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FOLK HEALING IN HONOLULU, HAWAII

A DISSERTATION SUBMITTED TO THE GRADUATE DIVISION OF THE UNIVERSITY OF HAWAII IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

IN ANTHROPOLOGY

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ABSTRACT

The research presented in this dissertation focuses on three primary areas of interest. The first is the phenomenon of folk healing within the urban United States context. The extent to which folk healers are functioning in the urban and suburban areas of Honolulu, the individual and ethnic group characteristics of the healers, and the types of services they offered are ascertained. The second concern is with the role of folk healing as one aspect of the total medical system in Hawaii. The relationship of folk healing to the professional and popular sectors of the medical system, the healer's interactions with clients, their processes of healing, and their sources of referral and use of other resources are examined. The third interest is in the ethnicity of the healers and the relevance this has to their work and to their clients.

Thirty-five healers from eight ethnic groups are the subjects of this study. Four major sources of data are used: 1) interviews with healers; 2) observation and participation in healer-client interactions; 3) interviews with clients; and 4) interviews with people knowledgeable about ethnicity or healing and attendance at lectures and meetings on these subjects. Semi-structured interviews with healers and clients were based on specific categories of interest such as demographic characteristics, treatment methods, healer-client relationships, and beliefs about folk
healing. The interactional processes occurring in healing encounters are delineated and include such events as the healers' handling of difficult clients and the clients' strategies for obtaining help.

Folk healing as one sector of the medical system is seen as a cultural adaptation to ill health, and its adaptive efficacy is assessed. The adaptations made by individual healers to their social environment is viewed as an important means of maintaining their viability in the urban United States context. Evidence that folk healing in Hawaii is not a static condition, that there is considerable heterogeneity within any one ethnic group, and that there is eclecticism and similarities across ethnic groups in the treatment and preventive services offered by healers, is presented.

One hundred presenting complaints of physical problems and one hundred presenting complaints of psychosocial problems are analyzed. This reveals that 90% of the clients with physical complaints had already consulted a physician, while 90% of those with psychosocial complaints went first to a healer. The majority of these psychosocial difficulties can be classified as everyday adjustment-type problems. The implications of these findings, including the evidence that the healers, despite a variety of styles, have more personal involvement with their clients, are considered.
The finding that clients are crossing ethnic boundaries for preventive and therapeutic services is discussed in terms of individual behavior, cross-cultural counseling relationships, and ethnic identities. The strengths and weaknesses of folk healing as one sector of the medical system are analyzed. Its formal and informal relationships with the other two sectors are considered along with clients' and healers' views about the utilization of folk healing.
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CHAPTER I. INTRODUCTION

Several years ago in Hawaii, a teenager with complaints of difficulty in walking was referred to a psychiatric clinic after a medical examination revealed no physical basis for the problem. The patient and parent, who were identified as being of Part-Hawaiian ancestry, described multiple recent family difficulties during the initial interview, but a few weeks later reported considerable improvement in the patient's ability to walk. They also stated that they had gone to another island to consult a Portuguese healer who told them that a jealous person had cursed the family and that the evil influence would be removed by the healer's prayers.

In the case of another Part-Hawaiian with long-standing marital and family problems which were not responding to clinic treatment, it was suggested that Hawaiian therapeutic techniques be tried. The person refused on the basis that "if you don't believe, it won't work, just like counseling."

As the therapist in both instances, I was presented with evidence of the concomitant use of conventional and folk healing, of the crossing of ethnic lines to obtain help, and of the parallels between the two types of healing which restricted their efficacy, at least in some instances, to believers. Although it was considerably more common for the clinic staff to hear about the use of popular advice from
family and friends of patients than about recommendations from folk healers, there was an awareness that other health practitioners were providing service. Little, however, was known about them except from occasional comments by the patients who volunteered information. There was a dearth of knowledge about the extent of folk healing in Hawaii, the services offered, the ethnicity of the participants, and the role it played as a resource of help for physical and psychosocial problems.

A review of available literature suggests that the absence of data about nonprofessional health resources in the urban United States is not unique to Hawaii. Anthropology, the primary discipline to have studied folk healing, has done so largely in rural and less technologically developed areas in keeping with its general focus on cross-cultural studies. In such endeavors it has, as pointed out by Lieban (1974:1033), provided a means of understanding not only aspects of health and illness but of society itself. Indeed, it is through an examination of health maintenance attempts that one can examine more closely a basic anthropological question of how human beings adapt to their physical and social environments.

This dissertation will consider folk healing as an adaptive response to ill health but will focus primary attention on the adaptations made by folk healers to their environment. Within this conceptual framework three major
areas of interest will be discussed: 1) folk healing in the urban United States context, 2) the role of folk healing as one part of the total medical system, and 3) the ethnicity of folk healers and their clients.

Adaptation and the Medical System

Although adaptation is commonly discussed in terms of biological considerations, it is the social and cultural adaptations which most strikingly set human beings apart from other animals. Dubos (1959:46), for example, has stated, "...it is certain that social adaptations have been the most influential determinants of man's fate during historical times. Human life is now molded to a large extent by the changes that man has brought about in his external environment and by his attempts at controlling body and soul." At the most basic biological level, human beings must have sufficiently good health to produce and care for viable offspring in order to perpetuate their group's existence. The ways in which they choose to do this, however, are influenced considerably by particularistic social and cultural factors. Thus, there is evidence of wide variation in the means people have devised to maintain their physical and mental well being.

These methods may include the use of indigenous plants, synthesized drugs, rituals, prayers, physical manipulations, surgery, or any number of other techniques, but
taken as a whole, along with the concomitant beliefs, behaviors, and knowledge, they may be identified as a particular group's medical system. Several writers (Alland 1970, Dunn 1976, Kleinman 1975) have described medical systems as cultural adaptations to ill health, and Polunin (1976) has pointed out that it has been less the diseases themselves and more the cultural context and interpretations which have determined the development of medical systems. Thus, an examination of the way events are handled by a medical system can provide observations about a society as a whole and information about how people adapt to their physical and social environment.

Although participants in the medical system of the Western world have tended to focus on one aspect of illness, the disease, and have vigorously tried, then, to retard or disrupt the identified disease process, it has become increasingly obvious that this is a rather narrow approach to a much broader problem. Fabrega (1970) and others (Kleinman 1975, Eisenberg 1977) have indicated that research might more properly focus on the illness episode with its social and behavioral antecedents and consequences rather than on the medical disease entity alone. Certainly if one is to consider the psychosocial factors which may be important in the occurrence, treatment, and prevention of disease, this wider perspective is mandatory.
That both health professionals and lay people in the United States have become more aware of the need for a broader medical framework is attested by the current interest in a movement called "holistic health" (Halberstam 1978, President's Commission on Mental Health 1978) which emphasizes a tripartite consideration of mind, body, and spirit in the context of the environment. It seems to indicate a dissatisfaction, by some, with a singular emphasis on disease, which in turn often focuses attention on the physical body to the exclusion of other aspects which contribute to a "whole" person.

In a search for treatment which does not attend just to the diseased physical body, many believers in holistic health are turning to practices outside the realm of conventional medicine. Nationwide there has also been a fascination with "natural" health techniques, especially in terms of herbs and diets. Thus there has been a surge of interest in unorthodox practices and in home remedies. Taking a very broad view, one can see this as an attempt by a group of people to modify their usual adaptive mechanism of modern technological medicine to cope better with illness as they perceive it. The expressed concern is with the "natural" pathway to health which is defined in psychosocial and environmental as well as physical terms.

While adaptation for group survival is most meaningfully discussed on the macroscopic level, individual
adaptation on the microscopic level also takes place, and both can be observed in analyses of medical systems. In the United States, for example, there is, on the macroscopic level, a society shifting attention from acute to chronic illness and consequently to environmental and psychosocial influences, reevaluating its reliance on technological developments to provide final answers, and incorporating preventive components such as diet and exercise into the curative emphasis of its medical system. On the microscopic level, there are the individual health practitioners who respond to the demands of clients. Some physicians and other health professionals are utilizing unorthodox techniques in their practices, but there are also nonprofessionals whose professed abilities to heal have been given new attention. Many of the techniques which intrigue people as possibly beneficial are those which fall into the folk healing domain of the medical system.

