspectives. An example of this is *spiritual life maps* as proposed by Hodge (2005). These tools allow clients to explore their spirituality. Such tools when administered by health professionals can assist them to be better able to cater to the spiritual needs of their clients *(D. R. Hodge, 2005b)*. Another way public health programmes can make advances in this area, is through the use of co-design approaches in developing spiritual health programmes. Allowing a specific spiritual health focus of the programme and encouraging the community to come up with

ideas that support spiritual health, may naturally allow indigenous knowledge values and systems to be included. An example is by Prapaveissis et al. (2022) who implemented an empowerment programme for youth, using co-design as the approach. This programme included spiritual health as a component in the health promotion programme of Pacific communities and young people *(Prapaveissis et al., 2022)*.

1.1.32 Spiritual perspectives evolve

The findings suggest the evolution of spiritual beliefs and perspectives among Pacific individuals over the life course. This knowledge is vital for public health researchers and practitioners in Aotearoa, because it brings to the fore the idea that public health approaches to spiritual health are not a one-size-fits-all. This also implies that there might be different ways to address spiritual health, at different times, depending on the age and stage of the person. For Pacific peoples and other indigenous peoples who may have been exposed to spiritual perspectives, incorporating themes of spiritual health at a young age will not be unfamiliar.

Spiritual assessment tools surfaced as a possible way to capture an initial understanding of certain aspects of spiritual beliefs *(Ajam Zibad et al., 2016; D. Hodge, 2015)*. Some benefits of using a spiritual assessment tool is that a health practitioner can get some insight about the patients spirituality and religious beliefs or their participation in religious practices or communities *(Ajam Zibad et al., 2016; D. Hodge, 2015)*. While implementing a spiritual assessment may be an appropriate recommendation, I think it may not be adequate on its own to make a difference to public health practice. One reason is that the assessment tool may have an individualistic focus, which may not include a collective perspective. Or it may not provide an overall and holistic outlook, or that it is not culturally sensitive. In a study about spiritual diversity, spiritual assessment and Māori end-of-life perspectives, Nelson-Becker and Moeke-Maxwell (2020) stated that while spiritual assessment is necessary, there is diversity in religions, spiritualities and cultural perspectives. They have suggested that rather than an spiritual assessment tool, practitioners develop more sensitivity towards common human questions at the end-of-life. They provided a list of common human questions and needs at the end of life, in a table called *Examples of Spiritual Concerns*, that can be used by professionals to gain insights

into the needs of their patients, instead of using a generic/general spiritual assessment tool *(Nelson-Becker & Moeke-Maxwell, 2020)*.

A more complete recommendation therefore, is that a spiritual assessment tool can be used, but it should be developed by or with the input of Pacific peoples, to bring in aspects of Pacific beliefs (collective and holistic nature of spirituality). It may be usefulto start with the *Examples of Spiritual Concerns* (by Nelson-Becker 2020), and make adjustments for the inclusion of Pacific perspectives. This will deepen their sensitivity to spiritual realities of Pacific peoples that they serve.

1.1.33 Ancestral and cultural influences

It was clear from the talanoa, that the influence of ancestral and cultural traditions contribute to spiritual health. Spiritual health is rooted in cultural values and remembering ancestral legacies and teachings. Some examples of cultural and ancestral connections mentioned in the findings referred to the transferring of knowledge about prayer and fasting from parents, and also the use of Pacific languages during church services. The implications of this for public health is that there is an opportunity to strengthen spiritual health by drawing on culture and language beyond the church context.

Some studies on indigenous health stress the positive health effects that indigenous language use and revitalisation has on indigenous people. A purposive bibliographic search to identify health outcomes, with language use and revitalization, reported 62.1% positive effects on peoples' health. This was specifically in the context of Americas, Australia or New Zealand *(Whalen et al., 2022)*. Therefore, a recommendation to public health professionals is that promoting language revitalization can have a positive effect on Pacific peoples in Aotearoa, especially considering that less than half of Pacific peoples speak their ancestral languages. A study by McCaffery & McFall-McCaffery (2010) looked at the significant signs of permanent loss of Pacific language in Aotearoa. The authors called for Pacific languages to be included in the Aotearoa education system to prevent it's loss *(McCaffery & McFall-McCaffery, 2010)*. While this is in the education context, the loss of language for Pacific peoples in Aotearoa will have a health cost. This

is therefore an important consideration for the allocation of resources in public health, and finding ways to incorporate the revitalisation of language through health interventions.

