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**Title**

Getting to the heart of the story: using *talanoa* to explore Pacific mental health.

**Abstract**

*Talanoa* is an established format for generating discussion about complex topics used throughout the Pacific. Pacific researchers use *talanoa* to gather data with migrant Pacific Island populations, such as in countries such as the United States of America, Australia and Aotearoa New Zealand (A/NZ). Using *talanoa* in this way, changes the way that the approach is used as, on the one hand it is out of its original context, and at on the other hand, extends its use to gather data with Pacific Islanders. In this article we discuss the implementation of *talanoa* in an explorative qualitative research project, and discuss its effectiveness and usefulness for getting to the heart of the story about Tongan interpretations of mental illness and distress.

Keywords: *talanoa*, indigenous knowledge, mental illness, migration, methodology

**Introduction**

In 2006 it was reported that in Aotearoa New Zealand (A/NZ), Pacific Island people experienced higher rates of mental illness than the general population, and Pacific Island people born in New Zealand experienced higher rates of mental illness than Pacific Island people who migrated after the age of 18 (Oakley-Browne, Wells and Scott, 2006 p. 204). Oakley-Browne et al (2006 p. 182) also found that Pacific Islanders had about half the expected mental health visits, but were over-represented in forensic services, suggesting a lack of access to mental health services at time of need. In addition, higher access to mental health services through justice routes and lower rates of community and in-patient use suggest barriers to Pacific Island people accessing mental health services (Oakley-Browne et al 2006, pg 196).

Causal factors of higher rates of mental illness are complex, and relate to ongoing health, economic and social inequalities experienced by particular populations (Durie 1998). Mental health practitioners increasingly acknowledge the need to understand broad social and philosophical influences on practice for more effective clinical interventions and better outcomes for mental health service users ([Crowe & Carlyle, 2007](#_ENREF_4)). A significant issue, therefore, for mental health service providers is how to meet the needs of people who are at risk of marginalisation due to cultural and language differences. A first step in meeting any cultural needs in the area of mental health care is to understand how mental health and illness are defined, understood and experienced, especially when worldviews differ from the prevailing, usually western, constructions of health and illness. In Australia, A/NZ and the United States, one such group are those who have either migrated from Pacific island countries, or are of Pacific descent and connected to their Pacific culture. Fundamental to the exploration of complex notions such as the construction of mental health and/or illness, is a culturally sound and acceptable research methodology (Cunningham 2000, Wilson & Neville 2009).

Mental health service providers who come into contact with people from different cultures are often in a position of learning from the person and their family, to ensure their practice is guided by openness and respect for the person and their social role ([Cross & Bloomer, 2010](#_ENREF_3)). In some countries such as A/NZ there are specific policy initiatives to inform cultural competence for mental health workers in contact with Pacific people ([Te Pou o Te Whakaaro Nui, 2007](#_ENREF_18)). There may also be the development of specialist services where people of particular cultures may choose to be treated, in order to experience the potential benefits of western medicine in collaboration with traditional healing methods.

The requirement for mental health services to provide culturally appropriate care and to work with the cultural preference of service-users requires research to be undertaken into mental health practice that also reflects this commitment to culturally relevant and situated knowledge. Knowledge constructed by communities is particularly important when undertaking research into issues that can be sensitive or taboo, and when there are diverse interpretations such as the traditional cultural interpretation and the biomedical interpretation. It is expected that practices supported by high quality research evidence are more likely to be effective, and contribute to improved mental health outcomes and quality of life (Tol and van Ommeren, 2012).

This article discusses the effectiveness of *talanoa* for exploring the meanings of mental illness and distress amongst Tongan people in A/NZ. *Talanoa*,a Pacific way of constructing knowledge and building consensus within a community about a particular issue, has been discussed as a ‘Pacific’ tool in research (‘Otunuku, 2011; [Vaioleti, 2006](#_ENREF_20)). *Talanoa* is mostly used amongst Fijian ([Otsuka, 2006](#_ENREF_15)), Samoan ([Robinson & Robinson, 2005](#_ENREF_17)) and Tongan (‘Otunuku, 2011; [Latu, 2009](#_ENREF_10); [McGrath & Ka'ili, 2010](#_ENREF_13); [Toluta'u, 2008](#_ENREF_19); [Vaioleti, 2011](#_ENREF_21)) researchers. This discussion is based on research exploring issues related to mental health within the Tongan community, in which a *talanoa* approach to data collection and analysis was used to gather and analyse the findings. The characteristics of *talanoa* are presented, followed by a discussion of the way elements of its approach was found to be complimentary, and the potential for incorporating culturally meaningful strategies such as *talanoa* into research praxis.

