

A Case for More Culture in Community Psychology: The Federated States of Micronesia

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Despite the notable achievements of community psychology in promoting the wellness of diverse populations and recent "calls to action" to incorporate more culture in the discipline, there has still been insufficient integration of cultural theories and the valuable contributions of cultural psychology. This paper presents issues of substance abuse and mental health in the Federated States of Micronesia and demonstrates why cultural understanding is necessary for improving the lives of Micronesians and preventing further problems. A more culturally-informed community psychology could contribute to the enhancement of this population and others through advancing cultural theory and research, developing more culturally-appropriate interventions, and preventing problems caused by inattention to culture.

Community psychology has undoubtedly enriched our understanding of diversity and the corollaries that emerge at the junctions of different cultures and social systems.

Contemporary advances that have shaped our field include the illumination of the limits of Western psychological knowledge (Gergen, Gulerce, Lock, & Misra, 1996) and the importance of assuming a global perspective (Marsella, 1998) while valuing local and indigenous practices (Kim & Berry, 1993). Such contributions make our discipline well-situated for tackling issues in the international realm, and recent developments at this level are encouraging.

Several special journal editions have revealed community psychology's international diversity (Journal of Community Psychology, 1998, 3; 2002, 6; The Community Psychologist, 1990, 1; 1995, 3). These and other works have greatly expanded our conceptualization of our discipline, and include perspectives from areas such as Australia (Bishop & D'Rosario, 2002), New Zealand (Gregory, 2001), Cuba (Calvino, 1998), and South Africa (Ngonyama ka Sigogo, et al., 2004), to name a few. The title of the 2005 Society for Community Research and Action Biennial Conference "Community Psychology

in Global Perspective" also reflects this trend. In addition, the population of members in community psychology organizations outside of the U.S. is growing and constitutes more than half of the total membership (Toro, 2005). Clearly, community psychology is establishing a much needed place among the diverse peoples of the world.

However, much less prevalent are efforts in the discipline to incorporate cultural theories and research in community work. In light of the numerous cultures that community psychologists are engaged with, it is surprising that the abundance of cultural literature available (for e.g., Cooper & Denner, 1998; Herskovits, 1955; Hofstede, 1980; Kagitcibasi, 1996; Kluckhohn, 1954; Markus & Kitayama, 1991; Shweder, 1990; Triandis & Bhawuk, 1997) has not been more integrated. Bhawuk and Mrazek (2005) also raised an important question of whether the field is sufficiently considering culture. Fortunately, the last few years have seen more recognition of this need, as O'Donnell's (2006) presidential address proclaimed the significance of culture for our discipline, stressing the need to go beyond diversity as a fundamental aspect of our work. The significance of the connection between

community psychology and culture was also reflected in the theme of the recent 2007 SCRA Biennial Conference, "Community and Culture: Implications for Policy, Social Justice, and Practice."

Although cultural psychology and related fields have made vast contributions, it is an enormous task to develop an understanding of the numerous evolving cultures that exist along with all of the problems, solutions, and opportunities related to culture. Community psychology, which often tackles social issues at the most local level, must fill this need when working with communities in which little research or theoretical knowledge exists. For example, Pacific Island cultures have not been incorporated in major theoretical perspectives such as those from Hall (Hall & Hall, 1990), Hofstede (1980), Kluckhohn & Strodtbeck (1961), and Schwartz (1992), although many community psychologists are involved with Pacific Island people and their related issues. Cultural knowledge is necessary for us to engage in our work, and thus it becomes our responsibility to build and share cultural understanding to effectively assist those communities.

Reinforcing the case for a greater incorporation of cultural theories and research in community psychology, this paper reviews substance abuse and mental health in the Federated States of Micronesia (FSM). The case of FSM, with its increasing social problems, reveals that our contributions to global issues are valuable, but they are still insufficient. With greater attention to culture, community psychology's impact can be more fully realized.