1.1.34 Rituals and Practices in intergenerational family context

The role of spiritual rituals and practices within the family context emerged as a key theme. Participants shared how practices such as prayer, meditation, and fasting are passed down through generations (as mentioned above) and play a central role in their spiritual wellbeing. This aspect highlights the importance of intergenerational transmission of spiritual practices within Pacific families in Aotearoa. One way that spiritual practices can be maintained is through intergenerational storytelling. As mentioned in the talanoa, history was passed down orally, and therefore the idea of solidifying spiritual health through intergenerational storytelling is very fitting. Cunningham et al.(2022) found in their studies that "*Examples of Engagement were evident in the way families shared values, passing of cultural knowledge, such as the evening talks, family prayer times and storytelling which emphasised the importance of education. The high expectations held by the participating parents served as a significant form of engagement with their children's learning. These forms of engagement motivated their children to do well at school and highlighted the role of past family members in their current academic success." (Cunningham, Jesson, & Wendt Samu, 2022)*.

The knock-on effect is that when knowledge is passed on through storytelling it can have positive effects on parental involvement in education. Therefore, a recommendation is that intergenerational storytelling be integrated in public health initiatives. An example is that a public health promotion message, say about healthy eating, could be given by grandparents. They could be encouraged to tell their grandchildren stories about how their ancestors used to eat, which is usually healthier than the common diet in New Zealand. This approach has other benefits also, such as the promotion of family cohesion, a creating a strong sense of belonging, and traditional knowledge is also preserved.

Theme 2: Importance of Spiritual Health Practices

1.1.35 Spiritual Practices as Foundations of Wellbeing

Participants emphasized the pivotal role of spiritual practices in their lives. Practices like prayer, fasting and meditation provide structure and a sense of connection to spiritual feelings and to God. These practices serve as a foundation for individual spirituality, instilling a sense of purpose. The incorporation of spiritual practices into public health initiatives in Aotearoa can have profound effects on wellbeing *(Andrade & Radhakrishnan, 2009)*.

Encouraging individuals to engage in these practices can lead to enhanced spiritual resilience, stress reduction, and improved mental health outcomes. For example, a study by Barnes et al.(2004) confirmed "*the potential beneficial impact of meditation on blood pressure and heart rate in the natural environment in healthy normotensive youth*" *(Barnes, Davis, Murzynowski, & Treiber, 2004)*. There are scientific studies that confirm the effectiveness of mediation to reduce anxiety *(Kabat-Zinn et al., 1992; Pearl & Carlozzi, 1994)*, relieve pain *(Kabat-Zinn, Lipworth, Burncy, & Sellers, 1986)*, decrease depression *(J. J. Miller, Fletcher, & Kabat-Zinn, 1995)*, enhance mood and self-esteem and decrease stress. Bonadonna (2003) states that *"there is now considerable clinical evidence and a number of theories describing meditation's impact on psychological and physiological symptoms associated with chronic disease."*

As Pacific peoples engage in spiritual practices already, any public health initiative that is taking into account a "Strength-based" approach would utilise spiritual practices in any public health programme when working with Pacific people.

1.1.36 Connection to Nature and Surroundings

The connection between spirituality and nature, particularly the ocean and natural environments is a shared sentiment among the participants. Being in natural settings gives a sense of peace and tranquillity, providing a healthy escape from life's challenges.

In a recent review of scientific evidence, Marcia et al.(2021)

"We found evidence for associations between nature exposure and improved cognitive function, brain activity, blood pressure, mental health, physical activity, and sleep. Results from experimental studies provide evidence of protective effects of exposure to natural environments on mental health outcomes and cognitive function. Cross-sectional observational studies provide evidence of positive associations between nature exposure and increased levels of physical activity and decreased risk of cardiovascular disease, and longitudinal observational studies are beginning to assess long-term effects of nature exposure on depression, anxiety, cognitive function, and chronic disease" (Jimenez et al., 2021).

