Chapter 1
Psychology in Micronesia

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Overview of the Micronesian Region

In this chapter, we describe the five US-affiliated Pacific Island (USAPI) jurisdictions in the western Pacific region of Micronesia: the US Territory of Guam, the quasi-independent Commonwealth of the Northern Mariana Islands (CNMI), and the three independent nations of Palau, the Federated States of Micronesia (FSM), and the Republic of the Marshall Islands (RMI) (see Table 1.1). The Federated States of Micronesia includes four states: Yap, Chuuk, Pohnpei, and Kosrae. Although the term "Micronesia" commonly comprises the island nations of Kiribati and Nauru in addition to the USAPI, we exclude these two non-USAPI countries in this chapter, as their long colonial histories under the United Kingdom have shaped

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Table 1.1 Population, land area, and gross domestic product (GDP) per capita for the five USAPI jurisdictions

USAPI jurisdiction	Population (2020)	Land area (km²)	GDP per capita (2017/2018)
Guam[a]	168,775	540	$31,848
CNMI[a]	57,559	460	$23,117
Palau[a]	18,094	460	$12,310
FSM[b]	104,650	710	$2408
Yap	11,577	124	$3468
Chuuk	49,509	127	$1436
Pohnpei	36,832	344	$3393
Kosrae	6732	111	$2344
Marshall Islands[a]	59,190	180	$3195

[a]Adapted from Worldometer (2021) (https://www.worldometers.info/), with population figures projected for 2020 and GDP figures projected for 2017.
[b]Adapted from the FSM Statistics Division (2020) (https://www.fsmstatistics.fm/), with population figures projected for 2020 and GDP figures projected for 2018.
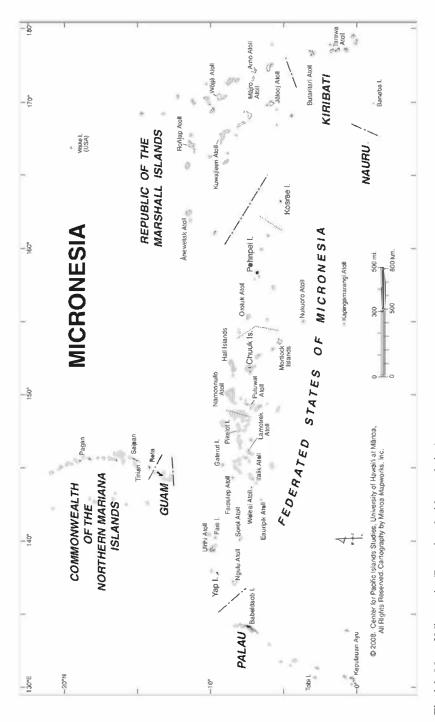
their development and contemporary social services along different paths than the USAPI.

Geographically, the region is composed of both "high" volcanic islands and low-lying coral atolls and islands (see Fig. 1.1). Although small in land area, the region is enormous in ocean area. The combined exclusive economic zones (EEZs)

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Fig. 1.1 Map of Micronesia. (Reproduced with permission)

of the five island areas total 5.3 million km², or about two-thirds the size of the continental United States.

The USAPI all share an ancestral Austronesian cultural heritage. Palau, Guam, and the Northern Mariana Islands, along the western edge of Micronesia, were settled about 4000 years ago by seafarers sailing east directly out of Island Southeast Asia, achieving the longest ocean passages in human history to date. The eastern edge and central region of Micronesia—the Marshall Islands and the central Caroline Islands—were settled about 2000 years ago by seafarers sailing north and west from the region of the northern Solomon Islands and Vanuatu. This later wave of migrants eventually populated all the Caroline Islands, with the most recent settlements—the small coral islands lying southwest of Palau—only within the past half-millennium.

The contemporary mosaic of related but distinctive cultures in this region reflects the different origins and migration histories of the island populations. All of the dozen or so languages spoken in the USAPI region are in the great Austronesian language family, which includes some 1200 languages in all. All but two of the languages (Palauan and Chamorro are the exceptions) are within the "Oceanic" subfamily of Austronesian, which also includes all Polynesian languages.

In the pre-colonial era, all of the island populations under review in this chapter shared several general cultural configurations. Matrilineal lineages or clans were the primary social and economic units. Comprised of individuals related through their maternal line, these groups held customary title to garden land, reef fishing areas, and property such as canoes, large items of fishing equipment, communal meeting houses, and special houses for young men or for menstruating or postpartum women. In some island areas, the matrilineage was also a residential group; newly married couples resided on the wife's land, resulting in village sections comprised of women related through their maternal lines, joined by their in-marrying husbands. Political authority was held by hereditary chiefs, whose title was typically linked to particular residential land parcels. Throughout Micronesia, men predominantly hold the position of hereditary chiefs, although women of the matrilineage may exert authority in selecting who becomes chief. Traditional chiefs' political authority varied across the region, from the island-wide paramountcy of Kosrae's *Tokosra* or "king," to the limited local authority of Chuuk's village chiefs.

Gender roles in Micronesian cultures were sharply differentiated. In general, the sea was the male domain and land the female domain. Men fished the surrounding reef areas and the distant deep-sea areas, employing a great variety of techniques. Women and men both worked in the gardens, harvesting the staple food crops of taro, sweet potato, breadfruit, manioc, pandanus, and coconut. Women were responsible for most of the household preparation of meals, while men provided labor for large communal feasts and rituals, house and canoe construction, and strenuous gardening tasks.

In these archipelagic island nations, seafaring has been a vital skill for survival. Atoll cultures of the FSM and RMI developed sophisticated methods of non-instrument navigation based on star movements, ocean currents, and other natural signs. Their large, single-outrigger sailing canoes were expertly engineered to

enable long-distance voyages across thousands of kilometers of open ocean, permitting inter-island trade, access to distant resources, and maintenance of dispersed kin networks.

Although sharing some core cultural features, the island entities have experienced different colonial and postcolonial histories, resulting in a spectrum of modernity across the region. At one extreme is Guam, which in the late 1600s was the first Pacific island to be missionized and colonized, and to suffer from the devastating effects of foreign diseases and forced relocation of its people, resulting in the loss of 90% of the Indigenous population over the first several decades of European impact. Today, Guam is a modern transportation and communication hub, with high-rise hotels, luxury shopping malls, and an international airport handling over 40 flight arrivals daily. At the other extreme are small, isolated coral islands throughout the region, some with populations of only several families, serviced by government ships operating infrequently. Missionization and colonization impacted the islands of Palau, the FSM, and the RMI nearly two centuries later than in Guam and the northern Marianas. After nearly a century of colonization by Spain, Germany, Japan, and the United States, these three island nations achieved independence in the final decades of the twentieth century. They remain linked to the United States by "compacts of free association" (COFA), which provide direct financial assistance, support an array of social services and economic programs, and permit visa-free entry into the United States for their citizens.

The Travails of Social Change in Micronesia

Despite popular Western illusions of Pacific Islands as timeless Edenic spaces, social change has been a dimension of life since the first Austronesian seafarers set foot on uninhabited islands millennia ago. Populations evolved from small bands and boatloads of explorers occupying coastal sites to complex stratified societies numbering in the tens of thousands. Sustainable agricultural and fishing technologies intensified to support growing populations. Occasional inter-village or inter-island warfare resulted in new political relationships, as the defeated side faced either abandoning their land or accepting domination by the victors. Periodic natural disasters—typhoons, tsunamis, earthquakes, droughts—caused localized loss of life and land, with subsequent reordering of social relations and land tenure.

