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Resilient journeys: Exploring the experiences and challenges of Pacific clinical psychology students in Aotearoa training programmes

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Abstract

The monocultural nature of clinical psychology training in Aotearoa is untenable under Te Tiriti o Waitangi, which requires preparing students to work effectively with Māori. This study extends this premise, amplifying the voices of ten Pacific clinical psychology students who shared their challenges navigating training programmes in Aotearoa universities. Using the Fijian qualitative method Veivosaki-yaga, students unpacked their challenges training within a monocultural academic environment that marginalises Pacific perspectives. Findings reveal that Pacific students' experiences were characterised by constant dissonance between Western epistemological dominance and Pacific worldviews, values and identities. The cost of fitting into these spaces was for students to silence and compartmentalise their identities, carry the burden of cultural labour, and to perform culture when convenient to the institution. These insights highlight the urgent need for transformative changes to prioritise equity and create a truly inclusive, supportive environment for all students.

Keywords: Pacific, clinical psychology training programmes, Veivosaki-yaga

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Introduction

Clinical psychology training programmes in Aotearoa New Zealand play a pivotal role in shaping the mental health system, responsible for training aspiring clinical psychologists to meet the clinical mental health needs of the country's diverse population. According to the Code of Ethics, training programmes should provide their students with sufficient preparation for practice as clinical psychologists in the context of Aotearoa (New Zealand Psychological Society et al., 2012). Central to this context, is preparing students to work safely and effectively with Māori (tangata whenua) and Pacific people, in addition to the many culturally diverse peoples that call Aotearoa home. Despite being stated in the Code of Ethics, it is widely acknowledged that training programmes largely reflect predominantly Western, monocultural frameworks, values, and approaches (Pomare et al., 2021; Waitoki et al., 2023). Drawing on the voices of Pacific students undergoing clinical psychology training, the current study explores their experiences of clinical psychology training in Aotearoa.

The conceptualisation of this research was influenced by the positionality of the research team. The Principal Investigator for this project, Susana Jones (she/her), is a clinical psychology student born and raised in Tāmaki Makaurau Auckland and is of Fijian and Kaivalagi ancestry. Dr Caleb Marsters is a Public Health researcher of Cook Islands Māori and Papa'a heritage with a community and research background in Pacific youth mental health. Associate Professor Damian Scarf is a Pākehā social psychology researcher. We are saddened to acknowledge Damian's passing in late 2024, without whom this research would not be possible. He is well-loved by his students, who remember him as a supervisor who would go above and beyond to create opportunities for them in different paths of psychology. We remember him as a strong advocate for a Te Tiriti-inspired psychology that truly prioritises inclusion and equity. He is greatly missed. As a team, we are drawn to this work as Pacific and Pākehā researchers who have been involved with clinical psychology training programmes and their students in varying capacities.

Pacific Peoples in Aotearoa New Zealand: Providing Context

'Pacific peoples' is a collective term describing the richly diverse communities in Aotearoa with Pacific ancestry. As of the 2023 Census, Pacific peoples make up 8.9% of the population (442,632 people) and are increasingly multi-ethnic (Stats NZ, 2024; Ministry for Pacific Peoples, 2021). While often grouped under one label, each Pacific community holds distinct languages, histories, cultures, and worldviews that deserve recognition (Kapeli et al., 2020).

Despite strong community resilience, Pacific peoples experience poorer health outcomes and higher rates of psychological distress than Pākehā (Ministry for Pacific Peoples, 2021; Ruhe et al., 2022). Mainstream mental health services are often distrusted; seen as culturally misaligned and disconnected from Pacific ways of being (Ataera-Minster & Trowland, 2018; Fa'alogo-Lilo & Cartwright, 2021). The mental health system has not adequately supported Pacific wellbeing (Department of Internal Affairs, 2018), and addressing this requires not just reform, but the growth of a culturally grounded Pacific workforce.