These studies confirm the findings in support of the benefits of being in nature for overall wellbeing.

Public health initiatives in Aotearoa can explore the therapeutic potential of nature-based interventions for mental health and spiritual wellbeing. Encouraging individuals to engage with natural environments, such as coastal areas, parks, and green spaces, can contribute to stress reduction and overall wellbeing. Therefore, the recommendation is incorporating nature-based practices programs that align with the holistic approach to health promotion by public health efforts in New Zealand. For example, looking at programmes that integrate Pacific navigation may be a useful public health intervention. A recent qualitative study by Mau et al.(2021) on voyaging and health found *"Polynesian ocean voyaging was perceived as positively associated with holistic health and overall wellbeing and it may offer a new approach to confront complex health disparities." (Mau et al., 2021)*. A person engaged in this kind of programme would need to eat well, exercise a lot, learn about scientific notions of navigation, learn about craftsmanship and understand the necessity of working collaborate as part of a collective. It's these kinds of indigenous programmes that can have a much broader and wider health benefits to people than an intervention limited to 'food intake and exercise output'.

Theme 3: Religious and Cultural Influences

1.1.37 Intersections of Spirituality and Religion

Participants in the focus group discussion expressed a close connection between religion and personal spirituality, despite the diversity of religious beliefs within the group. In relation to the literature review, it is important to draw out that in the matrix (see Fig. 2), Pacific peoples would sit along the right side of the matrix, meaning highly religious and a varying degree of spirituality. Statistically over 70% of Pacific peoples in NZ are affiliated with religion, in contrast to less than half of the European New Zealanders *(Statistics New Zealand, 2018a)*. There is the potential for the "religiosity gap" as mentioned earlier in the literature and "secularism" to negatively influence how public health initiatives are funded and interventions designed. For example, if more of the health professionals are not religious, then the likelihood of spiritual health (especially religious) would be marginalised or omitted entirely. A study showed that General Practitioners (in the United States of America) are not comfortable with spiritual or religious statements in the health setting *(Ernecoff, Curlin, Buddadhumaruk, & White, 2015)*.

The idea of *omission of spiritual health* in health design can be viewed as an ethical concern. Polzer et al.(2012) have studied the ethical consequences of omission and claims there are moral and ethical consequences of willingly omitting spirituality in health programmes. A health professional must put aside one's own religious or secular beliefs and consider the needs of the patient *(Polzer Casarez & Engebretson, 2012)*. Therefore, a recommendation is that at the level of public health policy it is an ethical concerns to omit spiritual health in the design of health programmes for Pacific peoples in Aotearoa. It should be made mandatory and at the fore, rather than just an add-on, nice-to-have, superficial nod to, or surface level inclusion.

Another element that has come to light from further study, is that while Aotearoa is known for being very secular, with the 2015 recent mosque attack in Christchurch, the increase in migration from religious countries to Aotearoa there may be the stirrings of ambiguity and between religion and New Zealand secular culture. Trouton et al.(2023) state that *'We have argued that the largely taken for granted forms of New Zealand secularity are currently in transition. Oft-touted and much mythologised, the New Zealand secular is more malleable*

than has frequently been assumed. It is also more precarious. Secular politics requires an attempt at drawing a line between religion and other spheres of life. In New Zealand, this manoeuvre has been challenged and undermined by recent political, social, and demographic changes. The point here is not that the New Zealand secular is on the cusp of collapse, instead, arguably the present ambiguities and complexities amply illustrate that the future of New Zealand secularity is far from secure'. Specifically, in this paper an example was given about the increasing number of government agencies that are seeking to proactively engage with Pacific religious communities, and thus this provides context of things heading in the right direction for Pacific peoples wellbeing.