The arrival of foreigners, beginning in the seventeenth century, had profound impacts on island societies. Colonization, missionization, and militarization of the islands resulted in initial episodes of massive depopulation and dislocation, followed by fundamental changes in political authority, economic activity, belief systems, and social relations over the ensuing centuries. Today, viewing social change from the vantage point of elder islanders reflecting on what they have witnessed in their own lifetimes—roughly from the immediate post-WWII years to the present day—we can briefly describe two momentous trends. One is economic modernization and the other is demographic shifts; both have had significant social implications.

Economic modernization has involved a shift away from agrarian work, subsistence gardening and artisanal fishing, to wage labor and increased dependence on money. In mid-twentieth-century Guam and the Northern Mariana Islands, the village was the basic social and economic unit, while in the islands of Palau, FSM, and RMI, the lineage was the primary unit. The increasing role of nuclear households as social and economic units has been accompanied by a loss of the social connective tissue once provided by wider networks and shared resources among village neighbors and lineage mates. This nuclearization of households and loss of wider social roles and supports in lineage economic activities has been linked to the emergence of particular social problems in Micronesia, such as the rising rates of adolescent male suicides in the 1970s (Hezel, 1989; Rubinstein, 2002). The shift away from subsistence gardening and fishing has also eroded traditional roles, perhaps most noticeably for young men, who served as the labor force for village and lineage work in previous generations.

Dependence on wage labor and money has generated growing disparities in wealth and pockets of poverty within the island populations (see Table 1.1). The island populations are increasingly stratified across socioeconomic levels, with sharp differences between rural and urban areas, and between well-educated individuals holding positions of skilled employment, versus unskilled workers and people supporting themselves through subsistence gardening and fishing. Economic modernization has also led to radical shifts in diet and daily activity levels for a growing portion of the island populations, and coupled with the introduction of Western medicine, this has produced a dramatic epidemiological transition from infectious diseases to noncommunicable diseases as the primary causes of morbidity and mortality. Current epidemic levels of diabetes, and some of the highest obesity rates in the world, are stark indicators of this transition.

Demographic shifts over the past 75 years have likewise been significant. In Guam, the Indigenous Chamorro people became a minority in their own island for the first time in 1950, as a large contingent of US military personnel, plus a sizeable influx of skilled Filipino laborers hired to work on the postwar reconstruction of the island, outnumbered the native population. Chamorro out-migration to Hawai'i, California, and other US states accelerated beginning in the 1960s, and today, Chamorros living in the United States outnumber those living in Guam. A similar pattern holds in the CNMI, where the Indigenous Micronesian population is outnumbered by Asian immigrant workers. Since the 1986 implementation of the COFA treaties between the United States, FSM, and RMI, about one-third of the populations of those island nations have moved to Guam and the United States. Chuukese are now the fastest-growing ethnic group in Guam, and there are growing enclaves of FSM and RMI citizens in Hawai'i and scattered from Oregon to Arkansas. The anticipated end of COFA direct financial assistance, scheduled for 2023, is accelerating out-migration and putting further economic pressure on FSM and RMI (Palau negotiated a different schedule).

The migration flows and demographic shifts have added layers of social complexity to modern life in the islands and, in some cases, have contributed to specific social problems. The heavy flow of military personnel between Guam and Southeast

Asia during the American War in Vietnam, including numerous Chamorro enlistees, contributed to a severe epidemic of heroin and other drugs in Guam in the 1960s and 1970s. The flood of American Peace Corps Volunteers in Micronesia in the 1960s, and the swelling numbers of Micronesian students attending US colleges in the 1970s, introduced marijuana and other drugs into the islands. Asian garment factories and casino developments in the Northern Mariana Islands, beginning in the 1980s, have been associated with sex trafficking and the introduction of hard drugs. More recently, the flow of Marshall Islanders between home in the RMI and diasporic communities in Arkansas and elsewhere has become a conduit for the importation of methamphetamine and other drugs. As island families and communities evolve into transnational kinship networks, islanders increasingly are navigating multiple cultural worlds. For Micronesian youth envisioning their future, the prospects can be exciting yet also daunting, as they face pathways for both success and failure that previous generations could hardly imagine.

Behavioral Health Problems in Micronesia

The social and cultural changes that have swept across Micronesia in recent decades have been accompanied by a significant rise in behavioral health problems throughout the region. Here, we look at two behavioral health concerns that have impacted Micronesian island societies: suicide and mental illness.

Suicide

Suicide was not unheard of in premodern times, but historical sources suggest that the rates were low—about 6 or 8 per 100,000—and cases were largely confined to mature adults (Purcell, 1987). Recent data compiled over the past six decades, however, point to an explosion of suicide throughout the region. At present, suicide ranks as one of the major psychosocial problems in Micronesia.

In FSM and the Marshalls, suicide rates surged beginning about 1970, and the rates in both places hovered close to 30 per 100,000 over the following years, finally dipping to about 20 in recent years (Hezel, 1989, 2016b; RMI Epidemiological Workgroup, 2018). Palau showed a similar although more gradual increase that peaked at 35 before it also declined in the past decade (Cash, 2013; Palau Ministry of Health, 2021). Guam's increase was also slight until the early 1990s when its annual number doubled (Workman & Rubinstein, 2019). Unlike the other island groups in Micronesia, Guam's suicide rate has not abated in recent years; rather, it has peaked at 24 in the past 5 years (David, 2021). The continuing high incidence of suicide in Guam may be due to the growing numbers of people from FSM (Hezel, 2017). CNMI is the only jurisdiction in the region not to have reached a rate of 20, although it came close during the last 5 years (CNMI CHCC, 2021).

What accounts for the rapid rise in suicide throughout the region since the 1970s? This question has prompted a series of articles on the subject (e.g., Rubinstein, 1987). The cultural patterns of suicide are unmistakable. Hanging is by far the most common method. Suicide is almost always motivated by the disruption of a personal relationship—in some cases with a spouse, but far more often with someone in the victim's own blood family. Rarely is suicide occasioned by failure in school or business, or by despair at lack of personal success (Hezel, 1989). The studies suggest that the increase in suicide might be tied to the rapid change in social organization, especially in the dynamics of family life.

Another characteristic of Micronesian suicide is the very low incidence among women. In Guam, females make up only 15% of cases over the past 20 years (Guam DPHSS, 2021). In the rest of Micronesia, the female share is even lower: less than 10%. In the Marshalls, it is only about 5% (Majuro Hospital, 2021). Some observers have suggested the low rates of female suicide are linked to the low consumption of alcohol among women, but this explanation is unconvincing. Still, the female risk of suicide has recently begun to rise in some places. In the FSM, the female share doubled from 6% in the 1960s and 1970s to 14% in the first 15 years after 2000 (FSM DHSA, 2019) and then more recently soared to 34% (FSM DHSA, 2021).

Suicide might have once represented the choice of a mature adult, but in recent years, an alarmingly high number of suicides occur in the very young age group. In FSM, during the height of the suicide epidemic, half the suicides were aged 20 and younger, although this proportion has dropped to 38% in recent years (Hezel, 2017). The high incidence of suicide among the young, and the declining rates within each older age cohort, inverts the trend found in most developed societies. This suggests that suicide might often be an impulsive response to a troublesome family situation.

Even if suicide rates have shown a recent decline, suicide seems to be a growing problem in more rural and culturally traditional areas. A recent update of the FSM data shows a significant increase in suicides in the outer islands of Yap and Chuuk as well as Pingelap in Pohnpei. This is most striking in Yap, where the number of suicides in the outer islands now exceeds those of the more populous main island (Hezel, 2017).

While the recent rise in suicide rates may have been generated by some of the social changes that have swept the islands over the years, there is also evidence of suicide "contagion" or modeling. Clustering of suicides is a pronounced feature in the region. The death of a prominent political figure in one island triggered a spate of suicides in the months that followed. The same contagion effect is suggested by the clusters of victims occurring in a single village during a short time frame (Rubinstein, 1987).