As used here, folk healing refers to those healing arts which have sometimes been labeled "traditional" to contrast with modern, scientific, Western medicine. Although most writers have acknowledged the problematic implications of these terms used to distinguish two major types of healing, no other designations have been universally accepted. While folk healing generally retains ties to a particular ethnic group and is, in this sense, a folk practice, there are often so many changes that it
cannot fairly be called "traditional." Additionally, not all folk healing lacks modern, scientific elements. Western medicine, while it is now practiced in so many countries that Dunn (1976:135) has suggested it be labeled "cosmopolitan medicine," still retains many aspects of its Western heritage and is identified by this origin in non-Western areas. With no attempt to resolve the issue as to which are the most appropriate terms, "folk" and "Western" will be used throughout this dissertation.

Components of the Medical System

Just as there is no clear agreement as to what folk healing is other than something distinct from orthodox Western medicine, there is little consensus as to what constitutes a medical system. The definition is especially difficult in complex societies such as the United States, and Leslie (1976:9-11) has summarized the different emphases which result from biological, cultural, and social perspectives. In both this article and another (Leslie 1975:403), however, he has discussed the importance of recognizing pluralism as a characteristic feature and of avoiding the ethnocentrism inherent in identifying Western medicine as the entire medical system.

He stated, "the medical systems of all complex societies are socially and culturally pluralistic, but the professionalization of cosmopolitan medicine, which has
progressed rapidly in this century, is an effort to reduce the degree and to govern the nature of medical pluralism" (Leslie 1975:403). Even in the United States, a conceptualization of orthodox practitioners, beliefs, and techniques as the exclusive representatives of the medical system would be an inaccurate reflection of the actual wide range of methods and practitioners used by people in their medical care.

A model of medical systems especially appropriate for the analyses of complex societies is the one proposed by Kleinman (1975) in which three sectors are delineated as part of a total cultural system which has adaptive functions in any particular society. The system is conceived as one which includes values and beliefs in addition to roles, behaviors, institutions, and biological experiences of illness, and thus is a model which attempts to incorporate the social and biological into the cultural perspective. Most importantly for the purposes of this dissertation, it provides a way of understanding several domains of healing: the professional, folk, and popular.

Kleinman (1975:597) has suggested that, while the model can be used cross-culturally, each medical system must be understood and analyzed in the context of its cultural and social environment. In consideration of this, the three sectors have been given definitions more specific than those offered by him. It is hoped that these
are sufficiently in line with his intentions so that no disservice is done to his model and that they provide a useful way of examining the United States medical system, especially as it exists in Hawaii.

While healing and medicine often seem to be interchangeable terms, only the former will be used here as the common element in all three sectors. By dictionary definitions, healing is a somewhat broader concept than medicine which tends to refer primarily to the use of drugs, surgery, or other manipulations and to exclude psychological and supernatural techniques. Healing, however, should not be taken to mean curing. It implies only the process of restoring or promoting health.

Professional healing may be seen as a specialized type of knowledge with formal public recognition, most notably in the form of licensure of its practitioners. In the United States Western medicine is the orthodox or conventional and approved practice, and it is essentially the equivalent of professional healing, although the latter is a broader term which also includes other recognized practitioners and beliefs such as chiropractic.

In other societies Western medicine and forms of indigenous medicine may both be considered part of the professional sector. For example, Leslie (1975:405) has suggested this is the case in India with "professionalized indigenous and cosmopolitan medicine," and Kleinman
(1975:610) has indicated that in some Chinese societies both Western and classical Chinese are professional. Both observers have also stated that the two types have influenced each other and that there is evidence of syncretism.

The formal recognition accorded professional healing results in institutions, public policy, and regulations which support the beliefs and values compatible with this domain. In contrast, the values and beliefs of the popular sector may be privately held and may clash with those of the professional realm. Notable examples in the United States are the cancer treatments which the federal government refuses to approve, the cost of medical care which consumers see as unwarranted and the professionals, as legitimate, and the disagreements between patients and professionals about the need for surgery in various treatments.

Within the popular sector there are countless people who have some knowledge about treatment techniques for a variety of conditions. This information may have been learned within the family, obtained from lectures, classes, or books, or developed idiosyncratically by the individual. Those who practice such techniques on family or friends are, unlike professional healers, purveyors of an assortment of home remedies and advice. Theirs is a nonspecialized knowledge with no public recognition. Further, the practitioners are generally not labeled as healers.
either by themselves or others, although it may be acknowledged by informed people that such individuals have special skills or abilities. Public access to them is severely restricted, and popular healers generally offer only neighborly help to the few people who know them well.

The folk healing sector, which has practitioners with a specialized type of knowledge but only informal public recognition, lies midway on a continuum between professional and popular healing. Its political and economic power is considerably less than that enjoyed by those in the professional sector, although folk healing may generate some commercial activity and support in the sales of books, special foods, herbs, or equipment. It may also have institutes for training and periodically present subjects of interest to professional health care providers, but these offerings are not strong competitors with those in the professional sector.

Folk healers, themselves, are not recognized professionals, nor do they have formal organizations or licensure in the United States. They are often all too aware that their practices are only quasi-légitimate, bordering on the "practice of medicine without a license," and leaving them with the need to define themselves as healers or helpers but not medical practitioners. As a group they tend to be less compartmentalized into specialty areas of interest and are more willing then professional
healers to accept a broad range of psychosocial problems which may or may not have observable manifestations in an individual's health.

In contrast to popular healers, they have a public identity even though this may not be a very open one, and they treat strangers as well as family and close friends. Although the borders between the folk and popular healing sectors may not always be distinct (nor for that matter are the borders between folk and professional) the accessibility to healers, the client populations, and the healer-client interactions are different enough to allow a participant to know in which sector he is operating. It is clearly one transaction to go to a grandmother for herbs or to the man next door for a massage, and another to go to an identified healer for similar prescriptions.

Folk healers can also be distinguished from fortune tellers by their broader interest in healing and by their purported power or ability to effect change. Although in some societies fortune tellers may routinely be consulted as part of the medical system, this is not generally the case in Hawaii. In fact, most healers look with disdain on comparisons made of themselves to fortune tellers, even though those who claim to have psychic abilities may be consulted in much the same way that fortune tellers would be. Usually, however, they would not confine themselves to indicating what one's future holds but would relate this
prognostication to an individual's particular characteristics which might be modified through prescribed treatments or preventive techniques.

Lastly, folk healers are different from religious leaders because the primary purpose of their work is to heal as opposed to nurturing religious beliefs. This sector of the medical system is, however, the one most contiguous with the religious system, and there are some areas where the two overlap. In Hawaii and in the United States as a whole, professional medicine has moved away from the religious system, but folk healing still has both sacred and secular aspects. Indeed, some folk healers are best known as "faith healers" which indicates the primary basis for their practice, but there are also folk healers who avoid any connection with the religious system even if they believe in the supernatural.

Further elaborations of the definition of folk healer as used in this dissertation are provided in the next chapter. Here the primary intent is to delineate the model used and the major distinctions between the three sectors of the medical system. It should be noted, however, that as a model, the conceptualizations may not always exactly fit the real situation, or at least not without some intellectual effort on the part of the observer. The sectors may at times blur as in the case of a pharmacist who is a part of the professional sector but can occasionally be consulted as the
neighborhood "doctor" for diagnoses and recommendations and is then a part of the folk sector with specialized knowledge.

Similarly, in some settings the folk healer may be difficult to differentiate from the person knowledgeable about home remedies. Clark (1970/Original, 1959/163), for example, stated that in her study of Mexican-Americans, it was "impossible to distinguish curing women from those who 'know a little curing'." However, the fact that the difficulty in making a distinction was even mentioned suggests that the issue was one of which the observer and participants were aware. Folk healing as part of a total medical system in complex societies is, in itself, a very complex sector, not a single identifiable tradition but a multidimensional enterprise.

Adaptation and Folk Healing

Folk healing as an adaptation by people in the United States to cope with aspects of illness which they feel are not sufficiently handled by the orthodox practices was mentioned earlier. Adaptation also occurs within the folk healing sector itself. Press (1971) has suggested that folk healing is an open system and therefore adaptive but that Western medicine is a closed system, less responsive to the socio-cultural environment. While this may be arguable since Western medicine has, for instance, responded in the United States to popular interest in exercise, diet, and
some Eastern techniques such as acupuncture and meditation, it is clear that the character of folk healing in several localities has changed with the population's needs (Jahoda 1961:268, Press 1978:79). Press (1978:79) has further pointed out that especially in urban areas where Western medicine and welfare benefits are fairly available, folk healing may become increasingly involved in noncurative functions such as the prediction and manipulation of future events.