***Talanoa***

*Talanoa* is a Pacific word which shares the same meaning within many Pacific nations ([Alefaio, 2009](#_ENREF_2); [Ka'ili, 2008](#_ENREF_9); [Latu, 2009](#_ENREF_10); [McFall-McCaffery, 2010](#_ENREF_12); [O'Regan, 2006](#_ENREF_14); [Vaioleti, 2006](#_ENREF_20); [Williams, 2009](#_ENREF_22)). *Talanoa* can be taken to simply mean talking, but it is more than this and encompasses cultural ways of talking, including all aspects of why, where, and how we talk and to whom we talk. The practice of *talanoa* depends on factors such as social status, customs and rituals, language, personality and professionalism of the convenor and participants (‘Otunuku, 2011; [McGrath & Ka'ili, 2010](#_ENREF_13); [Toluta'u, 2008](#_ENREF_19); [Vaioleti, 2006](#_ENREF_20)). The leader of the *talanoa* balances the inclusivity of participants with developing consensus about the issue within the group, while achieving depth in the discussion.

*Talanoa* comes from two words *tala*, “to tell” and *noa*, “zero or without concealment”, and ...involves frank expression without concealment in face-to-face dialogue. It embodies our understanding of the inner feeling and experience of who we are, what we want, and what we do as members of a shared community termed the nation.

([Halapua, 2002, p. 1](#_ENREF_7)).

Mahina (2008) explains *noa* as the mathematical zero, or the point where the x and y axes meet, the point where agreement is usually discovered and a sense of balance and harmony is established. Arriving at *noa* can be difficult and requires the discussion and negotiation of multiple perspectives.

*Talanoa* is a traditional way of developing and revisiting knowledge within Pacific cultures, as everything was and is told (Fonua 2005). Tongan history is oral and passed on through *talanoa* ([Fonua, 2005](#_ENREF_5)). *Talanoa* occurs within groups where stories are explored to gain consensus about an idea; to unpack meanings and associations of the topic. It brings stories from the heart, and is a friendly and informal approach ([Halapua, 2002](#_ENREF_7)). Both formal settings and gatherings like *fono* (village and/or family meetings), family wedding proposals, funerals and informal settings like *kava* social clubs, catching up with friends, and gossiping, all use the process of *talanoa* to communicate ([Fonua, 2005](#_ENREF_5); [Halapua, 2002](#_ENREF_7); [Otsuka, 2006](#_ENREF_15); [Robinson & Robinson, 2005](#_ENREF_17)). *Talanoa* aims to facilitate inclusivity by making participants feel comfortable and able to contribute to the discussion, participants are accepted as having diverse views and diverse ways of contributing which means they can *talanoa* freely.

*Talanoa* discussions can be wide-ranging with no boundaries when talking about a chosen subject. There are no restrictions on contributing from any perspective and participants are free to choose how they wish to *talanoa* about the subject, for example they can consider the big picture, or focus on a part of the subject, or related histories, legends, functions, utilizations, and applications. A subject can be explored through multiple levels and layers due to the freedom that *talanoa* provides.

*Talanoa* often involves stories about the subject matter. For example, if the subject matter is ‘coconut’ then the *talanoa* is built around how everyone knows and describes the coconut, its history, uses, parts, trunk, leaves, and fruits. When Pacific people use *talanoa* it is to (re)connect with the subject matter using phrases such as: *I/We have, I/We know, I/We saw, I/We hear* … which draw the subject matter to themselves and construct knowledge about the subject matter from their experiences and knowledge.