The first section of this paper provides an overview of FSM as many readers may not be familiar with the region or its people. Of course, many differences exist within the FSM population, but they also share many characteristics that are useful for examining their situation as a whole (Saleh, 1996). These socio-cultural elements provide a context for better understanding the subsequent topics of

substance abuse and mental illness. References to the cultural factors and social conditions that may underlie these problems are infused throughout most of the paper. While minimal, the current efforts to address these issues in FSM are also reviewed, which underscores the critical need for an expansion of community psychology.

FSM and its culture

The Federated States of Micronesia (FSM) provides a compelling case of a region at the threshold of cultural changes where our existing frameworks may be relevant and where our knowledge and skills can be usefully developed and applied. However, little attention has been paid to this population among community psychologists. No articles were found in community psychology journals that mention Micronesia or its people.

The Federated States of Micronesia are a group of islands in the West Pacific Ocean divided into the four states of Chuuk (Truk), Kosrae (Kosaie), Pohnpei (Ponape), and Yap. Its land area totals approximately 700 square kilometres; about four times the size of Washington D.C. Its estimated population in 2008 was 107,665 (U.S. Census Bureau, 2008).

Although limited, some population characteristics are available from the U.S. Census Bureau and occasional census studies within FSM. In 2008, the population was estimated to be 50.0% male and extremely youthful, with 56.6% of the total population being between the ages of 0 and 24 years old (U.S. Census Bureau, 2008). The 2000 FSM Census of Population and Housing has estimated that 48.8% identify their ethnic origin and race to be Chuukese (or its outer islands), 25.5% identify as Pohnpeian (or its outer islands), 9.3% identify as Yapese (or its outer islands), 6.7% identify as Kosraean, 0.6% identify as Filipino, and less than 0.5% each identify as other Asian, other Pacific Islander, U.S. American, or other. Likewise, FSM includes a diverse array of languages,

with 57.6% speaking Chuukese, 47.4% speaking English, 34.3% speaking Pohnpeian/Mwoakilloan/Pingelapese, 7.7% speaking Kosraean, 6.0% speaking Yapese, 5.3% speaking other island Yapese, and less than 5% each speaking Asian or other languages. Among the population age 25 years and over, 49.2% have less than a 9th grade education, 19.1% have an education between 9th and 12th grades, but no diploma, and 31.7% are a high school graduate or higher (FSM National Government, Department of Economic Affairs, Division of Statistics, 2002).

Saleh (1996) provided a useful description of Micronesian culture. One of the central features of the Micronesian identity is the extended family, from which, traditionally, all behaviour stems. This characteristic is similar to many Pacific Island nations (O'Donnell, 1995). Helping one's family members is a fundamental value and one occupies a clearly defined role within the family unit. Self-esteem and security are anchored in identifying oneself within the family. Traditionally, land was also part of the family and was not divided and bartered among individuals. Harmony with nature was, and remains, an important value as well (Saleh, 1996).

Saleh (1996) also illustrated the relational styles among Micronesians. They are friendly people and do not like to offend others; interpersonal harmony is fundamental. Thus, they may take some time getting to know others to ensure that they do not upset them. Micronesians dislike conflict, and the traditional social organization was constructed to circumvent contention. Micronesians value sharing and assisting those in need rather than material wealth.

The changes that have occurred and are still occurring in Micronesia are leading to a social system almost directly opposed to the traditional one. The effect of repeated colonization has led to 1) displacement from land through appropriation, 2) family dissolution, 3) a breakdown of traditional

culture, 4) ambiguous identification, 5) a lack of educational attainment, and 6) a culture at risk (Saleh, 1996). It can be argued that the increasing problems, such as substance abuse and mental health reviewed in this paper, may only be a couple of telling symptoms of a larger trend jeopardizing Micronesian society.

Untalan and Camacho (1997) also discussed the effect of rapid social changes in Micronesia. They reiterated the importance of the extended family and how typically matrilineal lines determine patterns of land ownership, residence, social position, kinship, and inheritance. However, modernization and changing family structures toward independent nuclear families with fewer support systems, along with individualistic practices, have undermined the power of the extended family to ensure the welfare of each other. These authors also discuss the corresponding increases in problems such as alcohol and drug use, teen pregnancy, suicide, and child maltreatment which have emerged.