Pacific Mental Health Workforce

Aotearoa's mental health workforce does not reflect the Pacific communities it serves. Of Aotearoa's 3,791 registered psychologists, only 84 (~2%) are Pacific, with just 37 working in clinical psychology (NZPB, cited in Ioane et al., 2023). This falls far short of population parity (~9%). While the proportion of Pacific psychology trainees is slightly higher (~5%), it remains insufficient (Scarf et al., 2019). Te Mana Ola (2023) rightly prioritises expanding the Pacific mental health workforce, yet the gap remains stark. Building a workforce that reflects Pacific communities is not just an aspiration, but an urgent need.

Clinical Psychology Training Programmes in Aotearoa

Clinical psychologists in Aotearoa contribute greatly to the care of those experiencing mental distress and mental illness. There are currently six clinical psychology programmes accredited by the New Zealand Psychologists Board (2024) that operate out of Massey University, the University of Auckland, the University of Canterbury, the University of Otago, the University of Waikato, and Victoria University of Wellington. First and foremost, the profession of psychology has obligations under Te Tiriti o Waitangi to prepare their students for practice with Māori and support the development of the Māori psychologist workforce; obligations claimed not to be upheld (Levy, 2018, March 29). Māori students in clinical psychology training programmes in Aotearoa report often having to adhere to Western practices and literature to navigate through programmes successfully, ignoring their own cultural beliefs and values systems (Brady, 1992). Since

decades ago, some improvements to Māori inclusion in psychology course content have been made (Nathan, 1999; Skogstad et al., 2005), however the current training of psychologists in Aotearoa remains largely monocultural with limited Māori-focussed course content and Māori inclusive learning environments (Waitoki et al., 2023).

How Pacific clinical psychology students navigate their training programmes remains relatively unknown (in the literature). Clinical psychology training programmes are regarded as lonely places that do not allow Pacific students to bring their cultures with them (Ioane et al., 2023). Authors have called for the provision of scholarships for Pacific students in clinical psychology training programmes, a collective vision and strategy shared by all programmes to improve equity, and building Pacific resources in programmes. Relatedly, Vaioleti's (2023) talanoa with Pacific students completing postgraduate psychology training courses revealed that students struggled with lack of Pacific representation (in staff and support), along with conflicts between Western and Pacific knowledge systems. Waiari et al. (2021) reported similar findings, with Māori and Pacific psychology students experiencing disconnect between their culture and university culture, and tokenistic incorporation of Māori and Pacific realities within course content.

This Research

The present explorative study centres the voices of Pacific clinical psychology students in Aotearoa in investigating the challenges they experienced by using Veivosaki-yaga, guided by Critical Race Theory (CRT) analysis. We hope to facilitate wider discussion that focuses on solutions for the betterment of Pacific psychology students and peoples.

Methods

Procedure

This research is underpinned by a Fijian iTaukei epistemology that understands knowledge as relational, spiritual, and situated within collective responsibilities (Nabobo-Baba, 2008). Knowledge is seen not as individually owned, but as emerging through veiwekani—the deep and layered relationships between people, land, ancestors, and spirit. In line with this worldview, Veivosaki-yaga was employed as the primary method of data collection and engagement. More than a method, Veivosaki-yaga is a culturally situated practice of dialogic exchange grounded in empathy, respect, and relational accountability. It allowed for the co-construction of knowledge in ways that aligned with the sacred and relational dynamics of vanua.

