CHAPTER 16

PACIFIC PROBLEM GAMBLING

By collaborating Pacific contributors based on an agreed process

Introduction

In Aotearoa New Zealand, the Pacific population has become an increasingly significant ethnic group. Unfortunately and simultaneously, so has gambling become an increasingly significant problem for Pacific peoples. Statistics New Zealand has reported Pacific communities, who have resided in New Zealand for six generations now, to be "amongst the most dynamic part of a slow growing, rapidly ageing New Zealand population." It is imperative to define that 'Pacific peoples' does not refer to a single ethnic group, nationality or culture. The term is one of pride and convenience, used to encompass a diverse range of people from the South Pacific region.

This chapter will provide some background on Pacific clinical treatment(s). First, the introduction outlines the paucity of data and the richness of undocumented Pacific theory, which can be applied to problem gambling clinical treatment(s). The second part of the chapter features a Niue discussion for appropriate therapeutic treatment. The third section covers Samoan principles of clinical treatment. The conclusion summarises some future developments for the management of Pacific problem gambling.

The Pacific population is culturally and linguistically heterogeneous, comprising Polynesian groups, (e.g. Samoan, Cook Islands, Tongan, Niue, Fijian, Tokelauan and Tuvaluan); people from the Melanesian countries (e.g. Papua New Guinea, Vanuatu and the Solomon Islands); and several other Micronesian countries (e.g. Kiribati) (Mugler & Lynch, 1996). This diversity is problematic when one considers mainstream New Zealand clinical treatment approaches in problem gambling. It becomes challenging to select a 'Pacific way' that is most appropriate for use in Aotearoa New Zealand. However, it is also critical for Pacific peoples to

unite and to work together for the good of our combined communities without sacrificing the tenets of our respective cultures that we hold precious.

This is especially important because the health status of Pacific peoples is poor in comparison to most other ethnic groups in Aotearoa New Zealand, other than Māori (Ministry of Pacific Island Affairs, 1999). The National Health Committee found that "social, cultural and economic factors are the main determinants of health," including "income and poverty, employment and occupation, education, housing, population-based services, social cohesion and culture and ethnicity" (National Advisory Committee on Health and Disability, 1998, p 6).

The scope and quality of analysis about Pacific problem gambling is constrained by the accessibility and quality of the information (Bathgate et al, 1994); there are limited data and research available. This means that Pacific stakeholders can only estimate the prevalence of problem gambling, although they perceive its impact anecdotally, through the reality of affected family members. The only specific research projects to date are: *The Impact of Gambling on some Samoan Peoples Lives in Auckland* (Perese & Faleafa, 2000); a current prevalence study with the Tongan community in Auckland; and a current University of Auckland investigation, 'Why do people gamble?' which has a Pacific component. Some relevant information can also be found in *Supporting the wellbeing of young people in relation to gambling in New Zealand: Final Report and Recommendations* (Problem Gambling Foundation of New Zealand, 2003) and *Towards a Responsible Gambling Strategy: Collective Statement from the Workshop 21 & 22 March 2002* (Problem Gambling Foundation of New Zealand & Centre for Gambling Studies, 2003). There are only a few relevant publications about Pacific problem gambling matching the few Pacific problem gambling clinical treatment providers.

Pacific problem gambling treatment providers

Currently there are only four contracted Pacific problem gambling providers: (i) the National Pacific Gambling Project, NIU Development Inc; (ii) Pacificare Trust, Manukau; (iii) Pacific Peoples Addiction Services, Hamilton; and (iv) Pacific Island Cultural Social Services, Auckland. Until recently, there was only PIDAS/Pacific Island Drug and Alcohol Service, located in Auckland. There have been too few service providers with too much work and insufficient time to develop appropriate clinical treatment models and resources. So, the model(s) here espoused come from many

years of Pacific practitioners working in the health field or associated areas. The posited models deal mainly with how we/Pacific providers would deal with ourselves, and secondly with how other non-Pacific people who wish to could provide for Pacific peoples.