Major social issues in FSM

Although the hundreds of volcanic islands and coral atolls which make up FSM exemplify tropical paradise, the region is far from being trouble-free. There has been growing concern about substance abuse and mental health issues in the region (Gonzaga-Optaia, 2006; Hezel, 1987a, 1987b, 1989, 1993; Marshall, 1990, 1993, 1997). Historically, problems of mental illness were minimal and alcohol and drug use (besides native plants such as kava) may have been non-existent. For example, cases of mental illness even in the 1960s were perceived as "relatively few" (Hezel, 1993). Also, researchers have found that intoxicating drugs, including alcohol, did not exist on islands such as in Chuuk until foreign contact (Larson, 1987; Marshall, 1990), and Saleh (1994) stated that "alcohol is not indigenous to any of the islands of Micronesia" (p. 268). Recently however, these problems have

intensified, with the foremost mental health issues being schizophrenia (Hezel, 1993) and suicide (Rubenstein, 2002). In addition, excessive alcohol and growing drug use, especially marijuana and 'ice', are being documented in the region (Saleh, 1994; Storr, Arria, Workman, & Anthony, 2004).

Much of the research presented in this paper is based on the limited studies available, some of which are becoming dated. However, more recent presentations (e.g., Gonzaga-Optaia, 2006) and the authors' communications with local authorities suggest that these issues continue to worsen. It is also noteworthy that almost all of the studies reviewed here discuss cultural change to some extent and relate it to the problems experienced in Micronesia. This presents a much needed direction for research on mitigating these negative effects.

In addition, there is still a need for research to confirm the prevalence of substance abuse and mental illnesses on a more comprehensive scale. The knowledge base regarding the correlates of substance abuse and mental health among Micronesians is also still in its infancy. While many argue that Westernization is contributing substantially to these problems, almost no theoretical models or studies were found examining the relationships among substance use, mental illness, and their precursors within Micronesian society. Research on culturally compatible treatment and prevention programs is also lacking for this population, and previous efforts to adequately assess and address these problems have been minimal and ineffective (Robillard, 1987).

Substance abuse

Besides *kava*, a root-based drink often consumed together with the community during significant events, alcohol, tobacco, and other drugs have been unknown in much of the region until foreign contact. Tobacco may have been one of the first to be introduced to the islands through Spanish trading networks around the mid-19th century (Marshall, 1990).

Likewise, alcohol was unknown until foreign contact (Marshall, 1993), although Nason (1975) argued that *sakau* (general term for drinks containing alcohol) and *achi* (fermented coconut toddy) were present before Western contact. Marshall and Marshall (1975) discovered that some islands of Micronesia learned about the coconut variety from Filipinos. Estimates of when whisky, wine, and beer made their appearance range from the early to late 1800's (Marshall & Marshall, 1975; Nason, 1975). It is argued that marijuana was introduced in the late 1960s by Peace Corps volunteers (Marshall, 1990), although locals did not begin using until the mid 1970s (Larson, 1987). Today, all of these substances are used frequently in FSM. Although tobacco use is undoubtedly a concern (Marshall, 1997), more research is available on the use of alcohol and other drugs. Therefore it is the latter two that will be focused on.

Marshall conducted an ethnographic study of alcohol and drunken behaviour in Moen in 1976 and followed up this research on the same island in 1985 with a more comprehensive study of alcohol, tobacco and marijuana using multiple methods (Marshall, 1990). Marshall's study found that a majority of men drink (85% were current or former drinkers), especially those between their mid-teens and mid-30s, while a majority of women did not drink (2.3% were current or former drinkers). Gender was the greatest predictor of alcohol, tobacco, and marijuana use. Of current drinkers, consumption was found to be heavy, with 77.6% having more than four drinks per session and 50.6% having more than 10 drinks per session. No association was found between alcohol use and the biographical characteristics of religious affiliation, marital status, educational level, employment status, or community of origin. Also, alcohol use was significantly correlated with tobacco and marijuana use. Despite the high use of

alcohol, Marshall found that few Moen islanders reported drinking for “pathological” reasons, and most drank for social reasons.

