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This is an authoritative resource on diverse Pasifika cultures and practices that is useful to scholars, practitioners, and students. The book decolonizes psychology by centering sophisticated Indigenous models of mental health rooted in the land, community, family, and spirituality.

—Gordon C. Nagayama Hall, PhD, Emeritus Professor of Psychology, University of Oregon, Eugene

This volume is a much needed contribution for Native peoples and those who serve their well-being. By centering Indigenous ways of knowing as embodied, ecological, and intergenerational, it offers insight that Western methods alone cannot reach. The contributors, professionals who also belong to the cultures they write about, make this book a particularly powerful guide for healing rooted in land, memory, and collective truth.

—Wendy Peters, PhD, Affiliate Faculty, Antioch University

Allen and McCubbin bring together leading mental health scholars of Pasifika psychology to reveal the deep richness and complexities within these communities. The authors describe the ways healing and well-being are fostered among diverse Pacific Island communities. This will be the "go to" book for anyone interested in the psychology and mental health of Pacific Islanders.

—William Ming Liu, PhD, Professor & Chair, Department of Counseling, Higher Education, and Special Education, College of Education, University of Maryland, College Park

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This book has been needed for a long time, and I am thrilled at its publication! The authors share their deep personal knowledge and experience regarding Pasifika cultures. The book is a treasure trove of historical and current information, clinically relevant suggestions, and deep insights that will facilitate culturally responsive care to Pacific Islanders and people of diverse cultures.

—Pamela A. Hays, PhD, author of *Addressing Cultural Complexities in Counseling and Clinical Practice: An Intersectional Approach, Fourth Edition*

Pasifika Psychology: Affirming Pacific Islander Mental Health Counseling and Clinical Practice makes a pioneering and long overdue contribution to multicultural mental health scholarship and practice. Written by leading Pasifika mental health professionals, healers, and researchers, this volume illuminates the cultures, spiritual traditions, and lived experiences of Pasifika peoples across Polynesia, Melanesia, and Micronesia. I strongly recommend this book for multicultural counseling courses, practicing clinicians, and researchers seeking culturally grounded perspectives on mental health and treatment. This essential volume helps bring long overdue recognition to the Wayfinder peoples of Oceania and their enduring traditions of healing and community.

—P. Scott Richards, PhD, President of Bridges Institute for Spiritually Integrated Psychotherapies; Coeditor of *Handbook of Spiritually Integrated Psychotherapies*

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Contents

Contributors *vii*
Preface—G. E. Kawika Allen and Laurie "Lali" McCubbin *ix*

1. Pasifika Psychology: Wayfinding and Setting the Course **3**
Laurie "Lali" McCubbin and G. E. Kawika Allen

I. PACIFIC ISLANDS AND THE PEOPLE: AN OVERVIEW OF WHO WE ARE AND UNDERSTANDING MENTAL HEALTH **13**

2. Current Evidence-Based Research Regarding Pacific Islander Psychology and Mental Health Services **15**
G. E. Kawika Allen and Sarah Wilde

3. Weaving Wisdoms: Using the Moʻohihia Model, Decolonialism, and Culture-as-Health in Therapeutic Settings for Pacific Islanders at Home and in Diaspora **25**
Joanne Qinaʻau, Caleb Rivera, Lisa Nakamura, V. Pauahi Souza, Mālia Koʻiʻulaokawaolehua Helelā, and A. Aukahi Austin Seabury

4. Balancing Mana and Mental Health: Tongan Women's Well-Being in Cultural and Spiritual Contexts **61**
Ofa Hafoka Kanuch, Sosaia F. Hafoka, and Halaevalu F. Ofahengaue Vakalahi

5. Kāinga Tūhono Indigenous Māori Attachments: From Politics and Categorization to Connection **75**
Alayne Mikahere-Hall, Denise Wilson, and Pita Perehama Pou

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II. PACIFIC ISLANDERS IN CLINICAL SETTINGS **101**

6. Hoʻokāhuli: Transforming Culturally Responsive Behavioral Health Care With Kānaka ʻŌiwi **103**
Jillian M. N. Freitas, Robin E. S. Miyamoto, Momilani Awo, and Joseph Keaweʻaimoku Kaholokula