In the construction of knowledge about the subject matter through *talanoa*, most stories have similarities when shared by *talanoa* participants, which lead participants to present personal experiences about life, culture, professional and other ways of knowing. To use the example above some may contribute on the position of the coconut tree within the forest amongst other trees, vegetables, fruits or as it relates to the land and people and how they relate to one another. Some people in the *talanoa* will choose to dissect the subject matter and observe it, critically analyse and contribute to the content and structure of the coconut, for example, one can dissect the coconut fruit and *talanoa* about the parts of the coconut fruit, like coconut husk, shell, flesh and fluid providing some historical background, associated legends, utilizations, and experiences. These may include functions and contributions of a particular part or parts of the coconut fruit to the coconut fruit as a whole, the coconut tree, the land and people. These *talanoa* somehow cover the subject matter, in a descriptive and linear manner; observing the whole and its components, its physical and geographical location, status from different angles studying its shape, nature and characteristics.

Participants may also wish to observe *talanoa,* without contributing verbally, and offer non-verbal cues instead. These non-verbal cues encourage speakers to keep on talking until they arrive at harmony *(mālie)* and warmth *(māfana)*  ([Manu'atu, 2000](#_ENREF_11))*.* The *mālie and māfana* rest in the *loto* and non-verbal cues are important contributions as they ‘shine light’ to guide the way to the *loto.* When arriving at the *loto*, the essence and true opinions about the subject are revealed.

Halapua (2002) discussed *loto* as the ‘heart’ as it is where true opinions rest, and so it is necessary to reach the heart when it comes to understanding experiences, attitudes, views, meanings, definitions and beliefs, as depth is needed for accurate perspectives. Halapua acknowledges the time factor, which is often extensive, when trying to get to the *loto* but argues that it is important to get to the *loto* as it is more valuable to get a small input from the *loto* in comparison to lots of superficial information from the surface which could be inaccurate and ineffective ([Fonua, 2005](#_ENREF_5)).

The role of the researcher is to collect stories to analyse them for commonalities and themes linked to the research question to produce new knowledge about the subject with information collected from the *talanoa*.Accessing good data is relational, and a good relationship between the researcher and the researched is required to provide a solid platform and safe environment for *talanoa.*  Good relationships start when the researcher and participants first meet and includes introductions, presentations, verbal and non-verbal communications. Like the Māori ‘mihimihi’ as a way of introduction, Pacific people similarly add family genealogies to their introductions: grandparents, parents and *kāinga* (extended family) when appropriate. This emphasizes the connection with the land, landscape, society, *kāinga* and people, and also demonstrates the relationships and interconnections within the group.

Once connections are established, rapport and trust follow, and love *(‘ofa)* is felt in the atmosphere which creates warmth *(māfana)*, where everyone can communicate freely and exchange information, experiences, and knowledge and fresh data will flow straight from the *loto.* So *talanoa* enables participation in the way that the participant wishes, sets the connections within the group which promotes good relations, delves deep to uncover rich data and build consensus within the group around a topic. The discussion may be very broad, at times related and unrelated, to the topic in hand, but all is viewed as a necessary process to build knowledge.

*Talanoa* teaches Pacific people about society and its landscape, with its many layers, structures, dynamics, boundaries and therefore, about connection with the land, society, *kāinga* (extended family) and most importantly, about identity ([Fonua, 2005](#_ENREF_5)). *Talanoa* is used throughout the Pacific as a research approach, a teaching approach and when seeking solutions to complex health and social issues including health ([McGrath & Ka'ili, 2010](#_ENREF_13)), and business ([Prescott & Hooper, 2009](#_ENREF_16)). Halapua (2002) urges Pacific people to use *talanoa* to draw from our very own cultural way of doing things, rather than using other tools to try to solve our Pacific issues ([Fonua, 2005](#_ENREF_5); [Halapua, 2002](#_ENREF_7); [Hassal, 2005](#_ENREF_8); [Ka'ili, 2008](#_ENREF_9)). Hence it was used in this research which aimed to understand how community members understood mental health an illness in the Tongan Community, by a bilingual Tongan researcher.

**Research and analysis**

*Talanoa* commits to ensuring that the concerns of research participants are heard through the research process through ongoing conversations and confirmation of stories. Each *talanoa*, because of the different participants, arrives at a different consensus. To investigate how mental health was understood in the Tongan community in A/NZ. Seven *talanoa* groups were convened of 1) men, 2) women, 3) young people, 4) community leaders, 5) service users of mental health services, 6) families with service users of mental health services and 7) families without service users of mental health services. There were a total of sixty two participants. Ethical approval for this research was granted by Massey University Human Ethics Committee.