NIU Development Inc., and the National Pacific Gambling Project have initiated and co-ordinated a national reference group for the purposes of: (a) strategising at a national level; (b) providing leadership in Pacific problem gambling; (c) assisting with the National Pacific Problem Gambling Development Plan; (d) developing a National Pacific Problem Gambling Workforce Development Plan; (e) contributing to the relevant initiatives (e.g. Auckland International Charter); and (f) any other pertinent issues. The reference group has contributed to profiling Pacific problem gambling and keeping Pacific problem gambling issues at the forefront.

A dichotomy is constructed when one speaks of clinical treatment premised on a Western model, and Pacific interventions based on 'traditional' models. The ultimate purpose in choosing to cover Pacific problem gambling in this way is: (a) to ensure that our *taoga*/cultural treasures stay intact and are legitimated in the process as an essential part of the well-being of Pacific peoples and clients; (b) to consolidate our respective Pacific taoga as an important basis of our problem gambling service provision, a delivery model(s) that will be available to Pacific problem gamblers; (c) to share our taoga with other stakeholders, because in effect Pacific problem gamblers may not elect to seek help from dedicated Pacific providers; and (d) to complement the available service types and models for Pacific problem gamblers and their families. "Traditional medicine and Western scientific medicine cater for different demands from consumers. The choice reflects the consumer's perception of the best way to satisfy a health need, and also the quality of response to the consumer's demand" (Ministry of Health, 1997, p 6). It is further posited that:

> The basic difference between traditional medicine and Western scientific medicine lies in the perception of the causes of disease. In traditional medicine, causation revolves around the disturbance of relationships with Gods or supernatural beings, one another or society and the land. This disturbance leads to a state in which the person becomes incapable of, or less efficient at, meeting society's or their own expectations. A person is healthy if they are able to meet their own or society's expectations. In Western scientific medicine, the cause of disease is an abnormality or organ dysfunction. This abnormality is

> a measurable variation from an ideal standard. Therefore, health is restored when the variation is decreased. (Ministry of Health, 1997, p 6).

Pacific models for problem gambling treatment would follow the above guideline and rely heavily on models already developed in other relevant areas, such as Pacific mental health, Pacific education, and Pacific community development. Typically, Pacific knowledge is orally delivered from the fountain of 'cultural memory.' It is useful for practitioners in the field of problem gambling (counsellors, psychologists, social workers, and policy planners) to acknowledge this and understand how difficult it is to learn and understand culture-specific non-verbal communications. This presents a huge learning challenge for non-Pacific practitioners.

Pacific peoples have resided in New Zealand for approximately six generations now. They comprise 6% of the New Zealand population, approximately 231,800 people. Half of those peoples are Samoan, followed by the Cook Islanders (22.5%), Tongans (15.5%), Niue (9%), and then smaller percentages of other Pacific groups. The Pacific population is projected to increase to 12% percent of New Zealand's population by the year 2051 (Statistics New Zealand, 2002a). This has huge ramifications for the development of problem gambling treatment models. It would be effective for Pacific stakeholders in the field to design these models for the clinical treatment of their own affected people.

Fakateletele/By Godly Luck: Niue problem gamblers

Monu Tagaloa/Blessed be God

Ke hake ke pu he lagi likoliko/So that it pierces the eternal sky

Ke hifo ke pu he lalo fonua/So that it reaches the very depths of the under earth

Monu ho inu eeee/Blessed be

*Ke matagi ke fano mitaki he aga ke fakalogo e pa/The wind c*ame along and blew against a wall

*Mo e fakanono mitaki fuga he tofia ke totou e peau/*It was sil*ent and rested on top of the sea to count the waves*

Ke hifo haku vaka ki ai, ke fata ha ika…/My canoe shall go down to the sea to catch fish

Kitu kitu e e e a/Amen…

Old Blessing and Chant

(Loeb, 1985, p 98).

In traditional Niue times, no fishing expedition was complete without paying due tribute to the power of the *moana/tofia/tahi*/sea/oceans and Huanaki, the Almighty God and God of fishes. A fishing party, who were usually male although it was not uncommon for Niue women to participate, would sing chants in order to bless their fishing expedition. From this practice arose an accompanying form of gambling known as *fakateletele*/'godly luck.' This required those on land, typically women, to throw a token to Huanaki, who would then grant the families a substantial catch from the *moana*/sea. *Fakateletele* leads Niue gamblers to believe that the benefits ('wins') from gambling are predetermined by God, and occur when they please the Gods.