Although suicide may not be a new phenomenon in the islands, as those stories from the deep past attest, it has become a much more serious challenge in recent times. Responding effectively to that challenge will require that we understand its cultural meaning and the dynamics affecting it.

Mental Illness

Comprehensive data for FSM, Palau, and the Marshall Islands was obtained in a 1990 study that gathered life histories on all those identified by the community as mentally unstable (Hezel & Wylie, 1992). Because of the limited access to psychiatric help and clinical diagnosis, the researchers relied on a community-based definition of serious mental illness (SMI), but one that required that the condition had persisted for more than a year and excluded individuals impaired from birth or those whose mental problems stemmed from physical trauma. Prevalence rates in the islands ranged considerably—from a rate of 3 or 4 per 1000 population (aged 15 years and older) in the Marshalls and the eastern Carolines, to a rate of 8 per 1000 in Yap, and a rate of over 16 per 1000 in Palau. Although Palau's very high rates may fall within the broad range of international studies, they attracted the attention of several researchers who visited the island group during the 1990s (Sullivan et al., 2007). There was no recent data to provide prevalence rates for Guam and the Northern Marianas.

Prevalence of SMI exhibits a strong gender imbalance throughout the islands: in the Marshalls, for every female with mental illness, there are 3.5 males; in Palau, the ratio is 2.3:1, and in FSM, it is 4.4:1 (Hezel & Wylie, 1992). Why do males appear at much higher risk of SMI than females in the islands? Are cultural factors, such as the disproportionate stress placed on males, at play here? Or are the symptoms so attenuated in females that they might not be easily identified?

Alternatively, some researchers have suggested that the preponderance of males among persons with SMI is related to their much greater consumption of alcohol and drugs. Indeed, in the 1990 survey, it was noted that 83% were drinking alcohol and 61% using cannabis before the onset of their illness (Hezel & Wylie, 1992). But there is little hard evidence to support a causal link. Moreover, the correlation raises the question as to whether the use of drugs is cause or effect. While drug use might trigger mental illness, it might also be regarded as an attempt by those suffering from SMI to self-medicate. Other correlations might also be explored in future research. Those with SMI were found to be slightly better educated than average, and they are significantly better traveled: the 1990 study showed that nearly half of those with SMI spent 6 months or longer abroad.

A follow-up study conducted in 2015 offered observations on the course of the disease for those identified as suffering from SMI 25 years earlier (Hezel, 2016a). During this interval, fully half of those with mental illness had died; this is 2.5 times the mortality rate that would have occurred in the general population. Unsurprisingly, then, it appears that mental illness shortens the lifespan of those afflicted with it.

The follow-up survey also showed that of those whose condition stabilized and whose symptoms disappeared in time, many were drug users who had ceased drug use in the course of their illness. This might suggest that drug use was the cause of SMI or that cessation of drug use simply attenuated the symptoms. The follow-up survey also suggested that retaining strong ties with the family appeared to improve the condition of the mentally ill. Indeed, support from the family and community may be one of the most important factors in the treatment for SMI in Micronesia.

Behavioral Health Services in Micronesia

Traditionally, psychological and behavioral problems have been addressed by familial and community support networks, traditional healers, and other Indigenous approaches to helping and healing. Yet recent decades have seen the importation of Western mental health frameworks and practices through government programs, US federal grants, and community-based initiatives. Below we provide a brief overview of the available behavioral health services for the USAPI communities discussed in this chapter.

Each of the five USAPI jurisdictions has a government behavioral health agency or program funded at least in part by block grants from the US Department of Health and Human Services. On paper, the governmental behavioral health services that have been established in Guam, CNMI, Palau, FSM, and RMI are virtually indistinguishable from those of their sister programs throughout the United States. In actuality, behavioral health services provided within this expansive and culturally diverse region are far from conventional and include a range of highly specialized, culturally specific prevention and intervention strategies reflecting the unique geographic characteristics and distinct cultures of each island community.

Guam

As a US Territory and the most populous of the five USAPIs, Guam has the most comprehensive behavioral health services in the region. Its primary psychiatric facility, the Guam Behavioral Health and Wellness Center, is an autonomous government agency that provides inpatient, outpatient, day treatment, community outreach, and residential services through a staff of over 200, including psychiatrists, clinical psychologists, mental health counselors, substance abuse counselors, and social workers. Behavioral health services are also available through various other government agencies including public health, the judicial system, adult and youth correctional facilities, the public schools, and institutions of higher learning, as well as through numerous private clinics, faith-based and nonprofit organizations, and programs for military personnel and veterans. Guam is a single island with a good road system; hence, its behavioral health programs are accessible by car or bus in less than an hour from any village.

Commonwealth of the Northern Mariana Islands

The CNMI's behavioral health services are based in Saipan, where 90% of the population reside, and extend via outreach to Tinian and Rota, the only other inhabited islands within the 14 islands of the Commonwealth. The primary government entity for behavioral health is the Commonwealth Healthcare Corporation's Community

Guidance Center (CGC), which provides mental health and substance abuse services through outpatient, day treatment, and community outreach programs. The Center places a strong emphasis on education and prevention, although comprehensive treatment services are also available. The Center's more than 50 staff include a clinical psychologist and several mental health counselors, substance abuse counselors, and care coordinators. Inpatient and outpatient psychiatric services are provided at Saipan's government-run hospital where several psychiatrists are employed. Residential care for persons with substance use disorders is also available in the community. These services are supplemented by mental health counselors working in the public schools, public safety department, and the prison, as well as through community-based nonprofit organizations and faith-based programs. Several psychologists and psychiatrists also provide mental health treatment through private clinics. In Tinian and Rota, outreach services are provided through a care coordinator assigned to each island's government health center. Treatment services are offered by CGC counselors who fly out from Saipan monthly, as well as by the CGC psychologist and the hospital psychiatrists who are on call, ready to travel to Tinian and Rota when needed.

Palau

The Palau Ministry of Health (MOH) Division of Behavioral Health is based in the state of Koror, the nation's urban center where 70% of Palau's population live. Among the 300 islands of this archipelagic nation, only nine are inhabited. The Division has a mental health unit located in the Belau National Hospital, which provides inpatient and outpatient psychiatric services and an adjacent recovery unit focused on psychosocial rehabilitation. Programs focusing on prevention, behavioral health promotion, and alcohol and drug treatment are located in the community. The Division's 25–35 staff include two psychiatrists, two social workers, and a cadre of nurses and counselors. All services are community based and emphasize outreach, which the staff refer to as "clinics without walls." For example, when working with patients who are not taking their medication consistently, the mental health unit applies the DOT (Directly Observed Therapy) strategy developed for the treatment of tuberculosis. In the DOT approach, mental health nurses seek out patients in their homes, at their workplace, or even in public places, to ensure they take their medication daily. Moreover, to provide access to services for the entire population, the behavioral health staff make quarterly visits to each of Palau's inhabited islands. While the villages in Koror and Babeldaob are connected by causeways and bridges, the behavioral health staff must travel 2–3 hours on MOH boats to reach Kayangel, Peleliu, and Angaur, and by larger ships to reach the Southwest Islands of Sonsorol, Pulo Anna, and Tobi, a journey of 2–3 days. A critical component of these outreach visits is to identify and train a reliable family member to assist patients with medication compliance. Between visits to the distant islands, behavioral health staff follow up with patients by telehealth (phone/CB radio).