Later, Saleh (1994) examined patterns of alcohol use and related factors among Micronesian college students at a Guam university. The author found that Micronesian students, compared with non-Micronesians, were significantly more likely to have parents who were alcoholic and friends who drink, and to consume more alcohol in one sitting. Further analyses showed that, in comparison to Palau and Guam (outside of FSM), a greater percentage of students from Chuuk reported being heavy drinkers, getting drunk more frequently, and drinking every day. Chuuk students also reported a higher frequency of arguing after drinking and experiencing work or academic interference from drinking.

Nason (1975) found that drinking parties on Etal Island have come to serve an important social function, preserving traditional values and easing the strain from socio-political changes. Drinking parties often coincide with public occasions, or the arrival of visitors or fieldtrip ships. They are male dominated and provide a context for young men to display masculinity through risky activities such as gambling with blackjack, “chugging” liquor, and singing love songs (because of their adulterous connotations). As traditional male roles have faded, drinking parties allow men to demonstrate their masculinity and at the same time provided an outlet for their frustrations regarding interpersonal problems.

Marijuana use appears to be serving similar social functions, as discovered by Larson (1987) in his study of Chuukese users. Occasionally, young women smoke marijuana, although typical smokers are young men between the ages of 15 to 20. Usually consumed among a group of close relatives or friends, it is understood by group members that they are allowed to share their personal thoughts and that it will be kept secret by other members. There is a high degree of trust among those smoking together and often,

smoking is a means of developing friendships. However, these bonds develop in the context of disapproval by authority figures and marijuana use is believed by many to cause problems in the youths’ behaviour (such as disobedience) and discord within the family. Larson illustrates how marijuana smoking may fit in with the Chuukese cultural values of sharing and peacefulness, but also risk-taking at the same time. However, at a societal level, in addition to it being illegal, it is not an accepted behaviour and is still perceived as a foreign custom.

Little data on frequency of marijuana or other drug use in FSM is available. FSM’s Department of Health, Education, and Social Affairs, Substance Abuse and Mental Health Program has reported a perceived increase in the introduction of drugs (Gonzaga-Optaia, 2006). However, almost no information comprehensively details the extent of current substance abuse within FSM.

Mental health

While the connection between substance abuse and mental health is well-documented with Western samples, the association is less clear for Micronesians. Some literature reviewed earlier suggests strong social reasons for using alcohol and drugs rather than pathological reasons, although Hezel’s (1993) research suggests the possibility that substance abuse may act more as a precursor to mental illness. With such limited data, more research must be conducted on the possible correlation between drug use and mental health in light of cultural changes in FSM.

Only relatively recently has psychological deviance in Micronesia been examined, although primarily under the Western conceptualization of mental health. Beginning in 1974 from a psychiatrist and a psychologist on the Trust Territory Headquarters staff, a Division of Mental Health was established to assess mental health in the region (Hezel, 1987a). Despite the lack of evidence for the need for or suitability of Western services, the American model of health care was institutionalized and practiced among the

people of Micronesia. By the early 1980's, about one dozen programs were initiated with the purpose of training mental health service providers (Robillard, 1987). Also, a handful of reports detailing the incidence of schizophrenia, as well as the status of other mental health issues and the health care system were developed during this early period (Hezel, 1987a).

However, early attempts at establishing mental health services were largely unsuccessful (Robillard, 1987). Services were not only incompatible with cultural norms; there was a lack of fit between services and community needs. For example, standard Western methods of diagnosing and treating patients were implemented based on an individual-centred framework, with little knowledge of the importance of the Micronesian's interrelations with family and community. In addition, although suicide and drug abuse were the most salient issues, mental health programs paid little attention to them. Robillard's (1987) evaluation of mental health services in Micronesia was quite incisive:

"The history of U.S. 'development' of Micronesia, of which mental health services is but a phase, wears a very thick pair of institutional blinders, a mask so totally composed of the structural dynamics of the centre that there is virtually no space and time to conceive of or implement anything but the most conventional American mental health service systems." (p.235)

It was evident that for interventions to succeed, knowledge of the causes and treatment of mental illness among Micronesians had to be broadened. Several authors have embarked on this undertaking and their analyses have generally pointed to the effect of increasing Western influence (Dale, 1981; Hezel 1987a, 1987b, 1989, 1993; Lowe, 2003; Rubenstein, 1983, 1987, 1995, 2002). These authors have linked such social changes

to suicide and psychosis, especially schizophrenia.