Thematic analysis was used across all the *talanoa* groups and produced a number of discussion topics from the different perspectives. Identifying all of the discussion topics in each of the *talanoa* identified the issue of concern. Following a conventional qualitative thematic analysis (Braun and Clarke 2006), themes were identified and further defined and refined as the researcher was informed by the relevant literature along with the participant contributions in order to build and inform theory. Consequently, it was possible to inductively generate theory that adequately reflects the community’s perspectives.

In this research, three major themes emerged. They were 1) Tongan constructions of mental distress *(tufunga faka-Tonga)*,2) biopsychosocial constructions of mental distress *(tufunga faka-paiōsaikosōsiolo)*, and 3) the intersections between biopsychosocial and Tongan constructions of mental distress *(tufunga fepaki mo e fetaulaki he vaha‘a ‘o e tufunga faka-paiōsaikosōsiolo mo e tufunga faka-Tonga)*.

The Tongan constructions of mental distress *(tufunga faka-Tonga)* involves Tongan interpretations of mental distress like possession by spirits, being cursed, disruptions to social and spiritual relationships, disharmony, and a lack of compliance with society’s expected behaviours. Thebiopsychosocial constructions of mental distress *(tufunga faka-paiōsaikosōsiolo)* were biological issues, psychological issues and sociological issues contributing to mental illness and distress. Stress, drugs and alcohol, and Western terminologies were featured in this theme. The intersections between biopsychosocial and Tongan constructions of mental distress *(tufunga fepaki mo e fetaulaki he vaha‘a ‘o e tufunga faka-paiōsaikosōsiolo mo e tufunga faka-Tonga)* was about the impacts of Tongan migration from Tonga to A/NZ. With migration, exposure to different social networks and influences, the resources and services of mental health services, the treatments and their outcomes, experiences with mental illness and distress, and the influences of Christian faiths in Tonga influenced constructions of mental distress.

A second stage of analysis was utilised in recognition of the different perspectives from each *talanoa* group. When examined across the groups, it was evident that there was a continuum with the young people’s *talanoa* group positioned at the biopsychosocial constructions of mental distress *(tufunga faka-paiōsaikosōsiolo)* while the men’s *talanoa* group was strongest voice with the Tongan constructions of mental distress *(tufunga faka-Tonga)* and the other *talanoa* groups in the middle of these two themes, as seen in figure 1 below. Each is described in turn

**Continuum of findings**



**Young people’s *talanoa* group**

This group consisted of youth leaders and youth members. They discussed mental distress and illness in a *heliaki* (metaphor) as a circular object and gave the example of the marble in regards to *masoli* (chipped) or *matoli* (cracked) as mental distress and illness. They also used the power supply metaphor as a comparison for our brain: its capacity has limitations and when the limitations are overstretched, it will explode causing mental illness. These *heliaki* support the open agenda of *talanoa* and members were comfortable to use tangible objects they could relate to within their everyday living to explain mental illness.

There were some strong disagreements in the youth when some strongly challenged the *tufunga faka-Tonga* (Tongan constructions) of mental distress and illness. The high number of New Zealand born Tongans in this group is reflected in the alignment with *tufunga faka-paiōsaikosōsiolo;* also, the *talanoa* was conducted in both Tongan and English languages. This allowed them to go in depth with their contributions with the confidence of knowing that they did not have to struggle to translate and express their opinions in a language preferred and prescribed by the research project.

The position of youth *talanoa* identified that mental health services required for Tongan youth need more from *tufunga faka-paiōsaikosōsiolo* which sit with biopsychosocial approaches. Although *tufunga faka-Tonga* was not favoured by the youth, they did not totally disregard *tufunga faka-Tonga* and therefore should be considered in youth mental health services. Overall, youth mental health services for Tongan people should have both biopsychosocial and traditional beliefs and practices but more emphasis on the biopsychosocial aspect.

**Service user *talanoa* group**

The members of this *talanoa* group had all had experience of mental distress and illness and mental health services. The *talanoa* in this group was very sensitive due to experiences of its members. These members knew each other prior to coming*;* this prior knowledge amongst members allowed them to engage effectively and they were comfortable with sharing their experiences of mental illness; the mental health system; Tongan, Pacific, and A/NZ communities; migration, and so forth.