As a critical researcher, it was important to consider all aspects of the issue and get a full picture of the context. Therefore, there are few considerations in the intersection between religion and wellbeing. One thing that was mentioned in the talanoa discussion was how giving money to the church, if it exceeded what families could afford, may perpetuate Pacific families in poverty. This highlighted the financial pressures from the church that may add to the economic inequities that Pacific peoples in Aotearoa face. These pressures have sometimes led to Pacific peoples moving from one church to another *(Taule'ale'ausumai, 2019)*. Nevertheless, strategies that involve engaging with Churches has been mentioned in governmental plans, signalled that it is important to collaborate with them *(Ministry for Pacific Peoples, 2022; Thomsen, Shafiee, & Russel, 2023)*. The issue is not about giving to the church, it is really about giving beyond ones means. And this issues can and should be addressed by Pacific peoples within churches, so that this can be mitigated.

1.1.38 Transition from Traditional Beliefs to Christianity and the Baha'i Faith

The participants acknowledged the historical transition from traditional spiritual practices to Christianity and the Baha'i Faith, particularly through the influence of missionaries. They recognized that their ancestors held beliefs in a manner distinct from contemporary organized religions, but these beliefs eventually intertwined with and embraced these new faiths.

In Aotearoa more Māori researchers are acknowledging that Christianity is closely related to colonisation, and that the process of decolonisation may include looking critically at its role in stripping away Māori traditional beliefs *(Troughton & Fountain, 2023; Tuhiwai Smith, 2021; Tupou, 2019)*. There were strong politics at play historically and so much harm done to Māori during the period of colonisation and the effects continue to be felt today. One thing to point out is that while it's true that the process of decolonisation can take into account the role of Christianity, for Pacific people there seems to be more of a concern about the dismissiveness of Pacific culture or racism, rather than specifically looking at Christianity as a partner in colonisation *(Suaalii-Sauni & Fulu-Aiolupotea, 2014)*. As mentioned throughout the focus group study, Christianity and cultural beliefs have mostly been seen as complementary and evolutionary rather than a destructor of culture. This distinction expresses respect to the religious beliefs of Pacific peoples. Of course this is not saying everyone feels this way, but if over 70% of Pacific peoples identify as being religious *(Statistics New Zealand, 2018b)* then it's a strong indication that they value it. A recommendation here is that Public Health professionals are cognizant of the spectrum of concerns related to colonisation and be aware of how these can be considered in health programmes.

1.1.39 Religious complexities

One participant mentioned a perceived disconnect between their Christian faith and their connection with the spirits of their ancestors. This internal struggle to reconcile non-Christian elements with Christianity highlights the complexities that may be present within spiritual beliefs among Pacific individuals.

Though not spoken of during the focus group specifically, often times people may not like the idea of religion, or choose not to be religious due to the evidence of abuse that has happened in churches or by church members. Interest in child abuse in religious settings has been a growing in public discourse for the last twenty years *(Harper & Perkins, 2018)*. What is less known is that many of these studies neglect to compare the abuse that happens in churches to the abuse that happens in different secular institutions or governmental institutions *(Spröber et al., 2014)*. The social discourse on the topic and in the media tends to lead people to believe that it's a major factor in religious institutions only,

however research shows that abuse happens equally in secular institutions. Research by Spröber (2014), with over 1000 respondents, found that the determining factors leading to the abuse were the institutional structures and lack of respect for children, rather than due to the religious affiliations *(Spröber et al., 2014)*.

Acts of abuse of any kind are abhorrent, unacceptable and a huge concern to public health. Especially experiences of childhood abuse which can influence profoundly on adult health and wellbeing. A public health approach would benefit from the consideration of Adverse Childhood Experiences (ACEs). ACEs include emotional, physical, and sexual abuse, witnessing Intimate Partner Violence (IPV), household substance abuse, household mental illness, parental separation, and incarcerated household members. ACEs are associated with adverse outcomes later in life *(Chapman et al., 2004; Harkonmäki et al., 2007; Shonkoff et al., 2012)*. Some outcomes include early mortality and morbidity, increased mental health problems like depression and anxiety *(Björkenstam, Hjern, & Vinnerljung, 2016; Godoy et al., 2021; Hashemi, Fanslow, Gulliver, & McIntosh, 2021)* A recommendation is for public health that wish to be cognizant of spiritual health must include strategies for reducing ACEs as part of their efforts, as this is part of implementing a holistic approach to health.