Hezel (1987a) may have been one of the first to suggest that the increase in the rate of mental illness was linked to social changes in Micronesia. More specifically, Hezel (1987a, 1987b, 1989) provided insightful explanations of the relationship of changes in social and family dynamics and suicide in Truk. Examining the types of suicide committed, it was found that most related to family problems. It is the changes in values and relationships among parents and children that lead to conflicts. For example, youth may increasingly demand acknowledgement of their 'rights', which was never an issue in traditional society; on the other hand, parents may be pressured to demand that children prove themselves with substantial cash incomes rather than traditional food production and tending to the home. Changes in the distribution of wealth and authority, as fathers are encouraged to earn more money and become independent from their wives' lineages, subsequently impact the interdependence and security within the extended family.

These changes often clash with pre-existing ways. Under stress, historical cultural norms such as bravado (in males), enduring suffering as proof of love, and need for recognition, also influence one's decision to commit suicide (Hezel, 1987b). The cultural norm of avoiding conflict may also be a factor in suicide, as it provides a means of removing oneself from the situation (Saleh, 1996). In addition, the suicides appear to be highly culturally patterned and influenced by previous acts, appearing to be to some extent romanticized (Rubenstein, 1987).

Lowe's (2003) more recent analysis of adolescent and youth well-being in Chuuk provides a complementary and expanded account of precursors to psychosocial stress. He discussed the importance of identity formation for young people and their challenges in negotiating their identities across multiple settings. When constructing an identity in one

activity setting is opposed to the identity encouraged in another setting, elevated psychosocial stress is likely. In the context of Micronesia, social change that creates new settings which reward the construction of a particular identity and are incongruent with the reward system of other 'traditional' settings is a significant cause of problems. For example, the demands to support and be supported by the family may conflict with the demands to engage in wage jobs or deviant behaviour with peers. In support of this idea is the finding that peri-urban areas, with a higher proportion of conflicting settings, had higher suicide rates than urban or rural areas, which are more likely to have consistency between settings.

Studies have also suggested that psychosis is not a likely factor in suicide (Rubenstein, 1995). Of the total number of suicide victims, only 5 to 10% had psychotic histories. However, evidence shows that psychotics are much more likely to commit suicide than the general Micronesian population (Hezel, 1993).

Rubenstein's (1983, 1987) analysis of suicides in Truk also complements these explanations and reviews the findings that in the period from the mid 1960's to the early 1980's suicides have reached epidemic proportions. Although initially appearing to be a cohort effect, as post World War II children experienced substantial societal changes, Rubenstein had to reject this hypothesis. Even in the early 1990's, he reported that suicides had become the primary cause of death among young Micronesian men, and their rates had been among the highest in the world (Rubenstein, 1995) with rates in some areas, such as Truk, exceeding 200 per 100,000 annually during the period 1978 to 1987 (Rubenstein, 2002). In his most recent article, he stated that the youth suicide epidemic is currently in its third decade with no signs of diminishing (Rubenstein, 2002).

Another area of concern is the possible increasing rate of psychosis. Compared to a rate of 34 per 10,000 for the entire Micronesia

in the period 1978-1980, Hezel (1993) found that the rate was 54 per 10,000 in 1990. Most of Micronesia at the time had a rate lower than other industrialized nations, although the nearby state of Palau's rate was considerably higher at 167. Seventy-three percent of treated cases were diagnosed as schizophrenia. Over three quarters (77%) of these severe cases were male.

Dale's (1981) analysis revealed substantial differences in the prevalence of schizophrenia among the populations of Micronesia between the years 1978 and 1979. While Yap had a rate of 9.7 cases per thousand (over the age of 15), the Kapingamarangi and Nukuoro people of similar Polynesian descent have yet to identify a single case of schizophrenia. Dale noted that the Kapingamarangi mostly keep to themselves and preserve their traditional ways, while the Nukuoro have been more likely to mix with other populations. Also, the rates of schizophrenia show a general increase from more eastern islands (near Kapingamarangi and Nukuoro) to western islands – a noteworthy phenomenon worth exploring further.