7. Integrating Samoan Cultural Values Into Therapeutic Practice in Correctional Settings **127**
Faafetai B. Faaleava

8. The Psychology of Pasifika Youth and Their Offending Behavior **141**
Julia Ioane

III. PACIFIC ISLANDERS AND WELL-BEING **159**

9. From Barriers to Belonging: Advancing Equity for Pacific Islander Students in Education and Mental Health **161**
Melia Fonoimoana Garrett, Spencer Scanlan, and ʻInoke Hafoka

10. Religiosity, Spirituality, and Pacific Islander Well-Being in Mental Health Practice **185**
G. E. Kawika Allen, Elizabeth Cutrer-Parraga, Sarah Wilde, and Aigalesala Tauanu'u-Afalava

11. Wayfinding—Future Directions **197**
G. E. Kawika Allen and Laurie "Lali" McCubbin

Index *205*
About the Editors *213*

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1 PASIFIKA PSYCHOLOGY

Wayfinding and Setting the Course

LAURIE "LALI" McCUBBIN AND G. E. KAWIKA ALLEN

The term *Pasifika* is used with intentionality and direction, bringing together Indigenous Peoples from the Pacific Islands of Polynesia, Melanesia, and Micronesia. This comprises diverse Pasifika identities including (but not limited to) Native Hawaiian, Samoan, Tongan, Fijian, Chamorro, and Māori. The ocean ties Pacific Islanders (PIs) together, with PI Peoples navigating these islands across the vast ocean. PIs are *wayfinders*, people who navigate by the stars, using natural elements including the wind, currents, wildlife, and nature itself to travel to multiple islands across the Pacific Ocean. Over 5 decades ago, the *Hokule'a*, a Polynesian voyaging canoe, traveled from Hawaii to Rapa Nui (Easter Island) to demonstrate the ancient ways of wayfinding and established a renewal and renaissance movement of reembracing and reclaiming Native Hawaiian culture, including practices, rituals, and language. Epistemologies, Indigenous ways of knowing as Pasifika Peoples, which have been preserved across generations, can be seen in leadership, government, education, public health, and psychology. The purpose of this book is to humbly gather together the knowledge among Pasifika mental health professionals in three areas. The first area (Part I of this volume) focuses on who Pasifika Peoples are and the multiple understandings of mental

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health, including theories, models, values, and culturally grounded practices across the Pacific Islands. The second area (Part II) focuses on the variety of clinical settings in which Pasifika Islander mental health professionals work with Pasifika Islander individuals, families, and communities. The last area (Part III) focuses on how we support Pasifika well-being in education, religion, and spirituality. This book is written in community with Pasifika Islander healers across the ocean who work with PI communities. This book is not the summation of the current knowledge; rather, it is the beginning of the journey of embarking collectively in understanding the epistemologies, values, and cultures of PI Peoples through psychology and how psychologists and mental health professionals gain knowledge and understanding to center Indigenous practices and healing holistically that are grounded in PI cultures. We invite any mental health professional to come on this journey. This book concludes with a discussion of what is on the horizon for future endeavors for mental and holistic health in Pasifika psychology.

Part I (Chapters 2 to 5) provides foundational elements of Pasifika psychology, such as theories, models, and key cultural constructs, including values, cultural terms and practices, and holistic well-being frameworks embedded in Indigenous ways of knowing within the diversity of Pasifika Island cultures. Qinaʻau and colleagues (Chapter 3) provide a Native Hawaiian theory of well-being based on decolonial and intersectional research integrating Indigenous epistemology, storytelling, and embodied experiences as the foundation for healing. Additionally, they also provide a model to understand the cycles of settler colonial stress across interconnected levels including individual, family, community, systems, *āina* (land), and spirituality. Using a decolonized approach to therapy, a culture-as-health model, Indigenous practices, place-based sites, and spirituality, holistic healing can occur rooted in cultural integrity and community healing.