To analyse these co-created narratives, Reflexive Thematic Analysis (RTA) was used, guided by Critical Race Theory (CRT). CRT enabled an interrogation of how structural racism, colonial legacies, and dominant cultural ideologies shape the lived experiences of Pacific students in Aotearoa's clinical psychology programmes. CRT's counter storytelling places emphasis on elevating the voices and stories of those at the margins, which resonates with the decolonial spirit of Veivosaki-yaga, allowing participants' accounts to challenge dominant narratives while honouring the cultural frameworks through which they understand and articulate their experiences. The analysis took a semantic approach to theme development, reflecting a critical realist position that recognises experiential realities while maintaining awareness of power and positionality. As the lead researcher, I engaged in ongoing reflexivity throughout the analytic process, recognising my own situatedness within the research and ensuring my interpretations remained accountable to the relationships, responsibilities, and cultural values embedded in both the method and participants' stories. Together, a Fijian ontology, Veivosaki-yaga as method, RTA, and CRT as a theoretical lens enabled a culturally rooted, critically conscious, and relational approach. The research methods employed in this study are explained in further detail below.

One-on-one in-person and virtual (Zoom) Veivosaki-yaga were completed with 10 Pacific clinical psychology students across Aotearoa, each lasting 1-3 hours. Students were of Samoan, Tongan, Cook Islands Māori, Māori, and European descent, and were studying at the University of Otago, Victoria University of Wellington, the University of Auckland, Massey University, and the University of Waikato. Three identified as male, seven identified as female, five indicated a rainbow identity, two identified as neurodiverse, and one identified as a mental health service-user. Each student selected their own pseudonym used to maintain their anonymity. As the lead researcher I had previously established connections with participants via the Pasifika Clinical Talanoa group (Ioane et al, 2023).

Veivosaki-yaga, meaning worthwhile discussion, is derived from traditional Fijian time-honoured practices of generating purposeful, strategic, and communal knowledge (Tagicakiverata & Nilan, 2018; Tagicakiverata, 2012). More than just conversation, Veivosaki-yaga is intentional, purposeful, and directed, requiring participation,

deep consideration, and thoughtful response from all involved. Veivosaki-yaga as a research method requires the facilitator to respectfully and collaboratively steer the discussion toward a specific and shared direction. Underpinning Veivosaki-yaga are core Fijian values such as veidokai (respect), veidolei (reciprocity), vosota (patience), and veimaroroi (protectiveness) (Tagicakiverata & Nilan, 2018). Finally, there must be veivakatorocaketaki, which means enhancement; in other words, ensuring the knowledge generated from research contributes meaningfully to the wellbeing of the communities involved (Tagicakiverata & Nilan, 2018). These values shape not only the interaction but also the ethical and relational foundations of the research.

My own positionality as a Fijian clinical psychology student in Aotearoa was central to the integrity of this method. I entered each Veivosaki-yaga carrying the responsibility of cultural care, relational accountability, and deep familiarity with both the academic context and the Pacific lived realities we were discussing. Reflexivity was not a separate step but embedded throughout, and required constant attention to how my own experiences, assumptions, and responsibilities shaped the dialogue, relationships, and ultimately analysis. This was not merely an extraction of stories, but a co-construction of knowledge grounded in shared experience and the shared aim of supporting future generations of Pacific clinical psychology students in Aotearoa.

This relational orientation was carried from the outset of this study through to the Reflexive Thematic Analysis (RTA) phase, where theme development was not just technical but relational. The process was guided by both the cultural obligations of Veivosaki-yaga and the critical consciousness informed by our collective experiences as Pacific peoples navigating systems that were not originally built with us in consideration.

Critical Race Theory

The application of Critical Race Theory (CRT) was foundational to this research; not only as an analytical lens, but as a guiding framework embedded throughout the research design. In the context of Pacific clinical psychology in Aotearoa, CRT was critical for recognising, naming, and resisting the forms of racism, colonialism, and whiteness embedded in training systems. Guided by Asafo and Tuiburelevu's (2021) five CRT principles for Aotearoa—(1) dismantling settler-colonial thinking, laws, and politics; (2) acknowledging positionality; (3) privileging Indigenous knowledges, storytelling, and lived experiences; (4) drawing on the praxis of anti-racist and decolonial activism; and (5) decentring coloniality to imagine new futures—CRT shaped every stage of this research.