Federated States of Micronesia

The FSM Behavioral Health and Wellness Program (BH&WP), under the Department of Health and Social Affairs, coordinates mental health and substance abuse prevention and treatment services among FSM's four states, whose population is scattered across over 600 separate islands. Each state also has its own BH&WP with 10–20 staff, including counselors, nurses, prevention educators, and community outreach workers, working in collaboration with the FSM national psychiatrist, local physicians, and health assistants who staff community dispensaries. Innovative outreach strategies, including "house-to-house" patient care and CB radio communication, ensure access to services for all island communities.

Yap. The Yap BH&WP is part of Yap State Hospital in Yap Island. Services are provided through the hospital and five community health centers on Yap's four main islands. To reach the state's 17 inhabited outer islands, BH&WP staff travel aboard government ships on semiannual month-long trips, which briefly visit each island community along the 2000-km circuit between Yap and the state's easternmost atolls.

Chuuk. The Chuuk BH&WP is at Chuuk State Hospital on the main island of Weno in Chuuk Atoll. As Chuuk's population is dispersed across more than 40 islands, community outreach is crucial to the program's mission. Services are provided to 17 islands of Chuuk Atoll and 24 outer islands, with community outreach workers stationed on six islands. The Weno-based staff visit the nearby islands of Chuuk Atoll by motorboat weekly and participate in semiannual public health trips by ship to the outer islands.

Pohnpei. The Pohnpei BH&WP is located on the island of Pohnpei next to Pohnpei State Hospital. Services are provided in Pohnpei and two of the state's five outer islands to the south and east of Pohnpei—Pingelap and Sapwuahfik—where community outreach workers are stationed. Services to outer island communities include semiannual visits by the Pohnpei-based staff who make the 2-day journey by government ships or on the *Okeanos Pohnpei*, a double-hulled traditionally styled sailing canoe.

Kosrae. The Kosrae BH&WP is located on the island of Kosrae close to Kosrae State Hospital. As the only FSM state comprising a single high island, the program's services are easily accessed by the entire population.

Republic of the Marshall Islands

RMI's behavioral health programs are based in the capital, Majuro, where half of the nation's population reside. Of the 34 atolls and coral islands comprising this archipelagic nation, 24 are inhabited. Substance abuse services are provided through

the Single State Agency under the Ministry of Finance, by approximately 10 para-professionals who conduct substance use prevention programs. Mental health services, on the other hand, are provided through the Ministry of Health and Human Services by approximately 10 staff including a psychiatrist, four nurses, and one counselor. Both programs collaborate with faith-based and nongovernmental organizations focused on community empowerment, such as WAM (*Waan Aelõñ in Majel*—Canoes of the Marshall Islands) and WUTMI (Women United Together Marshall Islands). Mental health services are based within Majuro Hospital and include an outpatient clinic for medication, psychotherapy, and counseling and a full range of community outreach and prevention services. Behavioral health care is also provided at Ebeye Hospital in Kwajalein Atoll by two mental health staff and the MOH psychiatrist who flies monthly to the densely populated island of Ebeye. For residents of RMI's many outer islands, access to behavioral health care is available through 56 government health centers, each staffed by a health assistant trained to provide basic medical services. When working with patients with mental disorders, the health assistants consult with mental health staff at Majuro Hospital by CB radio. Additionally, a behavioral health team from Majuro travels by plane or boat to each of the outer islands quarterly to evaluate new cases, provide follow-up care for current patients, and educate families and the community about mental health.

Conclusion

Throughout the Micronesian region, traditional cultural beliefs and practices continue to play a critical role in the community's response to mental illness. Of particular importance are the extended family networks and traditional community associations in which people take responsibility for each other. However, within some of Micronesia's traditional belief systems, mental illness is viewed as a curse placed on a family or an individual because of a past transgression. Thus, social stigma is prevalent, especially in the more remote island communities, and many of those who might benefit from behavioral health treatment are reluctant to reach out for help. It is primarily for this reason that behavioral health staff often go out to the homes of their patients to provide services. Traditional healers are often the first line of treatment, and many individuals with mental health problems respond well to the herbal medicine, massage, and spiritual healing provided. However, some aspects of traditional healing can contribute to stigmatization by perpetuating the belief that mental illness is caused by supernatural forces, such as a curse, black magic, or ancestral spirits. Local government education and prevention programs focus on providing alternative biopsychosocial explanations.

Perhaps the most widespread cultural practice in responding to mental illness is the support provided by families. As there are no residential care facilities for persons with mental illness (except in Guam), the primary caregivers are almost always family members, who play a vital role. In general, when there is strong family support for a person with mental illness, behavioral health interventions including

medication and counseling tend to be successful. In cases where family support is not available, village chiefs sometimes step in to assign a relative or member of the community to serve as the primary caregiver. In many communities, churches also play an important role in providing faith-based support. In sum, although Western behavioral health services have brought relief to many individuals and families throughout the Micronesian region, it is important to recognize that these relatively new approaches to mental health care supplement Indigenous approaches to helping and healing that continue to take place within families and village communities in every island in the region.

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Psychology in Oceania and the Caribbean

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To our parents

Mom and Dad, together you taught me both the value of the science of modernity and the value of honoring our ancestors, family, and heritage. My gratitude for showing me the significance of both looking back as well as looking forward, while never forgetting the present.

– Grant J. Rich

Mom and Dad, you taught me to live in new homelands, as our ancestors before us. Together you showed me how to honor our traditions and roots while navigating change and embracing new cultures. Thank you for the gift of raising me across and between worlds.

– Neeta A. Ramkumar

And to the descendants of all peoples whose ancestors have been colonized, exploited, and displaced across the lands and seas of the Earth. May we honor their histories and celebrate their resilience and strengths.

Foreword

One definition of psychology is the study of behavior and mental processes. What this broad definition makes clear is the fact that psychology applies in every cultural and national context, as well as in every area of human endeavor. Although behaviors may be very different in different parts of the world, people everywhere are concerned with promoting psychological well-being and reducing psychological distress. However, psychological research has been concentrated on populations in Western industrialized countries, especially the United States (Arnett, 2008), and even within these countries, on populations of European descent (e.g., Arnett, 2008; Guthrie, 2004).

In addition to the limited base of psychological knowledge on people of color, culture is often absent in the interpretation of psychological findings (Brady et al., 2018). As Brady et al. (2018, p. 11412) observed:

> Building interpretive power requires understanding how culture, experience, and context shape both researchers' and subjects' perspectives, experiences, and behaviors. It requires understanding that people are products of their cultural environments just as their thoughts, attitudes, and behaviors shape and reinforce these environments (5). Rather than regarding differences as problematic or dismissing them as noise, psychologists with interpretive power view differences as generative and work to understand their causal influences.

Without interpretive power related to culture, psychology cannot contribute in the ways that it can and should in different contexts, and this is a concern that psychologists need to address. Finally, there is a limited knowledge on psychology and its role in several parts of the world, especially in countries in Africa, the Caribbean, and the South Pacific. Thus, this book is timely because it provides information on psychology in countries where psychological science and practice are nascent or still very young, and equally importantly, the chapters acknowledge the role of culture.

To highlight the importance of this book, let me provide an example of the gap that this book is addressing. As a school psychologist, one psychological construct that I am very interested in is learning, and in April of 2021, I participated in a panel discussing findings on the construct of growth mindset from the Programme for International Student Assessment (PISA) 2018 data collection conducted by the

Organisation for Economic Co-operation and Development. Growth mindset (Dweck, 2016) is an extremely popular construct related to learning outcomes in the United States, and PISA chose to ask about this construct in the 2018 data collection. In preparing for my presentation, I looked up the 79 countries that were included in the PISA study (Gouëdard, 2021), and perhaps not surprisingly, the majority of the countries included in this book were not included in the PISA study.