Examining 2004 rates of various diagnosed cases of mental illness and substance abuse, Gonzaga-Optaia (2006) reported that schizophrenia (297 cases) and depressive episodes (100 cases) were the most frequent. The most recent data in 2005 found a similar pattern, but with continued increases, with 325 cases of schizophrenia and 114 cases of depressive episodes. Because of the geographic challenges inherent in a diffuse island nation and lack of resources for identifying all cases of mental illness, investigators have cautioned that findings are not conclusive. However, because all psychotic cases that were included in their prevalence rates were highly indisputable, any errors would most likely be underestimates.

Upon inquiries with villagers, many perceived increases in mental illness and attributed it to travelling abroad, higher education, and drug use (Hezel, 1993). Hezel's study found that 47% of the psychotic population had lived more than 6 months

abroad and had more years of education on average than the general adult population. Psychosis was also found to be largely linked to gender, with a disproportionate amount of males being affected. He also found a possible relationship between drug use and psychosis, although the data was limited. Possible explanations of these findings include being exposed to greater stress, common to industrialized nations, and which may be experienced more by men who are more often in public roles, are experiencing greater role changes, and are more often socially dislocated than women. The cultural customs of dealing with stress by drinking alcohol may also be becoming more hazardous as stronger drugs are introduced.

Limited recent efforts

In 1989, FSM established the National Office of Substance Abuse and Mental Health as well as offices in the four states for the prevention and treatment of substance abuse and mental illness. Almost all (98%) of their funding consists of U.S. Federal grants (Gonzaga-Optaia, 2006). Based on a 2005 report of the World Health Organization, there are few laws addressing mental health, except for a 1970 legislation for treating involuntary patients. However, there is a mental health policy formulated in 1986 that guides advocacy, promotion, prevention, and treatment; in addition, there exists a national mental health program and a substance abuse policy, which were both established in 1989 (WHO, 2005).

The WHO report, developed in conjunction with the University of Auckland, involved a situational analysis of mental health needs and resources in Pacific Island countries, which outlined mental health efforts in 2005 (WHO, 2005). At that time, they reported that there are no in-patient or long-term care facilities in FSM; a jail is used for safe care. Doctors and staff in the state hospital have little experience in mental health, and programs and services are community based, involving a community action agency, the

public defender, police, schools, hospitals, and courts.

Programs and services primarily include outreach, education and counselling, day programs, and outpatient services, although there is only a relatively small group of staff in each state. In Pohnpei, there is an active community mental health centre, which provides education, a day program, weekly clinic services, phone counselling and crisis intervention, and outreach. In Chuuk, there is a hospital on the main island, which has an outpatient clinic and conducts outreach. They had 20 mental health workers as of the report. Yap conducts outpatient services island-wide, and a substance abuse and mental health unit made up of four staff offers patient care and family counselling. In Kosrae, a team of counsellors, nurses, and police are involved in locating and screening individuals, and making referrals to the hospital. Throughout the country, non-governmental organizations are also involved with advocacy, promotion, prevention, and rehabilitation. However, it is yet to be determined whether such services are adequately addressing the increasing substance abuse and mental health issues in the region.

Need for culturally-informed efforts

We have many reminders of the unfortunate consequences that can result from neglecting culture and context (Gergen, et al., 1996; O'Donnell, 1995; Sinha & Holtzman, 1984). Real-world examples of atrocities that have followed from cultural dominance abound. For instance, numerous authors have contended that U.S. cultural dominance and annexation of Hawaii have led to Native Hawaiians ranking among the highest in rates in the U.S. of numerous physical, psychological, and social pathologies (Hishinuma, et al., 2005; Makini, et al., 2001; Marsella, Oliveira, Plummer, & Crabbe, 1995; Nishimura, Hishinuma, Else, Goebert & Andrade, 2005; Stannard, 1992; Wong, Klinge, and Price, 2004).