The ideas underpinning gambling are not new to Niue people, but problem gambling is a recent dynamic. This section will focus on Niue problem gambling and defining effective clinical treatment. Some information will be provided about how gambling was understood in pre-contact Niue. The discussion will provide a snapshot of Niue people in Aotearoa New Zealand and their significant health indicators. Information about Niue world-views will be outlined, especially concentrating on the *taoga*/treasure that could inform treatment approaches for Niue clients who exhibit problem gambling behaviour. This section will conclude with recommendations for problem gambling practitioners.

In previous times, gambling was an integral part of the cycle of survival. It was a means for the ancestors to maintain balance. It was bound up in beliefs and values, and directly related to traditional spiritual beliefs and connections with *fonua*/land, *moana/tofia*/sea, *vao*/bush and other elements. Understanding the Niue world-view will provide some information about the integral elements that make up a Niue person.

Niue people share similar world-views, but they also possess great diversity, which stems from the 13 main *taue*/tribal settlements of Niue, later developed into 13 villages by the missionaries. Each *taue* had differences in dialects and behaviours. Before the village system, Niue was divided into two regions based on their ancestral settlements. These were identified as *Motu*/North: the settling place of the God Huanaki, and *Tafiti*/South: the land of strangers. Each region was made up of tribal and family collectives with their own specific differences and leadership. This diversity is still apparent today among contemporary Niue people.

In the 2001 New Zealand Census, there were 20,148 Niue people resident in Aotearoa New Zealand. This is a youthful population, with a

median age of 19 years. The majority (70%) are Aotearoa New Zealand born and raised, and most people (79%) are affiliated with a formal religion. Generally, Niue people are reasonably educated, since 41% have a school qualification and 18% percent possess tertiary qualifications. Most Niue people (85%) are employed, and the median total personal income is $16,600. These statistics provide some background on the Niue community living in Aotearoa New Zealand, including the problem gambling community. It is important to conduct research to identify which factors increase risk of or decrease susceptibility to problem gambling.

Practising clinicians working with Niue clients must understand the Niue psyche in order to provide the most effective clinical treatment. Non-Niue practitioners will overcome many obstacles once they gain an understanding of the background from which Niue people hail. These precepts are not static; they are the major 'drivers' that simultaneously motivate and immobilise Niue families. Although Niue people may have relocated geographically, this has not precluded them from migrating with excess baggage, such as the deep-seated social constructs already covered at the beginning of this section.

Niue world-view

It is of great value to any practitioner to acknowledge that Niue clients have a unique world-view. Knowing some of the cornerstone principles of this world-view assists problem-gambling treatment of this client group. This is the first time these principles have been written about in any depth. *Fakaue atu ke he tau pulotu ne lagomatai ke he mata gahua nei/Thank you to the experts who assisted with this important piece of writing.* This debate will continue among Niue practitioners, clinical and cultural experts, and Niue social scientists. This is not a comprehensive compilation of these principles, but they are the major accepted precepts at this point in time. These holistic components are the primary parts that comprise and make up a whole Niue person.

Ko e moui he tagata Niue/Niue world-view

- **Ko e Agaaga Faka-Tapu:** This is the spiritual life of a Niue person. It is the soul and the spiritual being, the untouchable, the sacred. This is the most sacred/tapu part of a person.
- **Ko e Finagalo:** This is the emotional life of a Niue person.
- **Ko e Moui:** This is the physical life of a Niue person, including all support mechanisms – physical, emotional, psychological, and spiritual.

- **Ko e Lotomatala/Iloaaga:** This is the knowledge-based life of a Niue person. This is the basis of all everyday skills which are learned and practised.
- **Ko e Pulotu:** This is the intellectual life of the Niue person. It is the cognitive component that controls analytical processes at a higher level. This is the level of specialness, of the pulotu of taulaatua, the keepers and practitioners of the gifts of knowledge from the gods.