Theme 4: Interdependence of Spiritual Health

1.1.40 Balancing Individual and Collective Spiritual Health

The findings from the talanoa highlight the interdependence of spiritual health on the wellbeing of individuals, families, communities, and the environment. Participants articulated that spirituality is both an individual and collective process, each influencing the other in a harmonious and enriching manner. Research in support of this notion is by Tautolo et al.(2020). The found four key factors that constitute success for Pacific families: a connection with God, practicing and embracing Pacific cultural identity, family connectedness and communication *(Tautolo, Faletau, Iusitini, & Paterson, 2020)*.

A further aspect of interdependence mentioned in the findings is the cultural practice of fa'alavelave. Lauta-Mulitalo (1998) described this as a Samoan practice that demonstrates love and concern *(Lauta-Mulitalo, 1998)*. Maiava (2001) confirm that it is also a formal exchange of gifts in traditional Samoan ceremonies *(Maiava, 2001)*. The act of giving towards a fa'alavelave can foster a sense of community and support but may also lead to financial strain and social pressure. Some evidence of fa'alavelave may be related to monetary remittances, which is money being sent from Aotearoa to family or church communities in the Islands. Statistics from the World Bank state that remittances account for a share of 38% of Gross Domestic Product (GDP) of Tonga and 19% of the GDP for Samoa *(Thomsen et al., 2023)*. This is a substantial amount of money and may have negative consequences on families, especially when the cost of living in Aotearoa is currently very high. There is research that has shown that economic hardship can impact and exacerbate health inequities *(Grey, Mischewski, & Ryan, 2019)*. The theme of interdependence makes it crucial for public health programs to take a comprehensive view that considers the connections between individuals and cultural responsibilities and how it links to the economic wellbeing of Pacific people.

1.1.41 The Role of Tautua/service

Participants emphasized the concept of "tautua" (service), as a fundamental aspect of spiritual health. They described how serving others and the community is central to their personal wellbeing and spiritual growth. There are specific meanings of Tautua in Samoan culture, especially in relation to Matai (traditional chief) responsibilities. However, one

description that is useful in the public health context and confirmed in by sentiments shared during the focus group, is by Fa'aea & Enari (2021) who stated: *"Tautua is an essential part, a critical component of being Samoan, irrespective of where one is in the world. Enacting a life of service is a code of power that we learn so we know how to participate in society." (Fa'aea & Enari, 2021)*.

The idea of tautua in foundational in Pacific communities and this is evinced by the amount of unpaid work and volunteering they do in Aotearoa. A report by Rohorua (2021) showed that more than 97% of 2000 Pacific participants "took part in at least an hour of unpaid work or volunteering during the last four months", "Pacific peoples spent over 66,000 hours per week on unpaid work and volunteering", "over a period of four months, participants contributed a total of over $2.4m of their own money to help others", "On average, that equates to $161 per person every week". *(Rohorua, Kingstone, Koloto, Taufa, & Tausi, 2021)*. This is a substantial amount of time and resources, which shows the depth of the importance of tautua.

A recommendation for public health professionals is that they consider the cultural values of tautua and collectivism when working with Pacific peoples and be mindful of not adding to the time or economic pressures. For example, when asking for research partnerships with Pacific religious or community groups, it is essential to provide proper compensation. This is not only respectful but also necessary and just so as not to exacerbate social inequalities of the people you wish to serve.

CONCLUSIONS

This exploratory research is the first of its kind in Aotearoa, with a focus on Pacific peoples and spiritual health. There are **limitations** to the research, particularly as the study is on a small and limited sample size. A master's level research project must be conducted and analysed in a 6-8 month period, therefore time and resources have been a limiting factor in the number of people that were be involved in the focus group.