Our field has the advantage of being action-oriented and having an abundant literature on the crucial factors for building

healthy communities such as cultural sensitivity (Dumas, Rollock, Prinz, Hops, & Blechman, 1999; Guarnaccia & Rodriguez, 1996; Kagitcibasi, 1996), an ecological perspective (Bronfenbrenner, 1979), a focus on prevention (Felner, Felner, Silverman, 2000), participation (Wandersman & Florin, 2000), and empowerment (Zimmerman, 2000), along with the use of qualitative (Banyard & Miller, 1998; Stewart, 2000) and multi-method research (Janesick, 2003; Weisner, 1996), as well as other important considerations for community research (Glenwick, Heller, Linney, Pargament, 1990; Shadish, 1990). One disadvantage, however, is in the lack of theories to help us understand the critical components of culture that operate when different cultures converge.

Thus, we can utilize our advantages and respond to situations such as that within FSM in a number of ways. Particularly appropriate would be research and intervention based on a 'ground up' approach. To illustrate, instruments often required to measure substance abuse outcomes at the state level are standardized for the U.S. population. One question required of service providers, as part of government funding requirements, asks about whether a client has been homeless in the past 30 days. The definition of homelessness provided by government agencies is not having a "fixed address" (for e.g., see Office of Applied Studies, SAMHSA, 2008, p. B-50). However, the meaning of homelessness is different in many Pacific Island cultures. Pacific people may be more transient and live with various extended family members, while not considering themselves homeless. Some populations do not even have street addresses. Obviously, the interpretation of results based on such data would provide a very different picture than what would be perceived by native people.

The same definitional issues will also apply to concepts of drugs and mental health. Dumas and colleagues (1999) discuss the need to use culturally-acceptable definitions of

healthy functioning because many cultural differences exist. Overall, any research examining Pacific Island populations must be grounded in the meanings used by that particular culture.

If culturally-grounded instruments are not possible, any instruments currently being used must be thoroughly examined with regard to their reliability and validity for these Pacific populations. For example Kim and Jackson (in press) reported on an evaluation of a Hawaiian culture-based substance abuse treatment program which required (by the funding agency) the use of standardized instruments. As part of the larger study, these authors included a preliminary assessment of the reliability and validity of the instrument for their sample of predominantly Asian and Pacific Islanders.

Accordingly, Banyard and Miller (1998) make a strong case for greater use of qualitative methods. They first argue that valuing diversity requires understanding different ways of attributing meaning to the world, not just the meanings of Western scientific cultures. This also entails being immersed in local, historical contexts, rather than being a detached observer; in other words, incorporating a different philosophy of science. Second, in order to understand the complex relationships surrounding the individual, qualitative methods must be employed. Third, empowerment involves giving voice to marginalized communities, and the most appropriate methods for accomplishing this are qualitative.

Qualitative methods are also indispensable because they provide the groundwork for research on populations that have not yet been studied quantitatively. Moreover, qualitative research can enhance more traditional research and can reveal inconsistencies in or make sense of findings from quantitative methods. Thus, use of multi-method approaches are particularly effective, especially when examining complex ecological systems (Banyard and Miller, 1998; Riger, 1990; Weisner, 1996).

Along with multi-method and qualitative

strategies, local participation (Wandersman & Florin, 2000) must be an integral aspect of research for developing successful interventions for non-Western populations. Often, program funding requires use of evidence-based programs, although no evidence-based programs exist specifically targeted to Pacific Islanders. Such research should also be used to guide more broad-based, long-term and multidimensional (having multiple components and addressing multiple levels) strategies such as policy-making (Knitzer, 2000) and other population-based interventions, especially those focused on prevention (Felner, et al., 2000; Levine, 1998). Evidence also confirms the effectiveness of programs that consist of various intervention levels targeted at critical periods of development in various key settings and their linkages (for e.g., Reid, Eddy, Fetrow, & Stoolmiller, 1999).