CRT influenced how I engaged with participants and the subject matter, the ethical values underpinning this research, and the central focus on uplifting community voice, story-sharing, and knowledge co-construction. For instance, the privileging of students' lived experiences was prioritised during data collection, while the recommendations generated reflect a commitment to decolonial and anti-racist praxis. CRT's insistence on reflexivity required me to remain critically aware of how my own experiences as a Pacific person navigating the discipline of clinical psychology and its colonial structures shaped research aims, dialogue, interpretation, and meaning-making within the research. The directedness of Veivosaki-yaga in pursuing worthwhile discussion worked in tandem with CRT's directive to centre racialised experiences and overtly confront systems of marginalisation. Together, they formed an integrated methodological and analytical approach, where the gathering of stories was not a neutral act but a deliberate form of 'counter-storytelling' that challenges dominant deficit-based narratives, structural inequities, and advances a collective vision towards more equitable clinical psychology training programmes here in Aotearoa.

Reflexive Thematic Analysis

Reflexive Thematic Analysis (RTA) was used in this study. RTA involves developing and interpreting patterns of shared meaning across qualitative data through a flexible, iterative process of coding and theme development (Braun & Clarke, 2022). The relationship between reflexive thematic analysis and Pacific research methods has been previously articulated by scholars such as Mulipola et al. (2024), Tongalea-Nolan (2022), and Collins-Fifita (2023). This approach was particularly well-suited to this study, where the intention was not only to capture participants' narratives but also to honour the cultural, relational, and political contexts in which those narratives are situated.

RTA was deeply intertwined with Veivosaki-yaga, where knowledge generation is inherently relational, reflexive, and grounded in cultural values. The analysis was not simply a technical process of coding but a continuous practice of reflection on how my own cultural identity, experiences, and assumptions shaped the research encounters and the interpretations that followed. As the lead researcher, my positionality as a Fijian clinical psychology and

PhD student in Aotearoa is central to this work. I carry with me not only the lived experience of navigating the same training structures under critique but also a cultural grounding in Fijian ways of relating, knowing, and being. My engagement with Veivosaki-yaga was a natural extension of the ways I have been raised to uphold and care for relationships, engage in conversation, and generate knowledge with care and intentionality. This method was not chosen from a list of Pacific methodologies; it is fundamentally embedded in the research approach and underpinned by values embedded in who I am.

My pre-existing relationships with many participants were cultivated in various times, places, and spaces. For example, through shared learning spaces, community networks, cultural networks, social worlds, and our overlapping experiences as Pacific students navigating clinical psychology in Aotearoa. These relationships created a research environment that felt less like a formal research interview and more like a continuation of ongoing, informal, yet purposeful discourse around our experiences, thoughts, and opinions as Pacific clinical psychology students in Aotearoa. This relational familiarity encouraged openness, trust, and mutual vulnerability, which in turn deepened the quality and richness of the narratives shared.

Throughout the research process, I engaged in ongoing critical reflection about how my dual roles as both an insider (Pacific student and community member) and an outsider (PhD researcher positioned in the same academy under critique) shaped different elements and phases of the project. My assumptions, emotional responses, and responsibilities to both the Pacific community and the academy were constantly negotiated. For example, moments of resonance with participants' experiences of racism or cultural dissonance were not neutral; they required me to navigate the tension between sitting with the discomfort of shared pain while also maintaining the clarity needed to interpret these experiences analytically and respectfully in line with institutional expectations for my degree.

However, rather than viewing my subjectivity as a limitation, it was embraced as a vital source of insight, empathy, and accountability. The cultural values and protocols of Veivosaki-yaga, paired with the critical lens of CRT, demanded that I remain answerable not only to methodological rigour but also to the relational and ethical expectations of my research community. This positioning shaped how themes were developed, not merely as abstract concepts, but as expressions of shared knowledge and narratives that hold importance to our lived realities as Pacific clinical psychology students. Ultimately, the reflexive nature of thematic analysis in this research was not a separate step in the process; it was woven throughout. It is this relational and reflexive stance that allowed the research to centre Pacific voices authentically while challenging the systems that marginalise them.