Another limiting factor was the inclusion criteria, that participants needed to be English speakers, this can potentially add some bias as it limits the potential diversity of data that is gathered. Once again, this was due to the lack of time and no translators readily available.

The literature and findings indicate that spiritual health within Pacific communities is significant and has implications for the public health sector in Aotearoa.
The **findings** highlight four main themes as a result of the focus group: (1) interconnectedness of spiritual health with other areas of health; (2) importance of spiritual health practices; (3) influence of religious and cultural factors; and (4) interdependence of spiritual health on individual, familial, communal, and environmental health.

The discussion chapter provided some **recommendations** from findings and research literature that indicates how public health professionals may incorporate spiritual health perspectives into programmes. Some thoughtful planning and the utelisation of Pacific values such as tautua, can enhance the power of the health interventions to better meet the health needs of Pacific peoples.

Some practical ways to act on the perspectives shared is to include and promote the use of Pacific languages, integrate nature-based practices and adopt co-design approaches that place spiritual health at the heart of the program design. Intergenerational storytelling can facilitate the dissemination of health messages, foster family cohesion, and transfer knowledge across generations. This research indicates that there are many creative ways that initiatives can lend themselves to integrating spiritual health perspectives. And these efforts can promote equitable health outcomes for Pacific peoples.

Some final thoughts for future research is that (1) a larger study is conducted, to validate the findings, informing the development of a new Pacific spiritual health research model; (2) a theoretical paper is completed, on the design of a spiritual-health-based program for Pacific communities and; (3) a collaboratively co-designed public health program integrating spirituality and tautua/service is implemented with an established group of Pacific families.

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APPENDIX

1.1 Consent form

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA

Participant Information Sheet

Study title (lay):	Pacific peoples' perspectives on spiritual health.
Sponsor:	Health Research Council Master's scholarship grant
Locality:	Massey University, Wellington, New Zealand
Lead Researcher:	Penina Hitti
Supervisors:	Associate Professor Dr Tupa'ilevaililigi Riz Firestone and Associate Professor Nia Aitaoto, University of Utah
Contact:	phitti@massey.ac.nz or [redacted]

You are invited to take part in research that aims to gain some insights into Pacific cultural and traditional knowledge systems that relate to spiritual health and perspectives of Pacific people in the health fields in New Zealand.

If you don't want to take part, you don't have to give a reason and are free to decline. If you do want to take part now, but change your mind later, you can pull out of the study at any time.

This Participant Information Sheet will help you decide if you'd like to take part. It sets out why we are doing the study, what your participation would involve, what the benefits and risks to you might be, and what would happen after the study ends. We will go through this information with you and answer any questions you may have. You do not have to decide today whether, or not you will participate in this study. Before you decide you may want to talk about the study with other people, such as family, aiga, friends, or colleagues. Feel free to do this.

If you agree to take part in this study, you will be asked to sign the Consent Form on the last page of this document. You will be given a copy of both the Participant Information Sheet and the Consent Form to keep.

This document includes the Consent Form. Please make sure you have read and understood all the pages.

Voluntary Participation and Withdrawal From This Study

Participation in this study is voluntary, and you are free to decline to participate, or to withdraw from the research at any time, without experiencing any disadvantage.

What is the purpose of the study?

This projects aims to answer two initial questions: 1) The first is what insights are contained in cultural and traditional knowledge systems that relate to spiritual health and illness? and 2) What insights of spiritual health can be gathered to better understand holistically, Pacific health and well-being?

How is the study designed?

The study is designed in two parts. The first is reviewing historic and archival information on traditional beliefs on health and the second part is through focus group interviews with Pacific people in health fields (health nurses, doctors, community health advocates etc). We will be using Pacific research methodologies such as Talanoa.

Who can take part in the study?

1.2 Ethics committee confirmation

Gmail **Penina Hitti** <[redacted]>

[HE007] - Human Ethics Notification - 4000025549
1 message

humanethics@massey.ac.nz <humanethics@massey.ac.nz> Thu, Apr 13, 2023 at 10:41 AM
To: [redacted], R.T.Firestone@massey.ac.nz
Cc: humanethics@massey.ac.nz

Kia ora,

Link to the application
HoU Review Group

Ethics Notification Number: 4000025549
Project Title: Pacific peoples' perspectives on spiritual health.