The PISA report indicated that the percentage of individuals who endorsed a growth mindset differed across countries:

> Overall, a majority of students present a growth mindset in PISA: in 53 countries and economies more than 50% of students disagreed with a fixed mindset statement. However, some countries lag behind: in 25 countries and economies, more than 50% of students agreed with a fixed mindset statement. The contrasting landscape of growth mindset in PISA makes the case that every student can develop a growth mindset. When a group of students (for instance, girls vs boys, disadvantaged vs advantaged, immigrant vs non-immigrant) is less likely to exhibit growth mindset, this should raise questions as to whether they benefitted from adequate resources and learning environment. (Gouëdard, 2021, p. 17)

Additionally, although growth mindset was positively associated with PISA academic outcomes, growth mindset was less strongly associated with achievement in East Asian countries than in the other parts of the world. Similarly, growth mindset was significantly associated with educational expectations in 37 countries, but also not associated with educational expectations in 37 other countries. Gouëdard (2021) cautioned against drawing causal conclusions from the correlational data that is included in the report. However, these data also speak to the importance of national and cultural contexts and why these are important in psychology. What works in one context does not necessarily work in another, and the fundamental premise of the PISA report—that growth mindset should be cultivated in all students—is one that is premature in the absence of further research.

Although based in the United States, I am a native of Trinidad and Tobago who has worked on bringing psychology back to that country and I have collaborated with colleagues in many parts of the world, including New Zealand and Fiji. Thus, I am delighted to learn from psychologists based in countries in which psychology is still relatively new. Our discipline has been an important one for some time, and I would argue that it has taken on more importance in the context of the Covid-19 pandemic. Psychology has implications for health and mental health and education and work and diversity and discrimination among many other things. Thus, psychology has implications for hope and future possibilities on individuals and social groups and, ultimately, societies. It is my belief that all of us—those in the countries represented in the chapters in this book and those who live elsewhere—will benefit from the documentation of psychology in these contexts heretofore underserved by our discipline.

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Preface: Psychology in Oceania and the Caribbean: An Overview Chapter

Introduction

Sun and Sand. Surf and Turf. Rest and Relaxation. A Tropical Paradise. Many psychologists are likely to conjure up such images of palm-fringed shores when first thinking of life in Oceania and the Caribbean, the geographic foci of this book. In fact, perhaps gentle reader, you have enjoyed such a vacation, sabbatical, or winter escape from academic responsibilities in one of these island nations. Yet just how realistic are such visions? Is everyday life in such places as idyllic and carefree as imagined?

There is a relative paucity of research concerning the realities of life in the Caribbean and Oceania from a psychological perspective. With about one million psychologists in the world, psychology is growing more quickly outside the mainland United States and Western Europe than within it (Zoma & Gielen, 2015). Our world is globalizing, yet our psychology, and our psychologists, too often represent dominant culture male perspectives with research based on what has justly been termed WEIRD (Western, Educated, Industrialized, Rich, and Democratic) populations (Henrich, 2020), neglecting whole peoples, cultures, and continents, let alone the islanders of the archipelagos of the book. This volume offers a corrective to the dominant paradigm through the knowledge and experiences of top-notch psychologists and mental health professionals in the Caribbean and Oceania and their colleagues.

The reader will observe diverse, rich cultural traditions, resilient communities, and abundant economic opportunities in many island nations. On the flip side, these regions also reflect the challenges of modernity, including poverty, crime, ethnic tensions, migration, and disparities in health and education. Many countries featured in this book face high treatment gaps across all psychological disorders due to the scarcity of mental health resources and inequalities in accessing them. Psychologists and mental health professionals with interests in life in such nations will find this book to be a must-read, as will other readers seeking to deepen their cultural and international understandings.

When first conceptualizing and proposing this book project we did receive some puzzled looks by persons who wondered what the two regions—so widely geographically dispersed—could share beyond paradisical imaginations, and why they should be presented in one volume together. Careful readers will note that several common themes emerge both within and between Oceania and the Caribbean. The historic transit of peoples across the Caribbean and Pacific are records of cross-cultural contact, dark narratives of slavery and blackbirding, and accelerated change. For instance, many chapters describe behavioral health-care systems that reflect challenges shared by island communities: small populations, postcolonial societies fraught with political tension as new national and cultural identities emerge, and economies tested by the relative remoteness of some islands. Moreover, while responding to natural disasters may not be a typical competency of mainland psychologists, the psychosocial strain associated with climate change is profound in island regions. With few exceptions, the majority of island populations and infrastructure are located near coastal areas or on flood plains. As such the social, economic, and psychological impact due to natural disasters is among the world's highest in island nations.

In this chapter, the authors first aim to offer capsule descriptions of the Caribbean and then Oceania, highlighting some key geographic, demographic, historical, and sociocultural points, recognizing that even if readers have visited or indeed reside in one nation/island, that they may be less familiar with other regions. The last part of this chapter orients the reader to the structure of the subsequent chapters on psychology in the Caribbean and Oceania. The authors of this chapter suspect that upon completing this chapter, and indeed the book, the reader will see points of connection between the situation of the Pacific Islands and the Caribbean in the early twenty-first century. We also hope that leveraging lessons learned can stimulate thinking on one's own topic of interest and perhaps invite evidence-based adaptation and modification of existing practices or lead to creative insights and innovations for indigenous psychologies. Now, to work!

The Caribbean

In brief, one may describe the Caribbean as that region of the world that includes the Caribbean Sea, with its 700 islands, as well as surrounding coasts. Within the region, several methods of categorizing the Caribbean exist. One approach divides the Caribbean into the Greater Antilles in the north, with the Lesser Antilles and the Leeward Antilles to the south and to the east. If one includes the Lucayan Archipelago, together that would comprise the classic West Indies, though technically the Bahamas and Turks and Caicos (which comprise the Lucayan Archipelago) are not located in the Caribbean Sea. It should also be noted that a number of continental nations do have Caribbean coastlines, including islands. These nations include Belize, Colombia, Costa Rica, French Guiana, Guatemala, Guyana, Honduras, Nicaragua, Panama, Mexico, Suriname, the USA, and Venezuela. In

addition, a number of scholars will include Belize in Central America, as well as Suriname and Guyana in South America, as part of the Caribbean, as even though these nations are physically located in Central and South America, they share much in common culturally with the island Caribbean nations. Indeed, this book features chapters on Belize, Guyana, and Suriname, viewing these nations as part of the Caribbean.

The Greater Antilles includes independent nations such as Haiti, the Dominican Republic, Jamaica, and Cuba, as well as those with connections to colonial powers such as Puerto Rico and the Cayman Islands. There are full chapters on each of these countries, save the Cayman Islands, representing the Greater Antilles in this book. The Lesser Antilles include the Leeward Islands, the Windward Islands, and the Leeward Antilles. The Leeward islands include the US (e.g., St. Croix and St. Thomas) and British Virgin Islands, Anguilla, Antigua and Barbuda, St. Martin, Saba, Sint Eustatius, Saint Barthélemy, St. Kitts and Nevis, Montserrat, and Guadeloupe. Representing the Leeward Islands is a chapter on St. Kitts and Nevis. The Windward Islands include Trinidad and Tobago, as well as Barbados, Dominica, Grenada, Martinique, St. Lucia, St. Vincent, and the Grenadines. This book contains chapters focused on Barbados and on Trinidad and Tobago. The Leeward Antilles include the three ABC islands, Aruba, Curaçao, and Bonaire, for which the book editors could not obtain a chapter by publication time.