In Chapter 2, Allen and Wilde provide a review of the empirical research on the significant health disparities among Pasifika Islanders and PIs within the United States and the prevalence of mental health issues within this population. Currently, research supports significant barriers among PIs regarding mental health, such as stigma, limited access to care, and culturally incongruent care. Research focused on PIs indicates some promise that culturally grounded interventions emphasizing collectivism, spirituality, and family can improve psychological well-being. Adaptations to Western interventions modified for PIs, such as mindfulness-based cognitive therapy and cultural therapeutic ways, have reduced symptoms of distress, substance use, and suicidality while also improving self-esteem and social connection. However, limited research remains with PIs due to barriers around mental health, including shame, mistrust, and language. Future recommendations

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include collaborating with trusted community and faith-based organizations, developing culturally valid research measures, and expanding PI representation in national databases and longitudinal studies. Training cultural competence among mental health providers focusing on Pasifika values, spirituality, family and community perspectives, and Indigenous frameworks along with traditional healing practices would help to reduce health disparities and mental health issues among PIs.

Chapter 3 ("Weaving Wisdoms") centers *Kanaka ʻŌiwi* (Native Hawaiian) well-being by bringing together the Moʻohihia Model, decolonial therapeutic practice, and Indigenous culture-as-health as vital frameworks for PI mental health care. Qinaʻau and colleagues show how settler colonialism continues to shape behavioral health through disruptions to identity, ʻāina, family, community, spirituality, and systems, while also emphasizing that culture itself can be a profound source of healing, resistance, and restoration. Through the theory of *mauli ola* (breath of life), the chapter invites clinicians to move beyond symptom reduction and toward culturally sustaining, relational, and justice-oriented care that honors Indigenous knowledge, lived experience, and collective healing. The case example of Rachel, a Kanaka ʻŌiwi client in diaspora, illustrates how cultural disconnection, racialized paradisal imaginaries, and systemic oppression can create deep emotional and spiritual distress, but also how reconnection to culture, ʻāina, community, and critical consciousness can support healing. Overall, this chapter offers practitioners a deeply grounded and practical pathway for supporting PI clients at home and in diaspora with humility, cultural safety, and a commitment to decolonial care.

In Chapter 4, Kanuch, Hafoka, and Vakalahi explore Tongan women's mental health utilizing a holistic well-being perspective integrating mind, body, spirit, family, and community. Well-being within this Pasifika culture is defined as social harmony, spiritual balance, and relational connectedness, with mental distress occurring when a disruption happens in these systems. Tongans strive for relational, moral, and spiritual equilibrium. Psychologists and mental health professionals need to recognize that mental distress among Tongans is often addressed first through the family, church, or traditional healers, which is congruent with a collective and spiritually based group. Distress for Tongan women may be viewed as a personal failure of faith or one's social responsibility, thus resulting in shame and stigma that reduces the likelihood of seeking help. Additionally, psychological distress among Tongan women is shaped by gendered cultural roles and expectations, which may lead to emotional suppression, anxiety, and depression. Protective factors can include strong kinship networks, cultural values, maintaining harmony, and faith. Considering all of these factors, interventions should be community centered, inclusive of family and spirituality, and culturally

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grounded. These processes are to communicate respect and honor to one's lived experiences while also assisting in reducing stigma and making mental health care acceptable and accessible.

Chapter 5 centers Māori epistemology in psychology and mental health. Mikahere-Hall, Wilson, and Pou assert that psychology for Pasifika Peoples must be defined from within their communities and grounded in Indigenous values, knowledge systems, and lived realities rather than through imposed Western frameworks. Using individual pathology terms for a collective trauma experience based on past and continued colonization fundamentally misses the relational, spiritual, collective, and place-based dimensions of Pasifika and Māori well-being. The effects of colonial processes have disrupted or severed bonds among Pasifika Peoples and places and are reflected in the mental health disparities among the Māori people. Drawing from Māori research, the authors highlight the need to move toward a holistic Māori perspective such as the Kāinga Tūhono framework, which was developed from Tūhono Māori research as a culturally grounded alternative to Western attachment theory. Kāinga Tūhono frames attachment as relational, collective, spiritual, and place based, rooted in *whakapapa* (ancestry), *whenua* (land), and *whānau* (family); it also recognizes trauma as collective and intergenerational, arising from colonial violence rather than individual pathology. This healing framework encompasses five interconnected levels—history, legacy, structure, personal, and spiritual. It combines the analysis of colonial harm with healing responses such as narrative/storytelling, reconnection, and restoration. This Indigenous framework provides Indigenous healing methods and sovereignty in knowledge production while also providing cultural, social, and political conditions for Indigenous flourishing. Pasifika psychology shows how Indigenous concepts of belonging and connection can offer transformative alternative healing processes to Western psychological interventions.