Thank you for your notification which you have assessed as low risk.

Your project has been recorded in our database for inclusion in the Annual Report of the Massey University Human Ethics Committee.

The low risk notification for this project is valid for a maximum of three years.

Please notify me if situations subsequently occur which cause you to reconsider your initial ethical analysis that it is safe to proceed without approval by one of the University's Human Ethics Committees.

Please note that travel undertaken by students must be approved by the supervisor and the relevant Pro Vice-Chancellor and be in accordance with the Policy and Procedures for Course-Related Student Travel Overseas. In addition, the supervisor must advise the University's Insurance Officer.

A reminder to include the following statement on all public documents:

"This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named in this document are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you want to raise with someone other than the researcher(s), please contact Professor Craig Johnson, Director (Research Ethics), email humanethics@massey.ac.nz."

Please note that if a sponsoring organisation, funding authority or a journal in which you wish to publish require evidence of committee approval (with an approval number), you will have to complete the application form again answering yes to the publication question to provide more information to go before one of the University's Human Ethics Committees. You should also note that such an approval can only be provided prior to the commencement of the research.

You are reminded that staff researchers and supervisors are fully responsible for ensuring that the information in the low risk notification has met the requirements and guidelines for submission of a low risk notification.

If you wish to print an official copy of this letter:

1. Please login to the RIMS system (https://rme.massey.ac.nz).
2. In the Ethics menu, select Ethics Applications.
3. Using the Advanced option, select Ethics Applications (Area), Application ID (Search On), enter the ethics notification number in the Value area and select Find on the toolbar.
4. With the application the Results Tab, tick the empty box on the far left of the application and select Reports from the toolbar.
5. Select the "Human Ethics - Low Risk Notification Letter" link, this will open the report viewer.
6. Select the application code from the Report Parameters dropdown and submit. You can then select an export option from the top toolbar (Print, Save).

Yours sincerely
Professor Craig Johnson
Chair, Human Ethics Chairs' Committee and
Director (Research Ethics)

1.3 Talanoa questions:

Overarching research questions:

Q1) What is spiritual health from Pacific peoples' perspectives? and

Q2) What insights of spiritual health can be gathered to better understand holistically, Pacific health and wellbeing?

Talanoa questions:

1) What is spiritual health?

What does spiritual health mean to you? [Q1]

How do Pacific communities that you are affiliated with conceptualize spirituality, health and wellbeing?

How does this differ from mainstream western perspectives on spirituality and wellbeing? [Q2]

2) How do spirituality and religion intersect? [Q1&2]

How do they impact the spiritual health of people differently?

3) What role do spiritual practices, such as meditation or prayer, play in your spiritual health?

4) In what ways does spiritual health contribute to overall health and wellbeing? [Q2]

How does spirituality intersect with other dimensions of health, such as mental, emotional, and social health, in the context of Pacific communities?

What role does spiritual health play in coping with stress, trauma, and adversity?

How can we promote greater awareness and understanding of the linkages between spiritual health and other dimensions of health, such as mental, emotional, and social health?

5) Do you think your cultural background influences your understanding of spiritual health?

How do cultural beliefs and practices influence your spiritual health?

How do you balance individual spiritual practices with community-based traditions (religious and/or indigenous), and how does this contribute to your spiritual health?

What spiritual practices do you think are unique to Pacific cultures, and how do they contribute to spiritual health and wellbeing?

6) What role does community and connection with others play in your spiritual health?

How do you promote spiritual health in your community or larger society?[Q2]

7) How does your spiritual health affect your physical health and vice versa?[Q2]

8) What do you think are the biggest barriers to achieving spiritual health, and how can they be overcome?

9) What spiritual practices do you think are most important for promoting overall health and wellbeing in Pacific communities? [Q2]

How can we better integrate spiritual health into traditional healthcare systems to improve Pacific health outcomes?

How does spirituality play a role in addressing health disparities and promoting health equity in Pacific communities?