Findings

The findings presented here are organised thematically, though these themes are interconnected and underpinned by shared experiences of institutional, interpersonal, and internalised racism. Drawing on reflexive thematic analysis, this section explores patterned meaning across participant narratives and interprets these experiences through ontological, epistemological, and structural lenses. This is not merely a reporting of student voices but a conceptual engagement with what their experiences reveal about the nature of knowledge, identity, and justice in clinical psychology training.

Navigating Dissonance Between Pacific Cultures and Responsibilities, and Western Psychological and Academic Frameworks

Many students questioned whether a Pacific worldview could ever be genuinely embedded within a discipline fundamentally shaped by Western knowledge systems. As Teuila reflected:

> *…psychology as a discipline…it doesn't fit well with a Pacific world view…the ontology and epistemology of psychology. It's rooted in the Western world right? And so anything that we do with psychology, whether we, try to incorporate Pacific world views, it's still just dressing that up in the Pacific way…* [Teuila]

This was not merely an academic observation, but a profound epistemological challenge for students. Clinical psychology privileges individualism, objectivity, and linear reasoning, which often stands in contrast to the collective, spiritual, and relational dimensions central to many Pacific worldviews. Even within this research, which intentionally draws from qualitative, culturally grounded methods to centre Pacific worldviews and lived experiences, is a significant push back against the dominance of positivist, quant-heavy norms in clinical psychology that often overlook the many diversities and nuances of Pacific experiences and narratives. This choice in itself reflected a commitment to relational, narrative-driven research that prioritises meaning-making over measurement.

This finding reflects how epistemic racism operates within clinical psychology training, where Western ways of knowing are treated as the only valid standard. Pacific worldviews are marginalised, and students are pressured to conform to the Western standards of clinical psychology at the expense of their cultural identities:

"...if you're a Pasifika person or Māori person, you're sacrificing your identity to pass...Everything I did was just to serve the reader, which is weird because you never really show your own learning or your own self as you're journeying throughout academia, you just end up becoming a reflection of your lecturer...I just couldn't get a sense of my own self..." [Te Ariki]

This quote reveals not just personal struggle but a psychological cost of assimilation, leading to identity fragmentation in order to meet the demands of training and the academic institution. These experiences echo the ontological violence described by scholars such as Smith (2021) when Indigenous ways of knowing are subjugated to dominant paradigms. This is not incidental but a form of structural racism that devalues Indigenous and Pacific knowledge systems. As racism is normalised in psychology (Pomare et al., 2021), it is no surprise that the discipline is structured around colonial logics that position difference as deficit. The reality is that this forces Pacific students to navigate a double burden, where they must meet the demands of a system that invalidates their ways of being while carrying the cultural responsibilities of their communities in practice and Pacific spaces. Addressing this issue does not require surface-level changes or 'inclusion' but structural shifts that centre Pacific knowledge as equally valid and essential within clinical psychology training.

The Burden of Being 'The Only One'

Similar to Ioane et al. (2023), students who were the only Pacific student in their cohort reported a sense of isolation and loneliness, their ways of thinking and being not reflected in their programmes. The responsibility to advocate for and represent a Pacific perspective fell solely upon these Pacific students.