The depth *of talanoa* was reflected through sharing of sensitive information and like experiences, including how these participants felt they had been stigmatised and discriminated against within the Tongan community. They reported that these issues were potentially detrimental and destructive to them as they were not addressed effectively. These precious and sensitive issues were shared with emotion, and it clearly took courage to disclose this. Sometimes members laughed it out and humour was used to discuss sensitive issues.

Participants disclosed that the names that the community uses for service users are hurtful and damaging and this was an opportunity for service users to share these safely with the presence of their support people. *Talanoa,* therefore, not only provided a platform for this research project but also included some therapeutic components for the participants where they could share and off-load issues. This *talanoa* group suggests that there is a need to raise mental health awareness within the Tongan community and address stigma and discrimination.

The members positioned their *talanoa* around the *tufunga faka-paiōsaikosōsiolo* (biopsychosocial constructions) and their exposure to mental health services with their experiences contributed to this positioning. There were participants who discussed mental distress in a *tufunga faka-Tonga* construction frame such as mental illness as a Tongan illness, which suggests the inclusion of traditional healers when working with Tongan service users of mental health services. All participants are users of the *tufunga faka-paiōsaikosōsiolo* mental health services and their discussions regarding *tufunga faka-Tonga* constructions suggested that the *tufunga faka-paiōsaikosōsiolo* services are not meeting their needs.

**Families with service users of mental health services *talanoa* group**

Families with family members who use mental health services were gathered into their own *talanoa* group to dialogue. The challenges were around acceptance by their families and their community as service users were stigmatised due to the illness. There were feelings of being neglected and abandoned by the wider extended family and these participants had to struggle to cope with their family members’ mental distress and illness. Participants disclosed that the choice of using the mental health system rather than Tongan traditional healing was also criticised by the community and extended family. In such cases, the parents were blamed and they had developed guilty feelings related to their family members having a mental illness. Caring for people experiencing mental illness at institutions detached the mentally ill from the collective family and community.

These families were caught between cultures with conflicting views on mental distress and illness and they struggled to care for their family members and had periods of moving between the two cultures and worldviews and by doing so, prolonged the recovery from mental illness. These families *talanoa* about their experiences and challenges with mental illness and told the stories about living with someone experiencing mental illness. The sensitivity around the issue of mental illness made this topic very difficult to address and, in addition, their relationship with the family member experiencing mental illness doubled this difficulty, making the topic more complex and uncomfortable to disclose. The criticisms from the community showed the position of this *talanoa* group more to the *tufunga faka-paiōsaikosōsiolo* than *tufunga faka-Tonga*.

Participants discussed how traditional healers were recommended at the hospital, and they changed to traditional healers as the hospital was not effective in providing treatment. This *talanoa* group continue to use mental health services with a biopsychosocial focus but with a more emphasis on acknowledging *tufunga faka-Tonga*.

**Families without mental health service users’ *talanoa* group**

It is interesting to note where the two families’ *talanoa* groups are positioned on the continuum in this research project. The families without family members using mental health service were closer to *the tufunga faka-Tonga* than the families with mental health service users. This suggests that families in general start moving away from *tufunga faka-Tonga* to *tufunga faka-paiōsaikosōsiolo* when family members start using mental health services. A possible explanation for this is that exposure to *tufunga faka-paiōsaikosōsiolo* introduces new interpretations of mental distress and illness and Tongan people begin to carefully examine the new knowledge of *tufunga faka-paiōsaikosōsiolo* and re-evaluate the *tufunga faka-Tonga* of mental illness. The *tufunga fepaki mo e fetaulaki he vaha‘a ‘o e tufunga paiōsaikosōsiolo mo e tufunga faka-Tonga* (intersections between biopsychosocial and Tongan constructions of mental distress)theme was also noted. This process of examination and re-evaluation is reflected in comments by participants of this *fale* about how the process of migration influenced ongoing redefinition of mental illness. *Fale* literally means house but is also used to refer to a group of people. *Fale* is used in this research to describe a group of people belonging to one house.