Part II (Chapters 6 to 8) focuses on providing Pasifika psychology in diverse settings and meeting Pasifika Peoples where they need mental health services. This can range from community services after a disaster, such as the 2023 Maui fires in Hawaii, to restrictive settings, such as correctional facilities for adolescents in the juvenile justice system in New Zealand. Settings can influence prevention and intervention while maintaining the core of culturally grounded and Pasifika-centered approaches to therapy and healing. Chapters 6 through 8 provide frameworks for mental health providers working directly with PI clients, families, and communities.

In Chapter 6, Freitas and colleagues focus on using Hawaiian epistemology as the foundation in understanding the past as visible, guiding the present, while the future is approached by walking backward into it. This

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worldview frames healing as remembrance, continuity, and reconnection rather than a Western linear timeframe. With this foundation, the chapter discusses mental health services that practitioners provided and continue to provide after the 2023 Maui wildfires that devastated Lāhainā and Kula, killing more than 100 people and destroying approximately 80% of Lāhainā (County of Maui Department of Fire and Public Safety, 2024). This disaster reactivated historical and intergenerational trauma rooted in colonization, land dispossession, and cultural loss, given the significance of Lāhainā and this area to the Hawaiian people and its Kingdom. The authors provide a historical overview of Hawai'i and its Indigenous people and the physical and psychological effects on health disparities. Native Hawaiian psychological well-being, similar to Māori and Tongan epistemologies presented in other chapters, is holistic, integrating physical, emotional, spiritual, familial, and environmental dimensions. Multiple Hawaiian terms and conceptualizations exist for the etiology of mental health issues (the severing of connections to land, people, and/or ancestors), names for disorders, and Indigenous healing practices (e.g., *ho'opono'pono* [to make right, correct, restore balance, or set things in proper order] and *lomilomi* [massage; healing practice involving touch, prayer, intention, and restoring flow, balance, and well-being in the body, mind, and spirit]). Many Native Hawaiian theories exist about historical trauma and loss, including the Mo'ohihia Model as described by Qina'au et al. in Chapter 3. Despite the history and continued colonization, Native Hawaiians demonstrate resilience through multiple factors and have wellness models that are based on interconnectedness through *mana* (life force) and *lokahi* (the need for balance); well-being in six dimensions, including self-determination, land, relationships, knowledge, identity, and spirituality; and connection to community, past/present/future, and relationships for healing. The fires in Lāhainā demonstrated the historical significance of land and space, ancestral mana, resistance, and colonial exploitation, along with mistrust toward government, desecration of the 'āina, and historical trauma. This human-made disaster also unfortunately highlighted the lack of cultural understanding in government and other national organizations' crisis systems, which resulted in created harm and retraumatization due to a shortage of culturally grounded mental health providers. The *Hui Ho'omalu*, an Indigenous disaster response program based on a grassroots consortium that integrated Native Hawaiian healing with Western psychology and warm handoffs (i.e., carefully planned handoffs to spiritual practitioners or other trained clinicians), helped to serve more than 800 survivors. This response emphasized trust, cultural safety, community-based care, and Indigenous leadership while also providing Native Hawaiian epistemology to describe

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and understand the etiology of distress and to guide people through Indigenous healing practices accordingly. A case study is provided in Chapter 6 to demonstrate the process, key concepts, and ceremony used to help healing beyond the individual, family, and community. Providing a culturally grounded case conceptualization illustrates a Pasifika mental health approach, weaving Western tools into Indigenous frameworks for collective healing and resilience.