"I'm the only Pacific person in all of these places and spaces...the responsibility that comes with that and then the guilt that comes with that...is very isolating." [Lia Nonu]

Here, cultural labour was not an optional contribution, but an expected function of their presence. Students were routinely asked to represent, perform, or explain Pacific perspectives, regardless of their own cultural identities, levels of fluency, or readiness:

"...probably coming from an inclusive place. "Tell us about how it would be for, a Pacific client walking into the room...How would you want to be approached?"...that happened frequently in the programme and, I remember my friend going "I'm so sick of this shit...you're (Pacific ethnicity) and I'm (Pacific ethnicity), not only that, we're New Zealand born, we don't represent everyone. We could never represent everyone." [Sonja]

The assumption that cultural presence equates to cultural responsibility reflects tokenism disguised as 'diversity inclusion'. Even efforts to be inclusive became burdensome, as students were relied upon to lead simple cultural practices or explain cultural concepts that others could learn themselves.

"...when the Pacific people came to speak, we organised the gifts, for them. We organised thanking them...it seems like remotely if there's anything Pacific going on, we're going to have some sort of role in that." [Izzy]

Such tokenistic practice not only deepens cultural loading but absolves non-Pacific students and staff from meaningful engagement with cultural knowledge. The resulting fatigue was not just physical, it was existential:

"...if this is supposed to make it more of a culturally safe environment, I just feel culturally tired. I would rather go without if it meant that I don't have to do something and especially doing it by myself it's pretty much, me doing karaoke every time...there's still a room of at least ten other people who just aren't willing to do it." [Manea]

This aligns with studies by hooks (1994) on the psychic costs of representation for minoritised individuals in predominantly white institutions, highlighting the complexities of this experience that often leads to increased hypervisibility, obligations to give back, and pressures to perform for dominant groups. Although having Pacific staff was reported as an encouraging factor in Pacific students' journeys through psychology training (Waiari et al., 2021), there may be times where these staff members imposed additional pressures and expectations on Pacific students to perform well academically, potentially due to a shared sense of cultural responsibility and collective uplift. These expectations were often rooted in the desire to see more Pacific success stories in predominantly Pākehā institutions, yet could unintentionally create burdensome emotional weight for students. Such expectations often felt like even more pressure to be extraordinary:

"You're already feeling like I have to get through, I have to do well, but then there's added pressure of (Pacific) lecturers like, "I'm hard on you because, I want you to do well and I want you to be successful."...that can be helpful, but I find sometimes it's also just crushing...you feel like sometimes you're carrying, 20kgs more than your Pākehā students..." [Manea]

Unsafe and Resistant Learning Environments

Across accounts, participants described a climate of emotional risk, silence, and power imbalance. The idea that struggle is necessary to grow as a clinician perpetuated a culture where expression of vulnerability was discouraged:

"...you need to, go through the fire in order to come out...Retreat. Keep quiet. And just get through it..." [Sonja]

This stoicism often masked deeper forms of emotional harm. For instance, when cultural acknowledgement occurred, it was often shallow, performative, or tied to calendar events. Na'i's reflection demonstrates this vividly:

"...you literally get your reality, constantly invalidated...but then...acknowledged...for that one language week..." [Na'i]

This contradiction of being simultaneously invisible and hypervisible creates further epistemic and emotional dissonance. It reflects what Ahmed (2012) refers to as the "non-performativity" of institutional diversity, the gap between stated commitments to diversity and the actual outcomes and experiences within an institution, where inclusion is claimed but not practised meaningfully. Programmes appear to value diversity but fail to embody the conditions necessary for safety, relational accountability, and belonging. Research has shown that students who witnessed racism during psychology training were more likely to consider leaving the programme or to seek professional help (Tan et al., 2025), calling into question how culturally safe clinical psychology training programmes truly are.

This sense of disconnection is also felt sharply in the everyday dynamics of power within training spaces, which similarly contradict the values underpinning clinical psychology as a profession:

"It's not safe to do that, to challenge the staff...huge power differentials..." [Joseph H]

"...we expect [clients] to have the most difficult conversation of their life with us, but we can't with each other..." [Te Ariki]

These reflections expose how the same profession that teaches vulnerability, openness, and relational safety in therapeutic practice fails to practise those values internally. This is an ontological contradiction; a misalignment between what the discipline claims to be and how it actually operates, particularly for those pushed to the margins.