The redefinition of mental distress and illness also shifted their position: participants highlighted how they would choose the *tufunga faka-paiōsaikosōsiolo* first and if this was not effective, then they moved to the traditional healers and positioned themselves with the *tufunga faka-Tonga*. These transitions and movement of positions are not easily made as it involves the welfare of family members and, therefore, needs very careful consideration. Disclosing these transitions and movements to other parties can be difficult and much more complex if they are representatives of either approach; for example, *tufunga faka-paiōsaikosōsiolo* health professionals and researchers.

There were also stories of shame and discrimination which fit *tufunga fepaki* (intersections between biopsychosocial and Tongan constructions of mental distress).Social problems including relationship issues, parenting, domestic violence, social pressure, peer pressure, and drug and alcohol were identified as a significant issue from this *fale*.This focus on social problems indicates movement from a strongly held *tufunga faka-paiōsaikosōsiolo* orientation, to a focus on social involvements, families, and environment – so moving nearer to *tufunga faka-Tonga,* towards the position of the women’s *talanoa* group on the continuum.

It is important to note that this *talanoa* group was the one in the middle suggesting equal contributions from both *tufunga faka-paiōsaikosōsiolo* and *tufunga faka-Tonga*. This should be reflected in mental health services when addressing families without mental service health users through mental health promotions, assessments and so forth.

**Women’s *talanoa* group**

Women hold high rank in Tongan society ([Gifford, 1929](#_ENREF_6)) and their opinions are highly regarded. This *talanoa* group was provided an opportunity for women to *talanoa* safely and freely about mental illness. The topic sensitivity combined with *faka‘apa‘apa* (respect) and the patriarchal nature of the Tongan society can potentially disempower women when men are present in the *talanoa*.

The women’s *talanoa* extended the social focus, also seen also in the families without mental health service users’ *talanoa* (above), described mental illness in terms of people’s behaviours and appearance, and explained how certain behaviours are not accepted within Tongan social groups and are, therefore, interpreted as forms of mental distress and illness. They alluded to Tongan words like *‘āvanga* which defines mental illness, but were unable to explain why it was called *‘āvanga* and the background information regarding *‘āvanga*. *‘Āvanga* refers to when someone experiences symptoms of psychosis and Tongan people explain it as being possessed by spirits. However, they were clear about explaining behaviours and appearances of one who is experiencing *‘āvanga*. The members of this *talanoa* group*,* then, defined mental illness in Tongan terms, positioning them closely towards the *tufunga faka-Tonga*.

Providing mental health services for this *fale* starts the new approach which has more emphasis on *tufunga faka-Tonga* but still acknowledging both *tufunga faka-paiōsaikosōsiolo* and *tufunga faka-Tonga*. The high rank of women in the Tongan society needs to be considered in designing mental health service for Tongan people and formulating interventions using ranks to achieve service users’ goals. More importantly, women hold high rank and mental health services need provide quality care to suit their high status in the society.

**Community leaders’ *talanoa* group**

Because of the hierarchical structure of the Tongan society, community leaders play a vital role in the Tongan community in terms of decision making and guidance. For this reason, this *talanoa* group explored perceptions of mental illness at this level. It is important to note that this *fale* had four women and five men as it was important to get perspectives of women leaders. These leaders positioned their *talanoa* close to *tufunga faka-Tonga,* discounting some structures of the *tufunga faka-paiōsaikosōsiolo*. It is important to note that this *fale* had four women and five men and it was important to get perspectives of women leaders. The leaders’ *talanoa* about the processes and outcomes of mental distress and illness through both *tufunga faka-Tonga* and *tufunga faka-paiōsaikosōsiolo* indicated that, for them, *tufunga faka-Tonga* was the most preferred. This was particularly related to what these participants regarded as the most effective outcomes produced by each approach around managing mental illness, based on their experiences. These members *talanoa* focused largely on the failures of *tufunga faka-paiōsaikosōsiolo* and how it is, therefore, not a reliable option as it failed to produce favourable outcomes.

The *tufunga faka-Tonga* has a stronger emphasis in this *talanoa* group and vital to reflect in working with Tongan community leaders experiencing mental distress and illness. Their influential roles within the Tongan community will be very valuable if incorporated well into mental health services to influence mental health in the Tongan diaspora.

**Men’s *talanoa* group**

As women hold the highest ranks in Tongan society, men on the other hand hold the authority and act as the head of the family, both in the nuclear and extended setting ([Gifford, 1929](#_ENREF_6)). The gender issues raised in the women’s *fale* (house), therefore, also applied in this *fale* (house), which provided men with the opportunity to *talanoa* amongst themselves about mental illness.