Niue values

These are the founding principles valued in a Niue person. All Niue people are believed to have the potential to achieve these qualities. These attributes are believed capable of operating dependently (which is acceptable), inter-dependently (which is most preferable) and independently (which is least desirable). The most ideal situation is balanced symmetry. Should any of the named principles be at a reduced level of output, it is perceived as most likely that its matching complement will be of the negative other. For example, if one's heart is not filled with *loto fakalilifu*/literally 'heart full of respect,' then the heart compartments are filled with *loto kiva*/literally 'heart full of dirt.'

These principles are not abstract. Their value is in their ability to transform an ideal construct into a tangible 'good.' They can be described as intuitive in nature. It is also important to point out that these attributes are often seen to be 'emotional qualities' by Westerners. For Niue peoples, the notions of values, qualities, principles and goals are interchangeable. This is because Niue people generally conceive the continuum to be circular, interchangeable and holistic.

Ko e tau mena mua ue atu ke he Niue/Values most respected by Niue people

- **Loto Fakaalofa:** The practice of **fakalofa** or 'love extended' does not rely on good deeds; it is a mandatory response that includes all peoples. Upon initial meetings, it is the first spoken sentiment of a Niue person, one to another: *Fakaalofa atu ki a koe*/Love extended to you (one person). It is an unquestionable good that is dispensed, and thereby protects all that are covered by the expressed sentiment.
- **Fakaaue /Faka-tulou:** The practice of gratitude. The practice is expected to be given with no expectation for its immediate return. However, reciprocity decrees that its return will be anticipated in due course, and that the length of time is determined according to familial memory and collective obligations.

- **Fakahele:** The practice of taking care of another. Its value is in the depth of quality of care. *Fakafeheleaki* is the valued practice of caring for another.
- **Loto Fakalilifu:** The practice of honouring, respecting and glorifying. It is one of the most respectful states of being.
- **Loto Fakamokoi:** The practice of generosity and giving generously. This practice does not expect a return, in case it never happens.

Niue social structure

Niue social structures are based on the family, which may number from one to one hundred persons. It was always a given that where there is one Niue person, there may be one hundred resting on each shoulder, from both the paternal and maternal and adoptive *magafaoa*/family lines. Even today this is still an applied generalisation. This is one of the main reasons for respecting a person. Each person represents both her/his maternal and paternal lines of many people, and it is this fact that is respected, rather than the individual person.

- **Magafaoa:** This is the nuclear and extended family. The *magafaoa hiki*/adopted family, or the *magafaoa leveki*/caretaking family is responsible for the care of one or many persons. The interesting dynamic is how the *magafaoa* is implicated in a problem gambler's life. Due to the familial ties, the *magafaoa* is both part of the problem and part of the solution.
- **Maaga:** This is the village. There are 13 villages in Niue, and other than the family name this is one of the first identifiers of any Niue person. Cultural connectedness is determined through a Niue person's membership in their main identified *maaga*. In the life of a problem gambler, membership in the *maaga* is both a protective and a risk factor. Alofi is the capital and there are 12 other named villages.
- **Tau Tapuakiaga Kehekehe:** Niue people are both religious and spiritual, and in Aotearoa New Zealand 89% have religious affiliations. Most Niue worship in the Ekalesia Niue (a Presbyterian denomination that evolved from the London Missionary Society), about 15% are Latter Day Saints (Mormons), and 5% are Catholics. This is important for clinicians to remember. Some ethnic groups and their respective churches provide gambling (e.g. housie) for their congregants, but Niue people do not. Currently, gambling is not encouraged by the Niue church leaders or communities.

Recommendations for Niue service provision

A Niue service provider, incorporating culturally-appropriate models and practitioners, is the best, if not yet the preferred, mode of clinical treatment for Niue problem gambling clients. This is the recommendation of many Niue community health practitioners and most Niue people in Aotearoa New Zealand. This does not mean that *Papaalagi*/Pakeha or Western forms of treatment are devalued, because those other types of knowledge assist with total Niue well-being.