Clinical psychology programmes were experienced as enforcing conformity rather than fostering dialogue. Programme culture produced a tacit understanding of what counts as legitimate knowledge and whose voices are heard:

"...you slowly inform a dichotomy of right and wrong...I literally completely ignore my own worldview..." [Te Ariki]

And when harm occurred, there was little accountability from the institutions to mitigate the situation:

"But the responses to everything have been so...invalidating, unjust, trampling, hurtful...what happens in this programme is you hope that you sweep it under and this person never ever has to, never sees the bumps in the carpet, but we as Pacific, we see the bumps under the fala. We always know what's under that fala...They're never responses that align to us around humility, and a sense of relationship, and a sense of responsibility for others..." [Sonja]

Here, the metaphor of 'bumps under the fala (mat)' reminds us that silence does not erase harm; it merely hides it from those unwilling or unprepared to look. Harm is woven beneath the surface, unnoticed or ignored by those in positions of power but felt by those asked to sit upon it. These patterns echo Spivak's (1988) critique of how institutions sustain silencing through 'benevolent' structures, where the language of inclusion, respect, and professionalism masks deeper colonial and racial violence. Spivak's concept of the subaltern reminds us that marginalised voices are not simply unheard by accident, but structurally rendered inaudible within systems designed to centre dominant worldviews. In this context, Pacific students are heard only when performing in ways that are legible to the institution, but silenced when speaking from the depths of their own realities, values, and ways of being.

These concerns were amplified for students who shared a range of painful and shocking experiences of racism that were often ignored or unaddressed. Some were overt, such as the following culturally stereotyped case example:

...for the paper case he used a (Pacific ethnicity) boy..."he's currently living with his mum, uncle and two older

cousins. And there's some questions around, the appropriateness of this." And then they're like, "I wrote that in as a risk factor"...that's such a stereotype feeder, right? And his response to getting called out for explicit versus implicit racism was "just because we're scared of doing culture wrong doesn't mean we shouldn't do culture" and there was no sorry. [Na'i]

Na'i's account highlights the perpetuation of harmful stereotypes and the deficit-based lens progammes can take when approaching Pacific cases. Further, by treating all mention of culture as valued and to be appreciated, the educator dismisses their responsibility to be culturally safe for falling short of reflecting on their positionality. Other examples were more subtle but equally harmful, such as the mockery of language:

"...the Tongan word for please or forgive me, it's fakamolemole, it was up there, and (name) was pointing at it and laughing saying it's a really funny weird word...I'm like, great, this is so awkward...get me out of here." [Izzy]

These stories highlight not only racism, but the institutional failure to take responsibility for it. They reveal how clinical psychology programmes, as they are currently structured, reproduce colonial harm under the veneer of legitimacy, professionalism, and education. When Pacific ways of being are marginalised, and when racism is normalised or dismissed to prioritise status quo, the profession and training programmes fail not only their future workforce but the communities they claim to serve (Pomare et al., 2021). Without confronting these structural issues, the discipline risks continuing to uphold systems that harm Pacific students.

'Who Am I?', and 'Where Do I Fit?'

The training experience provoked crises of identity and belonging. Students doubted the legitimacy of their presence, even when their admission had been earned through significant resilience and effort:

"...I just had all these thoughts like self-doubt...surely they must have just admitted me to...tick a box..." [Rose]

The internalisation of inferiority here is not accidental, it is the result of structural messages that reinforce white and Western norms as synonymous with professional legitimacy:

"...if you were brown then you go (alt psych specialisation)...white, then you go clinical psychology..." [Te Ariki]

In such environments, students often concealed or suppressed parts of themselves to fit in:

"I started alienating myself from myself...constant tension with yourself or experiencing cognitive dissonance on another level...it's destructive to your own sense yourself..." [Te Ariki]

These identity tensions go beyond personal insecurity or individual doubt. Such tensions are ramifications of structural barriers produced by an institution that rewards assimilation and punishes difference. Pacific students are forced into a position where survival within the institution requires a form of self-erasure, subordinating their cultural ways of being, relating, and knowing to fit a model of clinical psychology shaped by Western norms and epistemologies.