As seen from the findings, the men’s *talanoa* examined the subject matter from the perspective of their Tongan interpretation and understanding. This group was the most strongly orientated towards *tufunga faka-Tonga* and attempted to untangle the meanings of Tongan concepts relating to mental illness. There were also strong challenges towards aspects of Western/biomedical interpretations and *tufunga faka-paiōsaikosōsiolo*.

The strong position of this *talanoa* group in the *tufunga faka-Tonga* needs to be addressed strongly in mental health provision for Tongan men. Despite the strong message from the *tufunga faka-Tonga*, note that *tufunga faka-paiōsaikosōsiolo* was also discussed and still an important component in working with Tongan men. The men’s leadership roles should not be ignored and use to its effectiveness in terms of working with people experiencing mental distress and mental illness to lead them towards recovery.

**Discussion**

The messages from these seven *talanoa* groupsshowed the dynamics and complexities in trying to define mental illness for Tongan people in order to determine services to address their mental health needs. These *talanoa* groupssuggest that culture and societies where Tongan people grow up heavily influenced their perceptions and constructions of mental distress and mental illness. This was evident in the young people with the *tufunga faka-paiōsaikosōsiolo* associated with being born and growing up in A/NZ, where the men on the other hand were identified with the *tufunga faka-Tonga*.

It is important to take note of the positions of these *talanoa* groupsas families without mental health services users was in the centre, and moving towards *tufunga faka-Tonga* were the women, community leaders and men. These three *talanoa* groups that stand on the *tufunga faka-Tonga* end are women, community leaders and men, which represent leadership, rank and authority. The *tufunga faka-paiōsaikosōsiolo* on the other hand has young people, service users and families with service users of mental health services, which represent young people and Tongan people who experience mental distress and illness and also their families. The three groups towards *tufunga faka-paiōsaikosōsiolo* can be in a vulnerable position as they are outweighed in terms of leadership, rank and authority. The location of the families without mental health service users in the centre suggests that this will be a good point to start when addressing Tongan community. This *talanoa* group is still in a position that has the ability to see both *tufunga faka-paiōsaikosōsiolo* and *tufunga faka-Tonga* equally.

These *talanoa* groups also informed us that a single approach cannot address Tongan mental distress and illness and the importance of readjusting care according to gender, age, mental health experiences, roles and responsibilities. In working with Tongan people, consider the Tongan landscapes around authority and power and where they stand in terms of constructing mental distress and illness. It will mean educating young people and service users about *tufunga faka-Tonga* so they can understand Tongan women, community leaders and men’s perceptions of mental distress and illness. This could be the same for the Tongan women, community leaders and men, to learn about *tufunga faka-paiōsaikosōsiolo* and understand the voices from the youth, service users of mental health services users and their families. This will enlighten each *talanoa* group*,* learn more about each other’s constructions of mental distress and illness, and start untangling complex issues amongst the Tongan community.

**Conclusion**

The depth of the data demonstrates the effectiveness of *talanoa* in research with Tongan people. *Talanoa* was able to connect the researcher and the participants and the free conversation allowed the researcher to the heart of the participants and able to get the data from the *loto*. The value of *talanoa* centre on the participatory way knowledge is constructed, ensuring that participants have a say in what matters about a topic through a process that supports sharing from any perspective, of ideas and thoughts related to the issue being discussed. This approach is useful for Pacific researchers as well as (well prepared) non-Pacific researchers. *Talanoa* can be conducted by Pacific researchers and by non-Pacific researchers who are interested in exploring topics of concern to Pacific communities. Whilst Pacific researchers may understand more of the norms and mores of Pacific cultures, *talanoa* enables Pacific research participants to feel safe within the research or practice process.

The aim of using *talanoa* in research to explore definitions of mental health and illness in a Pacific population was to ensure that the Tongan participants were able to share their experiences and knowledge about mental distress and illness. Certain protocols must be observed and the intellectual property of the participants noted and protected. Like a Māori centred methodology, as well as a commitment to culture, varied methodologies may be incorporated into the process (Cunningham 2000). New iterations of *talanoa* are likely to evolve and develop as Pacific researchers lend and adapt aspects of other research designs to develop robust research on which good practices in areas such as health delivery may be based. We suggest that *talanoa* is able to open up the dialogue to construct quality research evidence to ultimately support the development of practice which will be culturally relevant and appropriate and can lead to improved health-related experiences for all people in society.