Another method of analyzing, categorizing, and at least partially understanding the Caribbean is by dividing up the regions by historical, colonial groupings. One could note that the following categorization has both historical import and implications for the islands/nations/regions as they exist in the early twenty-first century. Thus, one could list the regions as follows: British West Indies/Anglophone Caribbean, Dutch West Indies, French West Indies, Spanish West Indies, Danish West Indies, Portuguese West Indies, Swedish West Indies, and Courlander West Indies. The present-day Caribbean nations represented in the book from this perspective are as follows: British West Indies/Anglophone Caribbean (e.g., Barbados, Belize, Guyana, Jamaica, St. Kitts and Nevis, and Trinidad and Tobago), the Dutch West Indies (e.g., Suriname), the French West Indies (e.g., Haiti, and briefly Tobago and St. Kitts), and the Spanish West Indies (e.g., Dominican Republic, Puerto Rico, and Cuba). Notably, many of these nations felt the influence of more than one colonial power; for instance, until 1655 Jamaica was under Spanish control, and Haiti was first under Spanish then French control prior to its independence (Higman, 2011; Knight, 2011; Rogozinski, 2000).

Finally, one notes yet another way to categorize the Caribbean would be via membership in CARICOM (the "Caribbean Community), an organization, founded in 1973, of 15 states/dependencies that aims at economic growth policy and cooperation, as well as peaceful foreign relations among members. Its full members are Antigua and Barbuda, Barbados, the Bahamas, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago. Of these 15 nations, eight are represented in the present book (Higman, 2011; Knight, 2011; Rogozinski, 2000).

The Caribbean in total is tremendously diverse. For instance, statistically overall, the most common official languages are Spanish, French, and English, though Haitian Kreyòl, Dutch, and Papiamento are also official languages in some nations. Almost all the Caribbean nations/islands feature at least one form of Creole, often with inflection from the related colonial language. In addition, many other dialects and languages are spoken, such as indigenous languages, as well as Chinese, African, and Indian (e.g., Hindi) languages from more recent arrivals (Higman, 2011; Knight, 2011; Rogozinski, 2000). Religious belief and practice vary widely as well, though Christianity in its many forms (e.g., Catholic and Protestant) is likely practiced by nearly 85% of those in the Caribbean. There is also strong representation from other religions, such as Hinduism, Islam, Judaism, Buddhism, Bahá'í, Rastafarianism, African and African-influenced traditions (e.g., Yoruba, Santería, Brujeria, Vodou, Orisha, Espiritismo, Obeah, Winti, and Candomblé), and indigenous faith traditions (Chevannes, 1997; Glazier, 2001; Métraux, 1959).

Caribbean nations vary widely in terms of wealth and poverty and general economic conditions. To cite a few examples to illustrate this point, among the Caribbean nations/islands with the greatest per capita GDP (PPP) are Puerto Rico ($32,290), St. Kitts and Nevis ($17,435), Trinidad and Tobago ($15,384), and Barbados ($15,191). In the middle are nations such as the Dominican Republic ($7268) and Suriname ($6491). Among the Caribbean nations/islands with the lowest per capita GDP (PPP) are Jamaica ($4664), Belize ($4435), and—usually ranked lowest, even prior to its devastating 2010 earthquake—Haiti ($1940) (GDP Per Capita, 2021).

The populations of the Caribbean nations and islands are also incredibly diverse. To cite a few examples to demonstrate the range, recent population figures estimate Cuba with 11,252,999, Haiti with 10,981,229, and the Dominican Republic with 10,766,998. Considerably smaller are Puerto Rico with 3,508,000, Jamaica with 2,729,000, and Trinidad and Tobago with 1,357,000. Notably, even the nations located on Caribbean Coasts of Central and South America are not large in population: Guyana with 743,700, Suriname with 575,990, and Belize with 419,199. Even smaller populations can be found in other island nations such as Barbados with 283,000, St. Lucia with 172,000, Grenada with 104,000, and Dominica with 71,000. Finally, among the lowest populations are the Cayman Islands with 59,000, St. Kitts and Nevis with 46,000, and Montserrat with 5000 (List of Caribbean Nations by Population, 2021). Compare such nations' sizes with China (1.4 billion) or India (1.3 billion), or even with the mainland United States (with 330 million). Population size of course impacts the type of economies and services nations can provide, including higher education, specialized health care, including behavioral health service training and provision.

Above and beyond the difficulties presented by low population size, the Caribbean also shares a difficult colonial heritage and, in many cases, a postcolonial challenge of finding the best path to a desirable, successful future. At European contact at the time of Columbus, the Caribbean islands were populated by indigenous groups, including Taíno, Arawak, and Carib as well as smaller groups. The Atlantic Slave Trade from the sixteenth to nineteenth century enslaved an estimated 12–13 million Africans and dramatically altered the course of not only Caribbean but also world

history (Eltis & Richardson, 2010; Rediker, 2007; Thomas, 2013). After abolition, the so-called labor shortage resulted in colonial contracting, and sometimes coercing, an estimated 500,000 Indians, 250,000 Chinese, and 90,000 others to the Caribbean and Peru in indentured servitude (Roopnarine, 2019). Today's Caribbean populations often include large, and sometimes majority populations of mixed-race origin populations. The legacy of color discrimination and prejudice did not end with apprenticeship or emancipation from slavery and is often reflected in the social, educational, and health disparities witnessed in today's Caribbean.

Furthermore, the Caribbean is prone to many natural disasters, especially hurricanes, but also floods and earthquakes, which can result in not only tragic loss of life and injury but also can devastate food security, homes, and infrastructure. Finally, many but not all Caribbean nations/islands have faced political turmoil, including violence, coups, and war. Thus, despite a range of cultural differences, the Caribbean also shares a number of challenges.

Oceania

The Pacific Ocean comprises over a third of the earth's surface area (165 million square kilometers or 63 million square miles) and 80% of the world's islands (Fischer, 2013). While definitions of Oceania vary, it has been dubbed the "water continent" and, broadly speaking, includes the world's most geographically dispersed landmasses, which include Australasia, Melanesia, Micronesia, and Polynesia. Technically speaking, our book title probably more accurately would mention the Caribbean and the Pacific Islands to describe the scope of this volume, as the Pacific Islands do not include Australia, Indonesia, the Philippines, or Japan. As Matsuda (2006) writes, "the 'Pacific' has been historically reimagined many times: from an ancient Polynesian and early modern Magellanic space of transit, to an Enlightenment theater of sensual paradise, to a strategic grid of labor movements and military "island-hopping," to a capitalist basin, the key to a Pacific Century of emerging wealth and "globalization" at the end of the last millennium" (p. 759–760). Despite conceptualizations that the vastness was a historic barrier to trans-and intra-Pacific interaction, the Pacific World legacy is significant (D'Arcy, 2008).

The South Pacific region spreads across ocean three times the size of Europe, with the total landmass comparable to the area of Denmark. Larger islands such as New Caledonia and Aotearoa New Zealand are more continental, while other island landforms may be coral atolls, coralline, or volcanic. Natural forces play significant roles in shaping Pacific societies such as adaptation due to climatic variation (e.g., rainfall, hurricanes/cyclones). Oceania is geologically active with volcanic eruptions, earthquakes, and *tsunamis* from seismic activity; particular islands in Vanuatu are estimated to have disappeared three or four times in the last 500 years (Matsuda, 2012). There is also historical evidence of submerged land bridges and clans venturing inland as sea levels rose.