In Chapter 7, Faaleava focuses on the practice of Pasifika psychology among Samoans in correctional facilities in the United States. Culturally informed approaches for this population are needed that specifically integrate Samoan identity, faith, and ways of knowing, being, and doing (also referred to as *Fa'aSamoa*). Fa'aSamoa also needs to be seen and applied to understand authority, rehabilitation, and healing from mental health issues. Use of Fa'aSamoa in psychology and therapeutic practice can be applied in other restrictive settings, including adult and juvenile correctional settings. The core principles of Fa'aSamoa include *aganu'u* (culturally appropriate behaviors), *aiga* (family), *tautau* (service to others), and spirituality. These values are integral for healing and transformation (Tamasese et al., 2005). The link between Christianity and Samoan culture is deeply connected in Samoan life, socially, politically, and spiritually, and it also transcends geographical parameters beyond Samoa. Barriers that Samoans encounter in correctional facilities can be exacerbated when using Western forms of therapy, resulting in isolation, loss of identity and family, spiritual disconnection, stigma, and shame. Fa'aSamoa is a collectivist framework emphasizing the interconnectedness of individuals to family, village, and spiritual community, which can enhance well-being. Pasifika psychology with Samoans emphasizes the cultural and spiritual essence needed to have effective mental health services and to heal from distress in family and community dynamics. The church is seen as an extension of the aiga and can be the center for Samoan life. Although barriers remain within the prison system, incorporating Samoan values and Fa'aSamoa into therapeutic spaces can enhance therapy. *Fa'aaloalo* (respect) is crucial in building connection and is deeply connected to humility. This chapter provides a Samoan perspective of respect and humility within this setting and in therapy, with tangible ways to address this interpersonally and systemically.

Chapter 8 by Ioane describes working with Pasifika *talavou* (young Pacific Islander/Indigenous youth) in *Aotearoa* (New Zealand) and abroad who are engaged in the justice system. *Youth*, as defined within Pasifika culture, is based on cultural rites of passage, status, and cultural protocols that define one's transition from adolescence to adulthood (Suaalii & Mavoa, 2001). This chapter focuses on understanding Pasifika psychology when working

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with Pasifika talavou within the context of their offending behavior. Pasifika communities, as seen in other chapters, are heterogenous, with at least 23 different ethnicities; thus, Pasifika Peoples are diverse and complex in terms of privileges and experiences of structural oppression. One shared value among Pasifika Peoples is having a collective identity that is relational: to people, land, environment, and the cosmos (Mo'a, 2015). The worldview is value based and has boundaries and hierarchies by which youth are expected to live, such as respecting their elders. Identity and rights are seen in the context of the family and the cultural and spiritual community. *Va* is a relational concept and structure inclusive of the spiritual realm; it is the space that holds things together and provides space for things to be organized. The three dimensions of va are defined and seen in a cyclic process demonstrating how disharmony in the va can occur due to a breach or violation, such as offending behavior. Ioane presents the protective factors, barriers, and challenges for Pasifika youth and the prevalence of offending behavior within the justice system. A distinct challenge for Pasifika youth is the struggle to understand and negotiate differences between their culture, which is fundamental to their identity, and the Western culture in which they are living (Liddell et al., 2017). These issues are further exacerbated by lack of culturally appropriate care for Pasifika youth due to evidence-based treatments being more contextualized within a Western framework. Ioane provides a culturally contextualized view about why Pasifika youth offend, the meaning of this offense within the three dimensions of the va, and how to design prevention efforts and interventions that are culturally responsive and appropriate holistically.

Part III (Chapters 9 to 11) delves deeper into the well-being among Pasifika Peoples. As demonstrated in Parts I and II, well-being is relational and holistic. Unlike Western forms of well-being, the dimensions of well-being in Pasifika culture are interrelated and collectively connected to each other. Chapters 9 and 10 demonstrate these connections. In Chapter 9, Garrett, Scanlan, and Hafoka address the barriers and factors that promote belonging and equity for PI students in education and mental health. Additionally, Allen, Cutrer-Parraga, Wilde, and Tauanu'u-Afalava present a key element among all PIs' well-being: religiosity and spirituality. They present the research to date and provide ways to incorporate religiosity and spirituality in therapy and clinical practice when working with PI communities.