**Acknowledgments**

The first author received a Pacific Health Research PhD scholarship from the Health Research Council. Thanks go to the participants of the *talanoa* for their time, energy and commitment to the research.

References

‘Otunuku, M. (2011). Talanoa: how can it be used effectively as an indeginous research methodology with Tongan people. *Pacific-Asia Education, 23*(2), 43-52.

Alefaio, S. (2009). Reflections of a practitioner: purely a journey of the heart. *Pacific Health Dialog, 15*(1), 171-176.

Cross, W. M., & Bloomer, M.J. (2010). Extending Boundaries: Clinical communication with culturally and linguistically diverse mental health clients and carers. *International Journal of Mental Health Nursing, 19*, 268-277.

Crowe, M., & Carlyle, D. (2007). Mental health nursing research: the contemporary context. *International Journal of Mental Health Nursing, 16*(365-370).

Fonua, P. (2005, 22 Dec 2005). Talanoa, talking from the heart, *Matangi Tonga*.

Gifford, E.G. (1929). *Tongan Society*. Honolulu: Bernice P. Bishop Museum.

Halapua, S. (2002). *Talanoa Process: The case of Fiji*. East West Centre. Honolulu, Hawaii.

Hassal, G. (2005). *Using multi-stakeholder dialogue as a social transformation tool - the case of Fiji.* . Paper presented at the Dialogue in the Social Integration Process: building peaceful social relations - by, for and with people, United Nations, New York.

Ka'ili, T. O. (2008). *Tauhi Vā: Creating Beauty through the Art of Sociospatial Relations* (Doctor of Philosophy), University of Washington, Washington.

Latu, M. (2009). *Talanoa: a contribution to the teaching and learning of Tongan primary school children in New Zealand.* (Master of Education), Auckland University of Technology, Auckland.

Manu'atu, L. (2000). *Tuli Ke Ma’u Hono Ngaahi Mālie:Pedagogical possibilities for Tongan students in New Zealand secondary schooling.* (PhD), University of Auckland, Auckland.

McFall-McCaffery, J. (2010). *Getting started with Pacific research: finding resources and information on Pacific research models and methodologies.* MAI Review, Library Workshop 8. University of Ayuckland. Auckland.

McGrath, B. B., & Ka'ili, T. O. (2010). Creating project talanoa: a culturally based community health program for U.S. Pacific Islander adolescents. *Public Health Nursing, 27*(1), 17-24.

O'Regan, B. (2006). *Ietoga: Samoan educators' educational journeys.* (Master of Teaching and Learning), Christchurch College of Education, Christchurch.

Otsuka, S. (2006). *Talanoa Research: culturally appropriate research design in Fiji.* Paper presented at the *International education research conference*, University of Sydney.

Prescott, S. M., & Hooper, K. C. (2009). Commons and anti-commons: Tongan business experiences in New Zealand. *Pacific Accounting Review, 21*(3), 286-303.

Robinson, D. , & Robinson, K. (2005). Pacific ways of talk - hui and talanoa. Wellington, NZ: Social and civic policy institute.

Te Pou o Te Whakaaro Nui. (2007). Seitapu Pacific Mental Health and Addiction Cultural and Clinical Competencies framework, The National Centre of mental Health Research and Workforce DevelopmentHealth Research and Workforce Development. Auckland.

Toluta'u, T. K. (2008). *Talanoa: matala 'o e fonua.* (Master of Art & Design (Graphic Design)), Auckland University of Auckland, Auckland.

Vaioleti, T. M. (2006). Talanoa research methodology: a developing position on Pacific research. *Waikato Journal of Education, 12*.

Vaioleti, T. M. (2011). *Talanoa, manulua and founga ako: frameworks for using enduring Tongan educational ideas for education in Aoteaora/ New Zealand.* (PhD), University of Waikato, Hamilton, New Zealand.

Williams, N. (2009). *A view from the back, times between spaces: equality of educational opportunity and Pacific students at a university.* University of Auckland, Auckland.