The diversity of Pacific island cultures coexists with trans-local interconnected stories and histories defined by exploration, trade, marriages, alliances, warfare in which the winds and waters were actors in historical movements (Matsuda, 2012). In 1831, the French explorer Dumont d'Urville suggested dividing the Pacific into Melanesia, Micronesia, and Polynesia (Campbell, 2011). Although the terms represented constructed racial classifications that have been misused to stereotype dissimilar groups, the peoples of the regions themselves have adopted these designations as parts of their own historical identities (Armitage & Bashford, 2014). Scholars concede the geographical distinctions continue to be useful while acknowledging both differences and considerable overlap between regions. A more recent movement insists that the Pacific Ocean—as a connector of landmasses—also represents a coherent unit of analysis in its own right (D'Arcy, 2008). Anthropologist, Epeli Hau'ofa, envisioned the Pacific as a "Sea of Islands"—not a "vast, empty expanse, nor a series of isolated worlds flung into a faraway ocean, but rather with a crowded world of transits, intersections, and transformed cultures" (Matsuda, 2012, p. 3).

Polynesia includes Hawai'i to the north, Aotearoa New Zealand to the southwest, and Tonga, Samoa, and America Samoa to the west, as well as French Polynesia (e.g., the Marquesas, Society Islands, and Austral Islands), and Easter Island to the East. Recent population estimates range greatly within the region: Aotearoa New Zealand (5.1 million), Hawai'i (1.4 million), American Samoa (56,951), and Samoa (199, 853), with an equally wide range of economies, from GDPs of $58,185 in Hawai'i and $41,791 in Aotearoa New Zealand to GDPs of $11,534 in American Samoa and $4067 in Samoa (Campbell, 2011; GDP Per Capita, 2021; GDP Per Capita of Hawai'i, 2021; Pacific Data Hub, 2020). At the time of publication, chapters representing Tuvalu, Niue, the Cook Islands, the Marquesas, and Easter Island were not available. Representing Polynesia in this book, are chapters on Hawai'i, Aotearoa New Zealand, French Polynesia, and both Samoa and America Samoa.

The largest of the three regions, Polynesia, was more culturally homogenous than either Melanesia or Micronesia pre-European contact (Fischer, 2013), so much so that Captain Cook utilized a Tahitian as interpreter in Aotearoa New Zealand. The related languages often share similar words, for instance, island is *motu* in Tonga, Samoa, the Marquesas, Tahiti, and Aotearoa New Zealand, and *moku* in Hawai'i (Campbell, 2011). Polynesians excelled at food preservation which enabled them to settle islands in the early years, not only to escape hazards of drought or resource depletion, but also because voyaging and exploration was culturally embedded (Fischer, 2013). Traditional Polynesian societies were known for richly complex cultures, political organizations and ancestral genealogies (Matsuda, 2012). They were both ambilineal (mothers' and fathers' lines together) and patrilineal with stratified social classes based on inherited rank and autocratic chiefly rule (Fischer, 2013).

Religion was embedded into everyday life, often an extension of political power and control. Campbell (2011) remarked, "the two key concepts in Polynesian religious life were mana and tapu" (p. 22), with *mana* referring to sacred power that both humans and gods could possess, while *tapu* (tabu/kapu/taboo) refers in part to forbidden elements, but more accurately refers to items/activities that were either

sacred or cursed, and operates in part as a method of social control to ensure persons without appropriate permissions/reasons would behave according to societal expected norms (Campbell, 2011). Some scholars have explored evolving, nuanced regional differences between Eastern and Western Polynesia, such as in fishing, land tenure, gardening/cuisine, art, music, canoe design, and social practices such as kava drinking (Fischer, 2013; Campbell, 2011). Of course, anthropologists focusing on a particular historical period, village, or culture will note even more subtle nuances, that such broad generalizations obscure. In the last 200 years, the histories of Polynesia have diverged considerably with the effects of European intrusion (Fischer, 2013).

Melanesia has been and still is characterized by tremendous ethnic, social, and cultural diversity (Fisher, 2013). Today's Melanesia includes Fiji, Vanuatu, New Caledonia, New Guinea, and the Solomon Islands. With the exception of the Solomon Islands, for which a chapter author could not be located by press time, all of these countries are represented in this volume. It is worth noting that Fiji is located on the border of Melanesia and Polynesia, and illustrates how European categories do not always suit the Pacific reality. Colonial agendas continue to be a felt presence today. Indians and other Melanesian islanders were brought to Fiji plantations through blackbirding. New Caledonia is a French territory and a francophone hub of the South Pacific. The landmass of New Guinea is 70% of Pacific Islands' land (Fischer, 2013) and contains Papua New Guinea, an independent nation, and West Papua, which is controlled by Indonesia. Recent population estimates range greatly within the region: from Papua New Guinea (9,122,994) and Fiji (898,402), to New Caledonia (273,674) and Vanuatu (301,295), with an equally wide range of economies, from GDPs of $12,579 in relatively wealthy New Caledonia, to $4881 in Fiji, $2783 in Vanuatu, and $2636 in New Guinea (Campbell, 2011; GDP Per Capita, 2021; Pacific Data Hub, 2020).

Melanesian and Polynesian worlds had divided millennia before and thus developed vastly distinct cultures that did not readily understand each other. Melanesia was known as the "dark islands" for what early colonial explorers and later Polynesian preachers viewed not only as the darker complexions and woolly hair of the people—but the difficulties encountered by their missions from hostile warriors to deadly diseases (Matsuda, 2012). Though unusual for Pacific islanders, Melanesians were not sailors or frequent travelers historically and generally speaking, kept away from feared outsiders, which led to thousands of relatively small communities of neighboring trade networks (Fisher, 2013). Traditional political and social organization has ranged from both matrilinear and patrilinear society, and from smaller clans of dozens to hereditary monarchies/chiefdoms of several hundred, though concentrated and not typically consolidated into the larger units as in Polynesia (Campbell, 2011). Melanesia's multiplicity of cultures is also apparent in the number of languages spoken in the region, with some estimates suggesting about 1300 languages—one fifth of all the world's language—are spoken here, and in Papua New Guinea alone, scholars estimate there are over 800 languages in this nation of about nine million (Campbell, 2011).

Additionally, as Melanesian tribes were more likely to live on larger islands with jungles and mountain valleys, they developed agriculture inland, whereas Polynesians and Micronesians were more reliant on the sea, leading some to distinguish "saltwater people" from "bush people" (Campbell, 2011). Like Polynesia, kava drinking plays a significant cultural role in ceremonial and social life, particularly among men. Another notable aspect of a number of Melanesian cultures is their "Big Man" practices, referring to patronage to persuasive leaders, whose power is achieved through demonstrated individual ability rather than inherited their role (Matsuda, 2012). Demonstrations of leadership included distributing wealth in various forms (depending on the country), such as providing for feasting or resourcing villages. In contrast to Polynesia, Melanesian society was classless and demonstrated rule by consensus (Fisher, 2013) even with the singular authority of local chieftain cultures (Matsuda, 2012).

Micronesia is the least populous of the three regions of the Pacific Islands, with a total of just above one half million persons, divided among the following four archipelagos: the Caroline Islands, the Gilbert Islands, the Mariana Islands, and the Marshall Islands. (NB: These terms are seldom used now, with many contemporary archaeologists and anthropologists dividing the region instead into east, central, and western regions, rather than utilize these colonial terms.) Micronesia features several sovereign nations, including the Federated States of Micronesia (FSM), Republic of Kiribati, Palau, Nauru, Republic of the Marshall Islands, as well as the US Territory of Guam, and the US Commonwealth of the Northern Mariana Islands. This book includes a chapter on the Federated States of Micronesia, including coauthors from several of its islands, including Yap, Chuuk, Pohnpei, and Kosrae. FSM is the most populated nation in Micronesia, with about 102,436 persons, though the US Territory of Guam's population is approximately 178,306 (Pacific Data Hub, 2020; Campbell, 2011; Hezel, 2013). Other recent population estimates range greatly within the region: Kiribati (120,740), Northern Mariana Islands (56,801), and the Marshall Islands (54,516) to Palau (17,957) and Nauru (11,832), with an equally wide range of economies, from GDPs of $37,723 in Guam, and $20,659 in the Northern Mariana Islands, to $10,983 in Nauru, $3585 in the Federated States of Micronesia, and $1670 in Kiribati (Campbell, 2011; GDP Per Capita, 2021; Hezel, 2013; Pacific Data Hub, 2020).