An effective model for clinical treatment of problem gambling Niue clients will have to incorporate diverse strategies, but it should be based on Niue models primarily. Experiences in other health fields indicate that Niue clients may prefer non-Niue health providers, because non-Niue providers do not have the links to the client's *magafaoa*/family and *maaga*/village. This means that the client feels safe, because their shame is not exposed to other members of their community. In order to encourage Niue clients to use Niue health providers, it is important to emphasise client confidentiality and other clauses of a professional code of conduct. (This may be the case for other immigrant communities in New Zealand; see Chapter 17.) The advantages of accessing a Niue health provider is that clinicians have the cultural background to cut through all the extraneous 'bits' and be more direct in identifying the problem. With the client's permission, they can also utilise community networks for effective treatment.

In order to facilitate and encourage treatment of Niue problem gamblers by Niue health workers, it is recommended that *Papaalagi*/non-Niue problem gambling providers and clinical practitioners create opportunities for the Niue health community to increase its capacity to treat its people. Strategically, it is imperative that the Niue community is assisted to manage its own people's problem gambling illnesses.

It is difficult to ascertain the numbers of problem gamblers in the Niue community. Anecdotal accounts suggest that there are sizeable numbers involved, but the research has not been conducted. This means that service providers and practitioners do not have good evidence about the extent of the problem.

Ke he tau matakainaga Niue: Kua lata tonu ke kau fakalataha a tautolu ke lagomatai e tau matakainaga ha tautolu ne kua pikitia mo e moua he gagao hagaao ke he tau Feua Peki Tupe, po ke 'fakateletele' nei ne kua pehia mo e pakia ki ai e tau magafaoa ha tautolu. Oue Tulou Atu, kitu

kitu eeaa … / To our Niue peoples: it is appropriate for us to unite to assist our families who have problem gamblers. With great respect, blessed you be …

Samoan problem gambling: Fofoina o faáfitauli mai le pele tupe i Tagata Samoa

E muamua lava ona viia le alofa male agalelei o le Atua lo tatou Tama i le Lagi, ua mafai ai, ona tatou fesilafai ile soifua maua ma le lagi e mama. Oute Fa'atalofa atu ai ma le fa'aaloalo tele lava i tatou tagata Samoa o lo'o galulue i lenei matagaluega o le Pele Tupe (Gambling), ae maise tatou tagata Samoa o a'afia i lenei faafitauli o le Pele Tupe. Ae faatulou atu olea sui lou leo, i le leo faapalagi aua ole tele o alo ma fanau ua soifua ma ola ae i nei atunuu e pei ona tatou iai nei. (First of all, let us rejoice in the love of God our father in heaven for allowing us to meet in good health. With respect, I welcome our own Samoan people who are working in this area of gambling, and particularly those of us who are affected by problem gambling. I will now speak in English to account for our children who were born here and who cannot speak or fully understand our Samoan language.)

Recent research in Auckland on the subject of Samoan people and problem gambling identified the impacts of gambling on individuals, partners, children, families, and extended families (Perese & Faleafa, 2000). The study reported negative implications for the Samoan community in the areas of budgeting, employment, health, and education. It recommends a need for:

- A health promotion strategy
- Greater collaboration between gambling services, Pacific health providers and the Samoan community
- More research
- More access to information on gambling for the Samoan community
- Culturally appropriate services to be improved and implemented.

Samoan people's gambling in Aotearoa New Zealand has reached alarming proportions (Perese & Faleafa, 2000), and Pacific peoples are six times more likely to develop problem gambling than their European counterparts (Abbott & Volberg, 2000). The increase in problem gambling numbers and the limited services available forecast an impending crisis. At the same time, there is only limited research about the extent of the problem.

In September 2003, a National Pacific Gambling Reference Group was established to formulate a national plan for problem gambling. The national body membership includes representatives from the Samoan, Niue, Cook Islands, and Tongan communities. The work is developing more appropriate data for the respective Pacific nations to enable relevant responses to the issue of problem gambling and associated social dysfunction. The following discourse sets the context in which some Samoan people present for assessment and treatment within mainstream mental institutions and health facilities in Aotearoa New Zealand.

Indeed, the experiences of such *malaga*/life journeys do highlight people's problems, which can only be addressed in a holistic manner that is consistent with their own view of the world, if they are to be dealt with effectively. The problem, however, is that health providers are often ill-prepared to meet the needs of the culturally different. Therefore, an important issue to examine is what constitutes best practice when working with Samoan problem gamblers. There are a number of factors to be considered. For Samoans, and indeed, all people, their perceptions of the world will depend on their cultural background. This means that clinicians working with Samoan clients need to have some understanding of Samoan concepts underpinning wellness and health (Tofi, 2003).