This raises the issue of how much help seeking behavior and helping activities should be included in the concept of healing or health. Kunstadter and Kleinman (1975:739) have stated that "...people in many societies, in contrast with the medical view in the West, seem to embody the belief that health may be affected by almost any aspect of behavior and the environment." Although their data are based on Chinese populations, it would not be difficult to substantiate this statement for other groups of people as well.

In the United States there has been concern in recent years over the "medicalization" of our society. The absorption of events formerly considered a sin or crime into the category of illness with all the consequent behavioral expectations and political implications is cited by Fox (1977:11) as only one example of this trend. A second example discussed by her is the increased power held
especially by physicians (Fox 1977:12), and it is this aspect which has alarmed such writers as Ivan Illich (1975). His concern is with the professional and technological dominance over the individual who seems to have lost a sense of responsibility for and control over his own health.

This process of medicalization should be seen as a separate problem from the recognition of psychological, social, and environmental factors as affecting a person's health. A consideration of these factors does not necessarily result in medicalization, and does not necessarily mean that the medical profession must assume exclusive responsibility for them. It is, in fact, a peculiarly Western notion that an individual should be categorized as either criminal or ill or sinful and that one should be able to separate physical and mental illness. The reality is that not all people in the United States accept the dominant philosophy which segments various aspects of their lives into distinct compartments. While the medical professions may be reluctant or unable to consider all aspects of a person's life in the treatment process of any one illness, some people may still choose to believe that various natural and/or supernatural events are affecting them, and they will search for treatments which are directed at these aspects.

Folk healing, then, may adapt its emphasis to these areas which are in less direct competition with professional medicine. If folk healers surrender all healing
functions and become essentially fortune tellers as described by Press (1978:79), there seems little value in retaining the designation of them as healers. If, however, recommendations by a folk healer about future events, interpersonal relations, business investments, or travel arrangements are only one aspect of an individual's work, he may still be a healer who accepts a broad range of problems. Furthermore, insofar as worry or anxiety about these aspects of everyday life affect one's health and are relieved by a folk practitioner, healing in a broad sense has occurred.

The extent to which folk healing has adapted to the competition with Western medicine by changing its emphasis has not been thoroughly investigated although there is ample evidence from studies around the world that it has not disappeared in societies where Western medicine is also available. Examples of variables considered important in the persistence of folk healing include: cultural compatibility of the treatment, practitioner, and client (Kiev 1968, Madsen 1964, Saunders 1954), features of the illness (Gonzalez 1966, Gould 1957, Schwartz 1969, Colson 1971) and characteristics of the clients (Press 1969, Simmons 1957, Suchman 1965). It should be noted, however, that more than one factor is often recognized as important so that the above categorization should be seen only as illustrative not definitive. Indeed the complexity of the situation is
such that folk healing and Western medicine might in general be conceptualized more as complements than as alternatives to one another. There are many studies (e.g. Adair 1963, Lieban 1976, Mischel 1959, Press 1969, Rubel 1966, Topley 1976) which indicate that folk healing is used serially or concomitantly with Western medicine.

Even in the urban United States where Western medicine has for many years been dominant, if not always accessible, folk healing continues to exist. Research on Black Americans (Hall and Bourne 1973, Snow 1977), Chinese Americans (Hessler et al 1975), Mexican Americans (Clark 1970, Kay 1977), Puerto Ricans (Garrison 1977, Harwood 1977), Sicilian Americans (Smith 1972), and Southern Mountain women (Stekert 1971) reveal that a variety of ethnic groups utilize folk healing along with professional healing. Since all but one of these studies (Smith 1972) specify that the groups are of low income, the general portrayal is of people who have multiple social problems which can interfere with their accessibility to the orthodox sources of health care. Further, because the research is focused on specific ethnic communities, they tend to reveal more about a particular group of people's health beliefs than they do about folk healing as one sector of the medical system.

Press (1978:81) has stated that information on the function of urban folk health practices in general is still quite incomplete, and certainly this holds true for the
United States. One reason for the inadequate data may be the difficulty in locating and obtaining the cooperation of urban healers. Although there seems to have been success in studying Puerto Rican folk healers (Lubchansky et al 1970, Rogler and Hollingshead 1961) there have been problems with other groups. For example, Edgarton et al (1970) who attempted to study Mexican American *curanderos* in East Los Angeles found that only a few were known, and none were willing to participate in a research project. They finally resorted to using a graduate student to pose as a client. Similarly, Snow (1978) was unable to elicit cooperation from black folk healers contacted on university stationery. She eventually obtained responses to a letter written as if she were a client in need of help. These methodological problems suggest that further research is warranted in such areas as the role played by folk healers in the urban context, their accessibility to clients, and their part in the total medical system. Investigation of these questions has been obscured by the focus on particular community groups which make use of the healers.

This orientation to specific groups also fails to reveal variations among the folk healers and their adaptations to the urban medical complex. Both Romano (1965) and Press (1971) have criticized the unidimensional and stereotypic descriptions of folk healers which tend to suggest that all those of one type are the same. Press (1971, 1978)
noted that the urban healers he studied reflected the heterogeneity of the city and were more impersonal in their approach and less concerned with substantial family and community involvement in the treatment process than were those usually described for rural settings. Edgarton et al (1970) also found that the urban healer contacted by them had less drama and ceremony in her work that did similar healers described in Texas and Mexico.

Just as there has been little attempt to identify variations among any one type of folk healer, there has been little attention paid to the role healers play for members of other ethnic groups. This is hinted at but never elaborated in several studies. Harwood (1977:19) mentioned that Hispano and Black faith healers were available along with Puerto Rican spiritists in the same neighborhood and that some clients went to more than one of them. Snow (1978:95) stated she observed Blacks, American Indians, and Mexican Americans consulting a Black healer in an Arizona city. Similarly, Kay (1977:150) in a southwestern city noted that a Black healer had many Spanish speaking clients. Landy (1974:113) found that a Tuscarora Indian healer saw middle and lower class Caucasians from Niagara Falls and Buffalo, New York. Significance is attached to these observations only in the last study where it is noted that the treatment of Caucasians partially
accounted for the Indian's continued social status in the face of Western medicine.

The heterogeneity in clients may, like the heterogeneity in therapeutic style and methods, be accentuated in urban settings, but the emphasis on health behavior of single groups has not allowed a full exploration of this phenomenon. Only one study of a multiethnic population in an urban area is reported for the United States. Scott (1974, 1975) has described research among five ethnic groups in Miami, Florida where there is some evidence of the crossing of ethnic boundaries to receive folk healing. Again, however, the primary thrust of the study is to identify the health behavior of selected families in distinct ethnic groups and the unique pattern each group has of utilizing orthodox and folk health services. The healers themselves are not discussed, and the multiethnic context seems incidental to the research.

A folk healer's treatment of clients from ethnic groups besides his own may be one adaptation which helps maintain his role in an urban area where orthodox health services are fairly accessible. While this would enable a healer to expand his pool of potential clients, it may necessitate changes in his practice. It may also mean some accommodation on the part of clients to relevant cultural patterns of the healer. The ethnicity of the participants in folk healing raises issues about the relevance of ethnic
boundaries and the significance of ethnic identity. Kunstadter (1975:375) has stated, "use of medical systems across boundaries of ethnic groups and their cultural sub-systems may be a principal focus for interethnic relationships in a multiethnic society. Differential use reflects general patterns of social relations within the user groups, regardless of the specific content of the interactions."

While not all multiethnic societies may provide the individual with opportunities to change ethnic affiliations, nor give him reasons for doing so by the presence of alternative forms of healing as is the case in northwestern Thailand where Kunstadter (1975:354) conducted his research, other multiethnic settings may at least promote an eclectic approach to healing. Chen (1975), in one of the few other studies which considers a multiple, as opposed to a dual cultural situation, found in Malaysia that several types of folk healers might be used for one illness, especially if the latter were chronic or severe. Further, this multiple use was considered by the clients to be complementary rather than contradictory.

Kunstadter (1975:354, 377), too, emphasized that an individual may subscribe to more than one set of beliefs about illness and may seek treatment from healers of other ethnic groups without experiencing conflict. Most importantly, he concluded that pluralism may be the rule rather than the exception, not just in the reasons for selecting
types of health care (Kunstadter 1975:377) but in the nature of medical systems (Kunstadter 1975:351). Thus, the single group emphasis with a contrast of one type of folk healing to Western medicine may disregard pluralistic features both in the ethnicity of the participants and in the conceptualization of the medical system being examined.