In Chapter 9, Garrett and colleagues provide an overview of the educational and mental health inequities among PI students and examine the systemic barriers and cultural strengths within the PI community. Additionally, this chapter makes clear suggestions for providing more equitable and culturally congruent education and accessible mental health services. The educational

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trends presented in the chapter indicate that the gaps among PI students include lower postsecondary enrollment, retention, and completion rates compared to national averages. Persistent achievement gaps in education across Native Hawaiian or PI subgroups remain across the United States. Additionally, some PI students are underprepared for college-level coursework. PI students also have limited access to culturally responsive education, college guidance, and mental health services. Structural barriers exist for PI students, including language differences, special education misidentification, economic hardship, underrepresentation of PI educators, and further marginalization of students with collectivistic Pasifika values within Western education systems. There are direct connections between unmet mental health needs and academic disengagement. Education and mental health care need culturally responsive and congruent pedagogical approaches and services. Several protective factors and sources of resilience are also identified, such as cultural identity, family and community support, faith and collective resilience, social support, and sense of belonging. Cultural competence in education and mental health services can improve engagement in education, academic achievement, and well-being. For future research, data for PI students need to be disaggregated, and frameworks need to be strengths and culture based and should involve family and community engagement. Culturally grounded policy reform and culturally competent, community-centered approaches to education and mental health care can also help reduce educational and mental health disparities.

In Chapter 10, Allen, Cutrer-Parraga, Wilde, and Tauanu'u-Afalava present the essential need to integrate spirituality and religiosity into mental health practice when working with Pasifika Peoples. Spirituality and religious practices are deeply embedded within PI identity and PI communities. Spirituality and religiosity are integral for most PIs' cultural identity and can shape how individuals understand wellness, distress, and healing. Indigenous spiritual traditions incorporating land ancestry, community, and sacred power continue to influence PI life. It is important to understand that other faiths can often coexist with culturally localized forms of spirituality. These spiritual frameworks provide meaning, resilience, and social support, thus making them vital for mental health prevention and intervention.

Colonization and modernization have disrupted Indigenous ways of healing, which can also contribute to stigma, identity conflict, and underutilization of mental health services. Increased suicide rates and unmet mental health needs among PI youth underscore the urgency to provide and receive culturally responsive care. The need to integrate spirituality into therapy, when guided by the client's beliefs, can reduce stigma, enhance engagement in therapy and the healing process, and align treatment with PI values.

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Spirituality and religiosity are essential components for PI mental health care and are integral to a holistic well-being approach. Training clinicians in PI spiritual and cultural contexts, integrating traditional healing with modern psychotherapy, and incorporating prayer, faith, and spiritual rituals when they are client led are all ways to integrate spirituality and religiosity in therapy when working with PI clients. Honoring Indigenous ways of knowing and collaborating with PI communities, faith leaders, and mental health professionals can provide care that is both clinically effective and culturally sacred.

Pasifika psychology, as woven throughout this chapter and book, is ultimately about wayfinding together. Our peoples have always navigated vast oceans by attending to the stars, the winds, the currents, and the living signs in the world around us. In a similar way, the chapters that follow invite mental health professionals, educators, faith leaders, and community members to attend closely to the stories, epistemologies, and healing practices of Pasifika Peoples. From Native Hawaiian, Māori, Samoan, and Tongan frameworks of holistic well-being, to Indigenous responses to disaster, to the realities of incarceration and youth justice systems, to the sacred roles of education, spirituality, and religiosity, each chapter offers another star to steer by. Collectively, the chapters in this volume demonstrate that wellness for Pasifika Peoples is relational, place based, spiritual, and deeply communal, and that distress cannot be understood apart from histories of colonization, displacement, and ongoing inequities. Yet this volume is not meant to be the final word. Rather, it is an opening—an initial voyage that affirms Pasifika knowledge as central, not peripheral, to psychology. It is a call to honor Indigenous sovereignty in knowledge production, to center PI voices and values in research and practice, and to design systems of care that are culturally grounded, strengths based, and accountable to our communities. As you move into the next chapters, we invite you to see yourself as part of this voyage: to listen with humility, to reflect on your own practices and assumptions, and to consider how you might realign your work with Pasifika ways of knowing, being, and healing. Together, we can chart more just, culturally congruent, and spiritually grounded pathways for Pasifika well-being now and for future generations.

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