If treatment is to be effective, cultural processes and concepts must be taken into account along with other relevant clinical strategies. We now present some of these cultural concepts. First, a therapeutic session with a Samoan client is opened and closed with *tatalo* (prayer). The role of *tatalo* is to highlight the externality of control, the genuineness of the therapeutic transaction, and the importance of spiritual connectedness.

Second, it is important to acknowledge the person's sense of connectedness**,** derived from the *gafa* (genealogy). A Samoan person is seen in the context of their relationship to others, rather than just as an individual, which might be more typical in mainstream New Zealand society (e.g. Tamasese, Peteru, & Waldegrave, 1997). Finding a connection with the client enables a therapist to establish rapport, thereby setting the scene for the healing process to take place. This strategy is particularly useful for a 'difficult' client (who may be paranoid or introverted). To elicit a person's sense of connectedness, it may be useful to ask about a person's place of origin, and their sense of self. Sometimes a general enquiry, such as "tell me about yourself," will allow people to express elements of their *gafa*.

Third, the therapist must possess certain values believed to be important in forming the basis of effective Samoan treatment, and these may include:

- **Alofa:** love
- **Fa'amaoni:** honesty
- **Fa'aaloalo:** respect
- **Teu le va:** understanding of relationships or relational arrangements.

While the concepts of *alofa, fa'amaoni*, and *fa'aaloalo* may be somewhat self-explanatory, understanding relational arrangements within Samoan society (including their various levels) will be challenging for a non-Samoan therapist. There are ways of behaving that are indicated by the differences or similarities in the counsellor's and the client's age, gender, status, and family relationships. By implication, undertaking therapy for a Samoan problem gambler must involve *aiga* (family) participation (although it is important to obtain the person's consent before notifying their family).

It is useful to involve family because of the role of *ma* (shame) in maintaining problem gambling. This can be shown in various ways, including: (a) denial, (b) refusing *aiga* involvement, or (c) seeking *aiga* support. The therapist may need to revisit the client's connectedness to their *aiga* and to strengthen relationships as required. This process is referred to as *fa'aleleiga* (reconciliation) and is often used to resolve the client's internal conflict and ambivalence regarding the above factors.

Pacific communities make up a little over 6% of Aotearoa New Zealand's total population, of which Samoans represent half. To date, only four Pacific organisations (all based in Auckland) have received funding to address problem gambling and its impact on Samoan families living here.

In conclusion, the ongoing challenge for Samoan clinicians working in the field of problem gambling is to validate paradigms that address social problems consistent with a Samoan reality. Here, we have provided a framework that we believe will help to provide best practice in therapeutic interventions with Samoan problem gamblers and their *aiga*.

Failure by non-Samoan therapists to acknowledge cultural beliefs (some of which have been illustrated above) is culturally and professionally unsafe. To strive for the provision of effective services – Samoa mo Samoa (Samoan provision by Samoan) – we must work collaboratively towards promoting greater working relationships with all stakeholders. Fa'afetai, fa'afetai, fa'afetai tele lava. (Thank you, thank you, thank you evermore.)

Pacific summary

These are the backgrounds for some Pacific peoples living in Aotearoa New Zealand. This diversity contributes to the identity of the larger Pacific community and the larger Aotearoa New Zealand society. The implication is that problem gambling clinical treatment models should be as diverse as the clientele needing assistance. Many Pacific stakeholders support service provision that is 'Pacific for Pacific by Pacific,' as in the posed 'Samoa mo Samoa' and likewise 'Niue ma e tau Niue.' However, for non-Pacific people who are nominated as preferred service providers by Pacific clientele, it is most effective to work in partnership with Pacific providers to provide the best quality care possible. It is preferable for Pacific peoples to be invited to be part of the design, implementation, monitoring, and quality assurance mechanisms of appropriate service provision for Pacific peoples. Pacific peoples are focused on strengthening and developing our/their own respective communities to be part of our/their solutions.

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