Summation

While folk healers and their work have often been described in anthropological research, they have not been the central subject of many studies in the urban United States. Primarily they have been seen as the end point in a particular community's health behavior rather than as an independent variable in the urban context. Neither their place in the total urban medical system, nor their ethnicity vis-à-vis their clients has been thoroughly considered. Thus, although folk healing has been studied in many areas of the world and from a variety of perspectives which elucidate its adaptive nature, there remain some deficits in the literature.

Adaptation as the unifying concept will be used in two ways to focus the dissertation. From one perspective folk healing will be viewed as an adaptive response to ill health. From the other it will be seen as a phenomenon which itself makes adaptive responses to its environment. Within this framework three areas of
theoretical and practical import will be considered. The first is the urban United States context. The extent to which folk healers are functioning in a particular geographic area, their individual and group characteristics, and the type of services they offer will be ascertained. The second concern is with the role of folk healing as one part of the total medical system. The relationship of folk healers to the professional and popular sectors of the medical system, their interaction with clients, and their processes of healing will be examined. The third dimension is the ethnicity of the healers and the relevance this has to their work and to their clients.

Because this dissertation is not an ethnography nor an analysis of the health behavior of any particular group of people, no attempt is made to provide a detailed examination of the beliefs and practices of each ethnic group. The symbolic significance of a specific healer's practice in light of his ethnicity is not, for example, explored. Instead, the interest is in the general phenomenon of folk healing as it is practiced in a pluralistic ethnic setting.
CHAPTER II. THE RESEARCH DESIGN

The Setting

The research was conducted on Oahu, which, with only 595 square miles, ranks third in size among the chain of islands comprising the state of Hawaii. Since the 1878 census, however, it has ranked first in population (Lind 1967:44) and currently contains approximately 80% of all people living in the state. Over half of the total population reside within the capital city of Honolulu and its surrounding urban and suburban areas which constituted the primary site for this study. Districts approximately 40 to 60 minutes away from Honolulu in driving time are often referred to as rural, but many people living there commute to Honolulu for work, entertainment, or health care.

Often promoted as the "Aloha State" where several ethnic groups comingle in harmony, Hawaii does indeed have a relatively benign history of different peoples living together and intermarrying. One of the striking effects of this is that there are no real ghettos as known on the continental United States. There are, however, clusters of ethnic groups in particular areas such as in the rural "plantation camps" which have, over the years, housed separately the laborers of different national ancestry.

Lind (1967), who has traced the history of ethnic residence in Honolulu, has noted that each group has marked out neighborhoods for themselves as they have settled
in the city and that as new residential areas have been developed, there may for a short time be concentrations of one particular group. He concluded, however, that these clusterings "whether based upon economic class, racial preference, friendship, or a combination of similar factors, can persist only for a limited period of time under the dynamic conditions which prevail in modern Hawaii" (Lind 1967:61).

Socioeconomic factors now seem to be more important than ethnicity in determining residence. One of the oldest and poorest sections of Honolulu is called Chinatown because of the original occupants, but by the early 1900's several other ethnic groups were residing there, and today it has a large population of older single Filipino men who at one time worked on the plantations. Most of the Chinese have long since moved to wealthier neighborhoods.

In addition to residential clusterings, there are concentrations of ethnic groups in certain occupations or places of employment. Some observers such as Haas and Resurrection (1976) have expressed considerable alarm at the blatant discrimination they have found in employment patterns which seem to favor Japanese, Chinese, and Koreans in state jobs, relegate Hawaiians to lower level positions, allow Caucasians to rise only in the private sector where they dominate, and provide very limited opportunities for advancement to Filipinos. While ethnicity is clearly a
factor in employment, education, and other institutions, the unusual social history of Hawaii has contributed to this situation, and it is often the newer immigrants of all ethnic groups who experience the most problems and prejudices both within their own ethnic group and from others.

Despite popular and academic fascination with the subject, there has not been a comprehensive analysis of the exceedingly complex ethnic situation in Hawaii. The state is definitely not a melting pot where ethnic differences are overlooked. A person mentioned in conversation is frequently described by his or her ethnicity, and stereotyping of each group abounds. Barth's (1969) definition of ethnicity which emphasizes ascription is pertinent to Hawaii where intermarriage has obscured clear ancestral heritage but where behavior is expected, jobs obtained, and influence peddled by one's stated ethnicity.

At the same time, the extent to which one adheres to norms and the interaction with other groups, points raised by Cohen (1974) in his discussion of ethnicity, are also of relevance. It is not uncommon for a person to be considered a member of one group but to attribute special skill to his inheritance from another ancestry. For example, a person who is labeled Hawaiian may make a successful business transaction and jokingly state that this was accomplished "by the Chinese in me." Most people in Hawaii would probably accept Cohen's (1974:xv) insistence
on the fact that the degree of ethnicity is important and that ethnicity is dynamic, not static. As Ogawa (1973) has pointed out for the Japanese and Alcantara (1975?) for several Asian groups, people in Hawaii often differentiate themselves from those of the same ethnicity in their country of origin and in the continental United States.

There is considerable sharing of foods, non-English words, and some customs such as most people following the Japanese pattern of removing their shoes before entering a home. These interactions, along with a high rate of intermarriage, substantially integrated neighborhoods, schools, and places of employment have weakened any rigid boundaries between ethnic groups. Johnson (1976:32) has suggested that "at least a small degree of bimodal acculturation has taken place" between the Japanese and Caucasian cultures in Hawaii, and it is possible to find the influence of other groups, most notably the Hawaiians, on the general lifestyle.

Some observers discern a trend toward a "local" culture and identity which will override one's particular ancestry. While the designation of "local" sometimes refers only to non-Caucasians and does not yet have clear referents, its use is indicative of some blending of various cultural patterns into a new entity. At the present time, however, there remains an acute awareness of one's own and others' ethnic identities in Hawaii.
Although there are episodes of ethnic group clashes in the schools, sometimes between newcomers and long time residents of the same ethnic group and sometimes between different groups, and although individuals may complain of discrimination on the basis of ethnicity, violence and fear are fairly well contained. One of the key restraints is that there is no majority group in the state. Thus, the definition of a minority group in Hawaii is often dependent upon the context under discussion, for example, place of employment or general socioeconomic status.

The following table from the OEO 1975 Census Update Survey (Survey and Marketing Services, Inc. 1976:44) indicates, in categories typically used by residents, the approximate ethnic distribution on Oahu. The categorization is important because it is not the way in which the U.S. census reports count Hawaii's population, but it is the way people in Hawaii classify themselves. Since it is based on a selected household survey and records self classification, the results must be interpreted with some caution.

A few clarifications should be made. Military personnel, not in barracks or institutions, and their dependents are included in this survey and inflate the figures for some groups, most notably the Caucasians. According to statistics from a 1976 study (Schmitt and
<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black, Negro</td>
<td>1.4</td>
</tr>
<tr>
<td>Caucasian, not Portuguese</td>
<td>27.9</td>
</tr>
<tr>
<td>Portuguese</td>
<td>2.6</td>
</tr>
<tr>
<td>Chinese</td>
<td>5.6</td>
</tr>
<tr>
<td>Filipino</td>
<td>10.2</td>
</tr>
<tr>
<td>Hawaiian</td>
<td>0.9</td>
</tr>
<tr>
<td>Part-Hawaiian</td>
<td>14.4</td>
</tr>
<tr>
<td>Japanese</td>
<td>24.6</td>
</tr>
<tr>
<td>Korean</td>
<td>1.5</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>0.6</td>
</tr>
<tr>
<td>Samoan</td>
<td>1.0</td>
</tr>
<tr>
<td>Mixed (not Part-Hawaiian)</td>
<td>8.2</td>
</tr>
<tr>
<td>Other</td>
<td>1.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.3</strong></td>
</tr>
<tr>
<td><strong>Estimated population</strong></td>
<td><strong>678,979</strong></td>
</tr>
</tbody>
</table>
Kawaguchi 1977:1), approximately 30% of the Caucasian population are military personnel, and if their numbers were not counted, Japanese would be the largest ethnic group. Secondly, this is one of the few surveys which allows one to indicate an identity of Portuguese. In everyday conversation, an individual is not called Caucasian if it is known that he is Portuguese, although some of the latter have chosen to "pass" as Caucasians who have traditionally held a higher socioeconomic status here.