This process creates an internalised struggle for students, requiring an ongoing negotiation between maintaining cultural integrity and meeting the unspoken demands of the institution. The expectation is not merely to learn to be a clinical psychologist, but to become legible to the system in ways that fundamentally distort elements of one's identity that do not align with these norms. The resulting cognitive dissonance is not incidental but a symptom of a deeper coloniality embedded in clinical psychology itself. This is the cost of belonging within spaces never designed with Pacific bodies, minds, and worldviews in mind. Without fundamentally reimagining whose knowledge is centred and whose ways of being are valued, training programmes risk continuing to reproduce harm under the guise of diversity, equity, and inclusion (Smith, 2021; Waiari et al., 2021).

Conclusion

The findings reveal that Pacific students' experiences within clinical psychology training are marked by a persistent clash between Western epistemological dominance and Pacific worldviews, values, and identities. Participants described a system that marginalises Pacific ways of learning, knowing, and being, while demanding assimilation into a narrow model of learning and professionalism underpinned by institutional norms rooted in coloniality (Smith, 2021). The cost of belonging is often self-silencing, identity fragmentation, and carrying the invisible burden of cultural labour in spaces unwilling to share it.

Students often received contradicting sentiments about being Pacific in their training programmes, being hypervisible when expected to represent Pacific knowledge but invisible when seeking cultural safety, cultural affirmation, or restitution for harm. The culture of these programmes normalises struggle, masks institutional racism behind approaches that render Pacific identities as

simultaneously necessary and illegible within the structures of clinical psychology training. This is not a failure of individuals but a function of a system that rewards conformity to Western norms while overlooking the value of different cultures, value systems, approaches, and worldviews.

These findings echo and deepen the insights of Ioane et al. (2023), Waiari et al. (2021), and Vaioleti (2023), emphasising the need for systemic transformation rather than superficial inclusion of anything Pacific within clinical psychology training. It demands a structural reimagining of whose knowledge counts, what relational ethics look like in teaching and learning, and how different cultural realities can move from the margins to the centre of clinical psychology education. The findings identified here call into question not only the cultural safety delivery of clinical programmes but their very ontological and epistemological foundations. Without a radical reimagining of clinical psychology training, Pacific students will continue to feel like they must leave parts of themselves at the door in order to succeed and feel belong. Our hope is that this study encourages further conversation and action to improve experiences for Pacific clinical psychology students and Pacific people.

Recommendations made by other scholars have included developing pathways to grow the Pacific psychology workforce and reimagining university training environments to better serve Pacific students (Ioane et al., 2023), embedding relational and culturally sustaining pedagogies to improve Māori and Pacific student success (Waiari et al., 2021), and validating Pacific psychologies and lived experiences as central to psychology education and practice (Vaioleti, 2023). Students' voices in the present paper lend support to each of these recommendations, but importantly, their implementation must be grounded in Pacific values and ways of being, that do not cause further harm (intentional or not), and that do not perpetuate or recreate current Western systems of racism, tokenism, disconnection, and dissonance.

Additionally, Veivosaki-yaga is a method of qualitative data collection which has, to our knowledge, been used exclusively in Fijian group contexts. This study demonstrates how the method may be applied to a contemporary context in Aotearoa for use with non-Fijians in non-group settings. We also demonstrate how together, a Fijian ontology, Veivosaki-yaga as method, RTA, and CRT as theoretical lens, allow for a culturally rooted, critically conscious, and relational approach to research, and encourage Indigenous scholars to find meaningful and reflexive ways of weaving Indigenous and Western ways of practice.

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