Micronesia is characterized by a multiplicity of seafaring atoll and small island cultures (Matsuda, 2012). Scholars indicate that it has been one of the world's most difficult places to settle as most islands are uninhabitable coral atolls with exposure to extreme weather and isolation (Fisher, 2013). Perhaps most notable is the impressive sea voyaging and utilization of marine resources of Micronesians to thrive without the resources of larger islands. Typically, traditional social organization followed a matrilinear system, with two or three social classes, and a political system that was hierarchical and aristocratic, with council decisions, and inter-lineage alliances (Campbell, 2011). Kava drinking is common, and as in Melanesia, betel nut chewing is also ubiquitous. Given its geographic location, some early European explorers argued whether the region reflected stronger Asian or Polynesian influences, though more modern scholarship appreciates multiple waves of settlers

entering Micronesia at different periods (Fisher, 2013). While the geographic proximity to Asia is reflected in pottery style and weaving looms of some communities, Micronesians closely resemble Polynesians in culture, society, and ethnicity albeit with more diversified ancestry and practices.

More recent history and colonial legacies of Micronesia have linked the islands and their economies to military and political contests in the United States, China, Taiwan, Korea, and Vietnam (Matsuda, 2006). Atomic and nuclear testing from the 1940s to the 1990s by the Americans, British, and French caused devastating ecological destruction with severe health consequences to and evacuation of entire peoples, particularly the Bikini Islanders of the Marshall Islands. Located at the intersection of historical cultural and trading zones, the islands of Kiribati have long been the crossroads of wayfinding paths (Matsuda, 2012). Today, Kiribati is a tiny state with fewer than 100,000 citizens spread across archipelagos of low-lying atolls with encompassing waters the size of the continental United States. Kiribati is now predicted to be the first Pacific Island country of the twenty-first century to disappear as oceans rise and has raised the question of resettlement. Matsuda (2012) writes, "Tens of thousands of threatened islanders have begun requesting residency in larger Pacific states line New Zealand. The flats of Oceania may, within the lifetime of living generations carry the marks of submerged homes for islanders in Vanuatu, the Marshall Islands, Tuvalu, Kiribati, and coastal island territories of Papua New Guinea" (p. 14).

Together the diverse islands, nations, and regions of Oceania reflect shared cultural histories and future challenges. Epic voyaging, global trade, invasion, colonialism, war, and mass migration are visible legacies. Much indigenous history passed down through oral traditions has been lost over the course of depopulation and disruption that followed sustained contact with Europeans and continental diseases in the eighteenth and nineteenth centuries (D'Arcy, 2008). While the specifics of the colonial power and process vary, there is no question that postcolonial and neocolonial realities have intensely impacted the region and contributed to sociopolitical upheaval in the last decades (e.g., Campbell, 2011, Kirsch, 2017; Thompson, 2019). Europe, the Americas, and Asia have all crossed and continue to act in these islands with renewed foreign intrusion (Matsuda, 2012). Given the small population sizes of the Pacific Island nations, each nation shares similar concerns with developing and appropriately sustaining environmental resources (e.g., coral ecosystems and their fish stocks) and viable economies including opportunities for training of a behavioral health workforce. In sum, despite a broad range of cultural practices and diversity in traditions, religions, languages, demographics, economies, educational and employment opportunities, and sociopolitical organization, Pacific communities also share a number of challenges.

Conclusion

While there are some specialized books on psychological issues in single nations in the South Pacific (e.g., Fiji; Katz, 1999; Leckie, 2019) and in the Caribbean (e.g., Jamaica; Hickling, 2020), and a handful of broadly construed books about

psychology in the Caribbean (e.g., Hickling, 2012; Roopnarine & Chadee, 2015) and Asia/Pacific as a whole (e.g., Minas & Lewis, 2017), psychology in the Caribbean and in Oceania has been neglected despite its diverse, rich history, and its emerging potential for economic growth and development. Books on these archipelago nations are typically written from anthropological, sociological, or economic perspectives, rather than psychological. The current volume aims to fill this gap, by providing a single volume specifically dedicated to psychology in the Caribbean and Oceania, with chapters authored or coauthored by well-known psychologists and behavioral health professionals from the region and their colleagues. Thus, this volume should be valuable not only to professors, researchers, and students in these island nations, seeking a core text or supplement for the introductory and more advanced psychology courses, but also to those outside the regions who seek insight into cultural and international processes and issues. Beyond psychology, mental health professionals and educators from related disciplines (e.g., psychiatry, counseling, social work), and those involved in development projects will find the topics in this book relevant.

Readers will note that the chapters bridge multiple psychology subdisciplines in a cross-cutting manner, including clinical, counseling, developmental, personality, health, and community psychology as well as topics in psychology of gender, research methods, and cross-cultural psychology. Each chapter provides capsule descriptions of the nation/region regarding geography, history, demographics (e.g., languages, ethnic groups, spiritual traditions, literacy rate/education), political system, and economy. Then, chapters proceed to describe the historical context and contemporary status of psychology and behavioral health in that nation/region, including service provision, credentialing and workforce development, and client access to and utilization of services. Authors were also invited to describe the role of traditional healing practices as appropriate. Significantly, we encouraged authors to note any special issues relevant to psychology, such as impacts of climate change/disaster response, political instability, poverty, crime, cultural nuances, religious/ethnic group differences/disparities, and so on. Finally, we asked authors to predict future trends in psychology and to suggest recommendations for future development of psychology research, education, and services in their nation/region.

We hope that you, dear reader, will accept our invitation to read not only the chapters on your region, but will also immerse yourself in the work of your colleagues representing other islands, nations, and regions in this book. There is much to learn from each other. Finally, it must be said, we had tremendous fun exchanging with authors across oceans and seas to produce this special book project, and hope that you will enjoy reading it!

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We should not be defined by the smallness of our islands, but in the greatness of our oceans.

— Epeli Hauofa

The time will come when, with elation, you will greet yourself arriving at your own door, in your own mirror, and each will smile at the other's welcome.

— Derek Walcott

We are like islands in the sea, separate on the surface but connected in the deep.

— William James

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Grant J. Rich, PhD Fellow, American Psychological Association, Fellow, Association for Psychological Science, is senior editor of eight books, including "Pathfinders in International Psychology" (2015), "Internationalizing the Teaching of Psychology" (2017), "Human Strengths and Resilience: Developmental, Cross-Cultural, and International Perspectives" (2018), "Teaching Psychology around the World, Volume 4" (2018), "Teaching Psychology around the World, Volume 5" (2020), and "Psychology in Southeast Asia" (2020). Dr. Rich has published over 75 peer-reviewed journal articles/book chapters in journals such as *American Psychologist*, *Humanistic Psychologist*, and *Journal of Positive Psychology*; has published over 100 book reviews; and has presented at over 110 conferences around the globe from the Bahamas, Belize, Haiti, Jamaica, and Suriname to Africa, Asia, Australia, Europe, the Middle East, and North America. He received the President's Award for Extraordinary Service: APA Division of International Psychology, and was a National Endowment for the Humanities, Institute Fellow (in Mexico, Belize, Guatemala, and Honduras, and in the Tropical Atlantic). He is Senior Contributing Faculty at Walden University and lives in Juneau, Alaska.

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Brief Biography of Foreword Author

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