Thirdly, the designation Hawaiian was used for anyone who saw himself as primarily Hawaiian, but it does not necessarily indicate a person of exclusively Hawaiian ancestry of which there are very few in the state. Part-Hawaiian has become a common term for people who identify mainly with their Hawaiian heritage but acknowledge other inheritances as well. Mixed (not Part-Hawaiian) is a category for the increasing number of ethnic mixtures which do not include Hawaiian, e.g. Japanese-Chinese, Filipino-Caucasian.

Lastly, Other is made up largely of those people who identified themselves by another nationality, such as Guamanian. Not included in this survey are the Vietnamese. The only available count of them according to the Hawaii State Department of Planning and Economic Development is the 1,837 who are registered aliens.
The local practice of referring to an individual as Japanese or Chinese when it is meant that the person is of Japanese or Chinese ancestry will be followed throughout this dissertation. Since no full Hawaiians were encountered, all Part-Hawaiians will be designated simply as Hawaiian which is also common in every day conversation.

With such a diverse population, it might be expected that providing access to professional medical care would be a significant problem for Hawaii. There are, however, several factors which offer partial solutions. One is a unique state law which requires employers to provide comprehensive, state approved health insurance for any regular employee. Although some part-time, seasonal, or domestic employees may not be covered, it is estimated that this Prepaid Health Care Act plus other sources such as Medicaid, allow approximately 98% of Hawaii's population to have health insurance (Yuen 1977).

Secondly, there is fairly good geographic accessibility to health care. The entire state is divided into mental health catchment areas with state supported clinics even in the more rural locations. In terms of physical problems, a recent study by the State Health Planning and Development Agency indicates that ambulatory medical care is generally available throughout the islands (Hawaii SHPDA 1978:SHP 5.3).
Thirdly, there are a range of ethnic groups represented among health professionals, and a general awareness of the necessity of dealing with a broad spectrum of patients. Physicians, themselves, are not distributed proportionately among all ethnic groups, although no current statistics supporting this general knowledge are available. A 1971 study of the ethnic distribution of physicians and dentists, as indicated by surname in the telephone directory, found that for this combined classification of two professions, the Japanese and Chinese were overrepresented, the Caucasians were proportional and the Filipinos were underrepresented (Hirata 1971:55). Other groups were not included in this survey.

While patients may not be able to see a physician of their own ethnicity, ancillary staff may be of help. Most hospitals and major facilities have several ethnic groups represented among their staff who can provide some cultural information and act as interpreters when necessary. Language itself would not seem to constitute a significant barrier to health care for the majority of the people in the state. A 1976 survey (Burch et al 1978) estimated that 93.3% of Hawaii's adult population reported they were easily able to understand English. Although Koreans had the highest proportion of poor or no understanding of English, they fell to last place when the figures were considered in terms of the total state population. Thus, the 39,784
adults who understood English poorly or not at all were 42% Japanese, 32.5% Filipino, 8.7% Chinese, and 6.8% Korean. Significantly, 42.7% of this total were 65 years of age or older. Cultural differences in the perception of illness and recognition of the most appropriate treatment are not necessarily reconciled by a common understanding of the English language or by the availability of staff of the same ethnicity as patients, but these at least provide bridges which may be useful to the patient and practitioners in the professional health care sector.

Honolulu and its environs is well suited, then, to a study of folk healing in an urban United States setting. It brings into relief some issues such as ethnic relations which might be more difficult to consider elsewhere, but it is not so unique as to render the findings applicable only to this situation. There are several ethnic groups with diverse heritages who live together and share many experiences, although not without some conflict. Professional health care for both physical and mental problems is generally accessible and not restricted to people of any particular ethnic or socioeconomic group, although again, there may not be total compatibility between practitioner and client.
Definition of Folk Healer

For this study a folk healer is defined as an unlicensed individual with a public identity who practices outside the realm of professional healing by helping people with physical and/or psychosocial problems. By reviewing the restrictive nature of these criteria, for Hawaii, a clearer understanding of the term may be possible.

Unlicensed means that only those people who have not obtained official recognition of their practice have been included. Acupuncturists, who have been licensed in Hawaii since 1974 and must, therefore, pass an examination, are not considered folk healers. They have increasingly become a part of orthodox medicine and are subject to considerable controls. Masseurs, who may also provide therapeutic services utilized by some for health maintenance or relief of pain, are also licensed and not, therefore, a part of this study. For both acupuncturists and masseurs, licensure may be seen as an attempt by the public to regulate a service which has become popular enough and generated enough concern about possible poor practice to warrant official control.

The significance of licensure as evidence of a move toward legitimation has been indicated by Cobb (1977) in a study of chiropractors. The status and protection which licensure offers is recognized by some folk healers in Hawaii who have obtained massage licenses. Although they
do not see themselves as masseurs, they hope that this may give them the legal right to touch and manipulate bodies and the privilege of telling clients that they are "licensed". Two healers volunteered, as evidence of their legitimacy, that they had licenses. These, however, turned out to be general excise licenses which are essentially for tax purposes.

The healer of interest here is also an individual acting in his own behalf. There are a number of personal growth or development groups which train people to represent their organizations in Hawaii. They provide seminars, instruction, and some individual counseling, generally for a fee of which a portion is sent to the central organization on the United States mainland. They carry out prescribed programs, and, in effect, sell what their organizations offer. Similarly, the clergy, who represent specific church groups, often provide counseling and prayers or other services to heal or promote an individual's health. However, this is an ancillary service, and the person's primary identity is not that of a healer but of a minister or priest. Thus, neither representatives of organizations nor of churches are defined here as folk healers.

Again, healers may have some elements in common with the clergy, but they remain distinct. For example, two had ministerial certificates, and one had a licensed church for tax purposes. Several offered religious services for
their clients, although not all of them were official
members of a clergy, and one who was a trained priest did
not provide services. All had as their primary public
identity their healing functions.

This public nature of the healer's identity is
also important. Only those whose work was available to the
public and not restricted to family and close friends were
considered folk healers. Several who were identified by
informants but not interviewed are described in the next
chapter. They were included only if specific information
such as a name and reports of current practice were avail­
able. It is not unusual to hear that there are "many"
healers practicing in Hawaii, but several of these statements
have proven to be unsubstantiated rumors. In other instances
a person may have heard that someone recommended an herb to
a friend. By the definitions used in this dissertation, such
an event would more properly be considered an example of
popular healing.

Folk healers are also outside the realm of
professional healing although some of the same techniques
of herbal preparations, specialized diets, or healing through
energy transmissions may be used by both groups. Folk
healers in Hawaii are not members of professional organiza­
tions, nor are they seen by themselves or others as part
of professional healing. In contrast, some practitioners,
for example medical and psychiatric social workers, are not
licensed in the state, but their work in health facilities is recognized as part of the professional healing sector of the medical system.

Lastly, folk healers help people with both physical and psychosocial problems. Some may specialize in one or the other type of presenting complaint, but as a group they are quite open to any problem. An individual can, in fact, obtain treatment for a wider range of complaints in the folk healing sector than in either the popular sector, which may have a limited repertoire of techniques, or in the professional sector, which may exclude certain social problems as inappropriate.

Data Collection

Because the efficacy of their treatment and the legitimacy of their practice is questioned by both the lay and professional public, folk healers operate in a hidden sphere. Although they may be known to many people, they generally do not advertise, and access to them is through a client, friend, or fellow healer. The way in which they were located for this study was by my telling almost everyone I knew of my interest. Some people had personal contact with healers, and others referred me to friends or acquaintances who had knowledge of them. Those who advertised their services were contacted directly, but in other cases, I relied on a client or another healer, or at least the use of his name to make the initial contact.
The willingness to be interviewed, and the extent of the cooperation varied with each individual, but the vast majority of healers contacted agreed to talk to me at least once. Four of the six refusals were from people for whom I had no introduction, although it is not clear that they would have talked to me even if someone had acted as intermediary.

Two factors might be identified as important in the generally cooperative response from healers. One is the use of a contact person who was trusted by the healer and who trusted me enough to introduce the two of us or to let his name be used as a reference. The second is that the initial contact was always made in an informal manner. It was explained that I was a student interested in learning about people who helped others. Elaboration on my status at the university and on specific topics of concern were provided only as the healer expressed interest in them.