Some guidelines for incorporating culture into mental health program practices are offered by Guarnaccia and Rodriguez (1996). They explain that programs with minimal cultural sensitivity only incorporate one or a few of the following aspects, while highly culturally sensitive programs incorporate all:

1. Assessing cultural identities: determining cultures that program participants identify with, with more specific cultural identities being more useful.
2. Using the language: requiring staff to speak the same language, with specific dialects being more helpful.
3. Physical symbols: incorporating physical cultural symbols into the programs environment.
4. Events and celebrations: holding significant cultural events, which provide opportunities for sharing cultural values.
5. Views of mental illness: understanding the different views of mental illness held by different

cultures.

6. Acculturation: considering the extent that individuals have adapted to their new cultural environment.
7. Social factors: considering the effects of the many other groups that individuals, including service providers, are a part of.

Along with those within Micronesia, better support may also be offered to disadvantaged Micronesians within the U.S. Although the population of Micronesians in the U.S. is relatively small, many are emigrating from their lands in search of greater opportunities (Untalan & Camacho, 1997). It is likely that some of them will require services, for which an understanding of their unique backgrounds and current issues among their people is necessary. Literature on culturally appropriate services for immigrant Micronesians is virtually nonexistent (Saleh, 1996) and is another area needing development. Also, while Saleh's article is a useful resource for non-Micronesian practitioners, employing indigenous practitioners who can more fully relate to their clients is one strategy of ensuring cultural sensitivity that should be used (Tharp, 1994).

Thus, within FSM, community psychology has much to offer. Research should be an initial priority, for obtaining incidence and prevalence rates for substance abuse and mental illness, for discovering culturally sensitive approaches for intervention, and for further examining the correlates of cultural change for this population. Especially relevant could be the utilization of a transactional-ecological model (Felner, et al., 2000), as Lowe (2003) underscored the particular relevance of the differences between settings that Micronesian youth encounter.

On the other hand, part of our disadvantage is that we have not yet developed an adequate understanding of exactly what processes are involved when cultures collide. We can ask questions such as: What specific cultural attributes are more at risk of

succumbing to a dominant culture? Can a culture be strengthened to avoid the influence of a dominant culture? Is cultural disintegration inevitable? A greater knowledge of how cultural imposition (even unintended) can lead to breakdown can be extremely valuable and necessary to prevent future occurrences.

An abundance of literature exists on culture theory (for e.g., Cooper & Denner, 1998; Kagitcibasi, 1996; Markus & Kitayama, 1991; Shweder, 1990; Triandis & Bhawuk, 1997), and perspectives can be drawn from a number of disciplines including cross-cultural psychology (e.g., Segall, Lonner, & Berry, 1998), cultural psychology (e.g., Shweder, 1995), social psychology (e.g., Kluckhohn, 1954), cultural anthropology (e.g., Herskovits, 1955), organizational studies (e.g., Hofstede, 1980), and many others. Various models taken from this literature could be used as a foundation for the development of research and intervention. For example, Micronesian culture appears to be highly collectivist, and a more detailed understanding of its contact with an individualistic Western culture can be further pursued. Models including those from Schwartz (1992), who explicated the opposition between various cultural values such as conservatism and autonomy, may contribute to a better understanding of the particular conflicts occurring within settings such as in FSM. Another relevant theory that might apply to FSM is Fiske's (1990, 1992) forms of social behaviour that includes communal sharing and market pricing. With a common framework for understanding cultural issues, intervention efforts may be greatly enhanced. Findings may also be extended to other Pacific Island or other societies experiencing difficulties as a result of cultural change.

The events unfolding in FSM appear to bear out what community psychology would predict from a clash of divergent cultures. Likewise, if our frameworks offer an equally effective understanding of how to improve

conditions in communities like FSM, it is necessary to apply them forthwith. However, it is argued that cultural-theory based efforts in community psychology can be critical in addressing needs not only in FSM, but in other nations experiencing similar challenges. Far too many societies have experienced cultural disintegration and the disturbing consequences that accompany it. The people of FSM and other parts of the world have been likewise sending a message of the distress occurring in their region. It is one that community psychology is uniquely qualified to respond to and, as Toro (2005) urged, "we could 'reach out' much more."

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