With most healers, I was more an interested friend than an investigative researcher. Support for this approach is found in a parallel situation with Black folk healers reported by Stewart (1971). Although extensive personal contact was deemed important if substantial information were to be obtained, it was more fruitful to engage them in a conversation than to use formal test procedures to which they failed to respond validly.
Four major sources of data were utilized: 1) interviews with healers; 2) observation and participation in healer-client interactions; 3) interviews with clients; and 4) interviews with people knowledgeable about ethnicity or healing and attendance at lectures and meetings on these subjects.

The following table indicates the number of folk healers interviewed in the ethnic groups included in this study:

**TABLE 2. ETHNICITY OF HEALERS INTERVIEWED**

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Number Interviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>10</td>
</tr>
<tr>
<td>Chinese</td>
<td>4</td>
</tr>
<tr>
<td>Filipino</td>
<td>2</td>
</tr>
<tr>
<td>Hawaiian</td>
<td>6</td>
</tr>
<tr>
<td>Japanese</td>
<td>8</td>
</tr>
<tr>
<td>Korean</td>
<td>2</td>
</tr>
<tr>
<td>Okinawan</td>
<td>2</td>
</tr>
<tr>
<td>Portuguese</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>35</strong></td>
</tr>
</tbody>
</table>

Each healer was interviewed at least once, and most were contacted several times over a period of months ranging up to one year between April, 1977, and August, 1978. Two healers were interviewed solely by telephone.
because they were reluctant to arrange an appointment but were willing to talk extensively in this manner. In two other cases, interviews following the initial one were conducted, for convenience, by telephone. Although most healers see their clients in person, at least once, considerable phone consultation takes place, and the majority are quite comfortable in such conversations.

All but two interviews were conducted in standard English or in a local variation of it called "pidgin English." In one exception two Visayan speaking men acted as interpreters with a Filipino healer who knew one of them but not the other and, therefore, was somewhat suspicious of our intentions. In the second instance a Korean speaking client translated an interview and consultation session but was reluctant to probe into the healer's history. Thus, there were minor problems in obtaining some information when interpreters were used. The reliability of one interview conducted exclusively in "pidgin English" was confirmed when the healer was subsequently interviewed in Japanese, a language in which she was fluent, for another project, and the material elicited was substantially the same.

Because there was variation in the amount of information obtainable in any one session, no set number of interviews was demanded. Some healers were unusually open and revealing in the first interview, while others
required more time to trust me. By returning to healers periodically over a period of time, it was possible to learn about changes in their work. Several happened to be in the early stages of their practice at the time I contacted them and were willing to share some of their disappointments and successes as they modified their work to suit client demands.

The interviews followed a semi-structured format, and an attempt was made to obtain information on 13 topics. Depending upon the healer's readiness to discuss them and on the time available in the healer's schedule, which ranged from approximately one half hour to three hours, the following subjects were covered in one or several interviews:

1. Location and setting. Generally this was observable, but it was sometimes necessary to ask about where the healer worked and what furnishings were necessary or usually present.

2. Demographic characteristics. Basic information about an individual's age, education, marital status, and other employment was obtained along with as much social history as the healer seemed comfortable in providing.

3. Qualifications. The way in which the healers obtained their knowledge and skills through formal or informal educational processes or through special gifts or talents bestowed on them was explored.
4. Source of referrals. The pathways to the healer were identified, as were attempts made by the individual to attract clients through advertisements, calling cards, or other means.

5. Criteria of acceptance. Healers were asked about the kind of people they saw as clients and about who they would reject.

6. Establishment of a relationship. The ways in which healers related to their clients were obtained partly from their own descriptions of interactions.

7. Diagnosis. Healers were asked how they determined what was the problem with a client.

8. Treatment. The process by which the healer helped clients with physical and/or psychosocial problems was identified.

9. Prevention. Prescriptions and/or the use of amulets or charms as means of preventing difficulties in clients' lives were noted.

10. Beliefs. Healers' beliefs about the cause of problems and about the treatment process were elicited as was much of their general philosophical approach to their work.

11. Fees. Information about the collection of money or other remuneration was obtained.
12. Other resources. Healers' views of other folk healers and professionals and their utilization of them as colleagues to whom clients might be referred or from whom they might be received were recorded.

13. Clients. Descriptions and basic facts about the types of problems presented and the people who became clients were obtained from the healers.

The interviews on the above topics were supplemented by the second source of data: observation and participation. Because most healers and clients preferred confidentiality and privacy, it was not always feasible to observe treatment processes. Additionally, clients were not always available at the time the healers were visited. However, the treatments of 16 healers were observed, and these instances suggested there was a close correlation between what the healers said they did and what they actually did. One reason for this is that most healers had specific rituals or techniques which they used. The advice and counseling given were subject to much more individualization with each client, but samples of this type of intervention were obtained through interviews with healers and clients when the processes were not observed.

In 12 instances healers volunteered to perform their services on me. Some felt that this was the only way
I could understand their techniques, and others simply felt that their ministrations would be beneficial even if I had no complaints. I also participated in several group situations. A few healers offered religious services for their clients, and I regularly attended those of an Okinawan healer for four months and those of a Japanese for seven. The latter also had a weekly meditation and Buddhism class which I attended for the same period of time. One Hawaiian held what might best be called a continuous "open house" at which people sat and talked or sought treatment. I participated in these sessions on a biweekly basis for approximately ten months.

Lastly, for approximately two years I worked as a Saturday receptionist for one of only two healers who had an office. When this Hawaiian offered me the job during my second interview with him, I accepted the opportunity to become a part of his enterprise. My duties included answering the telephone, making appointments, collecting payments, keeping records of attendance at classes, and providing general assistance in the office. This healer, who otherwise used clients as receptionists, did not have someone selected for Saturdays and wanted to expand his work on that day. Because he was the first healer I interviewed, and I did so before formally beginning my field work, my contacts with him were for a longer duration and lasted from August, 1976, through September, 1978. It was
characteristic of several healers, but especially of this one, that they could utilize the skills of other people to the benefit and satisfaction of both parties.

The third source of data was the clients themselves. Again, interviews followed a semi-structured format and took place during my visits to a healer or wherever I happened to meet someone who said he had seen a healer. Information was obtained on the following topics which parallel those asked of the healers:

1. Demographic characteristics. Clients were identified by age, sex, ethnicity, marital status, occupation, and any other social history which they were willing to provide.

2. Source of referral. The way in which the client learned of the healer was noted.

3. Presenting problem. A description of the complaint presented to the healer was obtained.

4. Treatment process. A report of the diagnostic and treatment procedures occurring during the consultation and of the recommendations to be carried out at home or elsewhere was elicited.

5. Other resources. Clients were asked about their use of professional, folk, and popular healing for the same and other complaints.
6. Beliefs. The clients' general beliefs about folk healing and their particular experiences with it, including their opinions about the healers and the effectiveness of the treatments were obtained.

Lastly, people who were knowledgeable about particular ethnic groups or health practices were contacted to obtain general information and to determine the validity of my own observations and data. Lectures and meetings which dealt with subjects relating to folk healing were attended. Examples include a lecture on Chinese medicine and meetings of a professional group interested in holistic health practices. Some information was also obtained from local magazines and newspapers which occasionally had articles about healers and advertisements or announcements about their work.

Other Methodological Considerations

Since there did not seem to be a systematic way to identify healers scattered throughout urban and suburban areas except through personal contacts, I was fortunate in having access to a wide range of people in different ethnic groups. I have lived and worked, first as a psychiatric and then as a medical social worker in Hawaii for 11 years, the last four of which have been on the island of Oahu. Contacts made during the course of my professional
work were exceedingly important, not because other health professionals knew many healers, but because they had acquaintances who did, and they widened the range of people I could know myself.

Other advantages of my being a resident and a health professional included my general familiarity with the local life style, a degree of comfort in interviewing people, and some comparative knowledge about professional healing. There were also, of course, some disadvantages. The acute awareness I once had of particular language usage and customs has been blunted, and it is possible that I overlooked the significance of some behavior which would have been more noticeable to others. The issues raised by Ablon (1977) concerning value conflicts, personal visibility, and being both a member and observer of one's own culture when conducting anthropological field work among middle class Americans were all faced during the course of the research.

In terms of being a health professional, I brought to the research some biases about preferred modes of treatment. For example, a healer and client discussed in my presence, the problems of another client whom I did not know. They indicated that the children may have been neglected and very poorly fed. I wondered aloud about the need to report this to the welfare department and whether the school, perhaps, had become aware of the children's
problems. Neither healer nor client responded to these remarks as meaningful considerations, and the discussion continued without an attempt to resolve any of the problems. The fact that I worked at the Hawaii State Department of Health was known by many healers but did not arouse concern. One suggested that perhaps I was in a position to obtain more general acceptance for unorthodox treatments, but most did not see my profession as significant.

One healer urged me to articulate the impact of my research on my own life, and several clients asked about my own response to my investigations. One of the more significant factors in this type of research is that experiencing becomes as important as listening and observing. It is nearly impossible to study a subject which frequently deemphasizes the importance of natural explanations in favor of mystical and supernatural ones, without reevaluating one's own beliefs. My answer to the healer who questioned me was that I felt that my personal boundaries had become softer and more open. This is certainly not a profound experience, but some healers would, I think, advocate as a worthwhile goal, an increased openness to and awareness of heretofore unrealized potentials both in one's self and in the experiential world.

During any one moment of participation with folk healers, the experience seemed quite ordinary, yet clients and healers alike often reminded me of the hidden nature
of this sector of the medical system. The various reasons for the secrecy can be explored more fully in subsequent chapters, but here the important consideration is its impact on the research itself. There was an awareness on my part of intruding not just into individual healers' and clients' personal lives, but into an area which some participants would prefer to keep hidden. This is not to say that all healers are wary of professional health care scrutiny, as some quite clearly feel they provide important, needed, and effective services, but many feel most comfortable with some obscurity. One Hawaiian healer suggested that this dissertation be written in one sentence: "the kahuna's work: it's a secret."

No one was paid for his or her participation, although I baked a variety of breads which were given on each visit as thanks for interviews with the healers. Taking food to someone's home is an accepted way of participating in a reciprocal relationship with someone in Hawaii, and the breads were accepted in this vein. Several healers gave me food or small gifts in return, and several seemed to find it enjoyable or intellectually rewarding to discuss their work with an interested nonclient. A few small monetary donations were made when this was required of all participants, as for example at one church, and I participated with clients in several money raising benefits for more than one healer.
In so far as I was able to establish a trusting relationship with the healers and clients, I was able to obtain fairly extensive information. However, it was clear that some did not intend for me to reveal all that I learned, and it is hoped that what is written here reflects appropriate discretion. The nature of the data is such that individual client and healer variations are neither tabulated nor reported for every topic. Instead, general statements with supporting statistics are provided, and exceptions or outstanding examples are noted.
CHAPTER III. AN INTRODUCTION TO THE HEALERS

This chapter is designed to introduce the healers as individuals and to provide a contextual framework for further elaboration of their work in subsequent chapters. As was noted earlier, people in Hawaii are aware of one another's ethnicity, and participants in folk healing are no exception. Still, the healers described here should not be seen as typical examples of their particular group, and the groups themselves should not be understood as representatives of the people or ancestors in their place of origin. The variations within any one group and the accommodations to Hawaii will become apparent. In order to highlight, from an historical perspective, information which is relevant to an understanding of folk healing in Hawaii, a sketch of each ethnic group and its healers is presented. Unfortunately, there is very little literature on the health practices and beliefs of Hawaii's ethnic groups with the possible exception of the Hawaiians.

Hawaiians

In a sense, the Hawaiians, now approximately 15% of Oahu's population, were only the first in a series of immigrants to the islands named Hawaii, but because they were the first, the islands became theirs. From the view of many, the greatest tragedy in their history is that control over much of the land has been wrested from them
by the later immigrants. Of all the ethnic groups here, they have become most diluted through intermarriage, to the extent that "Part-Hawaiian" is a significant label in a way that being "part" of any other group is not. All, however, are casually called Hawaiians which is the pattern to be followed here since, as stated earlier, no full Hawaiians were identified. Just as much of their land and purity in their biological heritage have been lost, so has knowledge of their ancient customs, though active attempts are being made to revive this. There is little doubt that there has been a severe disruption in the tradition of medical knowledge, but there is considerable popular interest in what are understood to be effective healing arts of the pre-contact Hawaiians.

The term kahuna which basically means "expert in any profession" (Pukui and Elbert, 1971:106), has become so widespread as to denote not only the particular medical professional, kahuna lapa'au, but the folk healer in any ethnic group. Filipino, Japanese, and other healers are generally not called kahunas but are described as being "like kahunas." Further, because kahuna is widely associated with sorcery, which did have expert kahunas in ancient Hawaii, a person may claim to "have been kahuna-d", that is cursed, without this having reference to the practice being performed by a Hawaiian.
The ubiquitous use of this term does not encourage clear agreement as to who is a legitimate Hawaiian *kahuna*. Some argue that only men may be *kahuna* although there are women who use this title, and some state that one's training by other *kahunas* and by knowledgeable ancestors is important, although there are practitioners who have not had extensive instruction.

Kamakau (1964) who lived in the 1800's wrote of the many medical *kahuna* specialists, and subsequent writers have confirmed the existence of an extensive therapeutic knowledge including the use of herbs, massage, and prayer (e.g. Gutmanis 1976, Handy et al 1934, Kimura 1966, Larsen 1944, 1965, McBride 1972, Pukui et al 1972), but today's *kahuna* is essentially a generalist who relies heavily on Christian or psychic healing techniques. In so far as the ancient Hawaiian medical practices were linked to the religious system through prayers, through beliefs in spiritual causes and intercessions, and through healing rituals, they were destroyed under the impact of Christianity. The year 1819, just prior to the missionaries' arrival, is often cited as the date of the formal death blow to the ancient religion because that is when the *kapu* system, or prohibitions, governing the people's behavior was overthrown. Thus it is not surprising that 157 years later, much of the original knowledge is lost.
During the years that Hawaii was a kingdom, a law was passed to license practitioners of "native medicine" (Hawaii Laws, 1886, Chapter 29), but a 1946 article (Davis) indicated only two were in existence by that date. One Part-Hawaiian named Elias L. Jones advertised his work in the personals column of the newspaper and stated to a reporter that he cured people by "herbs, massage, and patience" (Davis 1946:50). The healing techniques which relied on supernatural factors were driven underground not just by the Christian protagonists but by the law makers. As early as 1887 there was a penalty against "any person who attempts the cure of another by practice of sorcery, witchcraft ... or other superstitious or deceitful methods" (Hawaii Laws, 1887, Chapter 35). This remained in effect until 1972 when the new penal code was written. At that time it was repealed along with a law against fortune tellers which had originally been written in 1949. It does not, however, seem to be public knowledge that the law restricting some kahuna practices is no longer in force.

The fact that the Hawaiian supernatural medical practices became hidden seemed to contribute to their being seen as especially intriguing to those who heard of their existence. The first writer to label this Hawaiian knowledge, "huna," was Max Freedom Long (1975) who wrote several books on what he described as secret techniques capable of producing instantaneous healing. His first book, written
in 1936, but generally available in a 1945 edition, led to the establishment of Huna Research Associates which is still active today on the United States mainland. This preliminary work describing Hawaiian practices in terms of modern metaphysical beliefs was elaborated in a book by Clark Wilkerson entitled *Hawaiian Magic* (1968). He labeled "huna," which Long referred to as a "system" (Long 1975:7), a "science" (Wilkerson 1968:37), and with Long, indicated that "huna" means "secret" and "ka huna", "keeper of the secret" (Long 1975:4; Wilkerson 1968:37). These books have become popular sources of information about how the ancient *kahunas* were able to carry out their healing. They emphasize an individual's ability to become aware of a "higher self" (Long 1975:6; Wilkerson 1968:6) which can help one effect change. For many people there is no way of checking the validity of these works, and they have, in effect, become the gospel of what really existed in pre-contact Hawaii.

The extent to which the private family knowledge of ancient Hawaiian medical practices has become fragmented and contaminated by others' interpretations has not been studied. However, there is known to exist an extensive amount of popular healing among Hawaiian families and friends. A report by Heighton (1968:124) indicated that approximately three-fourths of the homes surveyed in a Hawaiian Homes Land area had someone in the family with
knowledge of Hawaiian medicines, and one-third of the sample knew someone outside the family with such knowledge. Additionally some Hawaiian ministers are known to incorporate Hawaiian lore in their Christian healing. Howard (1974:154) found, in the same residential area studied by Heighton, that a number of people made use of the fundamentalist churches for health concerns. Thus, there are several resources for Hawaiian healing which do not entail going to a publicly identified folk healer.

The six Hawaiian healers who were interviewed in this study fell naturally into two groups: three men who called themselves kahunas, and three women who described themselves as God's helpers. The three men happened to represent three of the main components in contemporary Hawaiian healing. One was a traditionalist who was known for his knowledge of herbs; one was a very modern kahuna, incorporating many non-Hawaiian elements in his work, and one was a Christian who emphasized the religious aspect of his work.

The first lived in a manner reminiscent of days long past. His house was largely self built of scrap lumber, without electricity but with running water piped from a nearby stream. It was located on a dirt trail which took one out of the city atmosphere and wound into an uninhabited valley. Much of the kahuna's fame came during still unresolved land disputes in which he claimed title to
land which the government said was a state forest. He had, at least for the time, won a battle which assured him access to his property through an exclusive residential area. Along with a hānai (informally adopted) Chinese-Caucasian son who was his adult companion, he lived a rather simple life.

Although this kahuna continued to prescribe herbs for some clients, he stated that his main emphasis for the last several years had been in "spiritual" healing. Visitors came from the mainland and other countries to sit along with local people and listen to him talk on a variety of subjects including healing, religion, plants, politics, and Hawaiian activism. An outspoken person who had alienated some by refusing to become involved in their projects except for an enormous fee, which in effect always resulted in noninvolvement, had opinions on every possible subject, and many people seemed to visit him just to absorb whatever he had to offer. In this sense he was very much a Hawaiian "guru."

The second healer was a striking contrast. In his thirties, he was approximately half the age of the first and was one of only two healers interviewed who had an office. In fact he had a six room suite of offices, and through contractual arrangements with others he could offer a variety of services including yoga, astrology, numerology, palmistry, and massage. In addition to seeing individual clients, he offered personal development courses in huna
science, and this had become the main thrust of his work. His wife, who was employed full time as a professional with expertise in Hawaiian culture and the arts, assisted in the office both with clients and classes. Beginning as a consultant for individual physical and mental problems, this kahuna had expanded his enterprise into an "institute" with a range of services and classes, some of which, for example rhythm lessons, were only remotely related to either health or Hawaiian culture.

The third kahuna, a retired and divorced man who was raising his children, had a tremendous amount of energy which propelled him into writing poetry, drafting a book, visiting clients in house calls around the island, and holding Sunday church services for a few regular devotees in his home. Unlike the first kahuna who emphasized Hawaiian gods, and the second who believed God was the individual, this kahuna spoke constantly of God and the coming of a new church on earth. In rapid fire speech, he fended off the evil spirits which at various times inhabited almost everyone and caused physical and mental pains.

One of the three women healers was a practicing member of a Protestant church and believed prayer was the critical element in her healing. She was, however, the only one who regularly practiced massage and prescribed the well known herb, 'aloe, as both an external and internal treatment. She was the mother of numerous foster and natural
children, and with her many obligations, preferred to be interviewed by telephone.

The last two were a mother and daughter who worked together and were the only ones I met who refused any kind of monetary payment. Although they did not attend a formal church, they saw themselves as doing God's work. The mother, who was a retired professional, was fluent in Hawaiian and in this language prayed for and blessed each client. The daughter, a college educated mother of four children who had suffered severe physical impairment, worked part-time and scheduled clients during her free hours. Her contribution to the joint effort with her mother was the ability to have visions about the client's problem and to recommend appropriate steps one should take to overcome any affliction. These women called their work "ho'oponopono" which is a traditional family prayer and discussion technique for physical or mental problems. It had recently been revived as a useful practice by at least one social agency, and it was a concept with which many had become familiar.

Among those identified but not interviewed, were two women, one of whom called herself a kahuna and the other, a reverend. They gave public lectures, which I heard, on Hawaiian spiritual healing and were considered by some to be "experts." One emphasized links with Christianity while the other saw affinities with Egyptian beliefs.
Both were involved in several other areas of interest with lesser amounts of time actually available to see clients. A third women who had identified herself as a kahuna sporadically made public appearances but was generally elusive. She had reportedly performed some healing, but the extent of this was unknown.

Caucasians

As the first significant groups of strangers, Caucasians were called by the Hawaiian word for this category, "haoles," and the designation has continued to refer uniquely to them. Today they represent about 28% of Oahu's population, and those who have been born here, but especially those with a longstanding family history in the islands, are called "kama'aina haoles," native born or acquainted strangers (Pukui and Elbert 1971:114, 55). There is a certain elite status to this ironic designation, although the number of newcomers who are sometimes called kama'ainas after a few years of residence has somewhat diluted the significance of this term. Most importantly, local haoles try to distinguish themselves from the tourists who are considered the real outsiders and are looked upon with ambivalence as the supporters of Hawaii's economy but the contributors to unwanted changes in a once idyllic setting.

The haoles, beginning with the missionaries, are credited with bringing professional, orthodox medical
practices to the islands and with essentially destroying the Hawaiian ones. Interestingly, some of the professionals of today are in the forefront of local attempts to promote holistic health and to recognize the value of alternatives to orthodox medicine. It is not, however, the longtime haole residents who are advocating change, but the newer arrivals, bringing beliefs and practices from the United States mainland. As a whole, the haole healers interviewed were considerably younger, better educated, and newer immigrants than any other group. They also were much more aggressive in promoting their work through advertisements, articles, handbills, notices, and public lectures.

Four of the ten interviewed had, among them, an extensive repertoire of techniques gleaned from various courses on the United States mainland and refined by their own practice and ingenuity. They were two sets of young married couples who had been in Hawaii only about two years. Both couples were practicing their healing arts in California before moving here because they preferred Hawaii's environment and in spite of the necessity for some financial sacrifices.

Although each husband and wife might collaborate with one another in his or her work, they had essentially developed their own specialties and had their own clients who might or might not be known to their respective spouses. All four were articulate college educated people who were
well aware of many of the facts and fallacies of orthodox medicine and had consciously sought other ways of promoting health. Indeed, regardless of the technique any of them used, the emphasis was on the individual client's responsibility for his or her own health, and as much as possible, self awareness and education on relevant health matters were built into the treatment. The latter consisted essentially of a variety of physical manipulations.

Two other women, both divorced mothers, were practitioners of Polarity Therapy, another technique promoted in a California school. It involves manipulation of the client's body in order to achieve a balancing of the energy flowing through it, although again, individual practitioners might vary the original practice. One of these women, after taking lessons and mastering the technique, had become a devout Christian who incorporated her faith into her work with clients. Thus her hands might be guided not just by the requirements of Polarity Therapy but by the dictates of God, and prayer was an important element in her work. She, too, was well aware of the benefits and limitations of orthodox medicine and was, in fact, employed as a health professional. Her folk healing was compartmentalized to off-duty hours with other clients, but it was clear that her knowledge and beliefs in two spheres might comingle. That there is not necessarily conflict between folk and
professional healing was epitomized in this one person who was able to make use of both.

The other practitioner had combined her work with massage, and found that while the former might be the better technique for attracting the appropriate kind of client, the latter might also be effective in helping people. As a very recent entrant into the healing field, she had few clients and spent considerable time on other concerns such as environmental protection.

The seventh and eighth haoles were men who had quite diverse bases for their work but shared an emphasis on education rather than individual treatment. One was a young United States mainland born man who had learned some Ayurvedic medicine by studying it in India and Nepal but had decided to live in Hawaii. He saw himself more as a teacher and prescriber of individualized diets than as someone who devoted time to the sick.

The other, in his seventies, was by far the oldest haole interviewed. Very much a self-made man who had lived in various states before settling here over ten years ago, he still traveled to the United States mainland and Canada to lecture on his beliefs and techniques. Although he was best known locally for some of his dietary prescriptions, he had taught and written books on achieving health through a combination of nutrition, physical manipulation, and spiritual techniques. He was one of the few who
maintained that their methods should supplant orthodox medicine, and he referred to the latter by the term "orthodox."

The last two are of interest because they both tried to become individual healers but rather quickly abandoned the work; one continuing in a related field and the other quitting entirely. The latter, a college educated divorced mother who enjoyed helping people and found some success in her casual efforts to do so, briefly advertised her ability to heal through love. This resulted in several obscene phone calls and a response largely from men having problems with women. When interviewed, this healer indicated that even though she had had some appropriate referrals, she had decided she would probably move on to explore another area in life and not pursue her healing on any formal basis.

The other woman, who also experienced inappropriate telephone responses to an advertisement which essentially offered help for physical and mental problems, was already an active representative of a national personal development course. She attempted to supplement this work with some on her own but decided it was less troublesome to help people through the set courses and to continue practices she was already providing as an assistant to a licensed person with an office. Thus, she did not totally
discontinue her work, but after a few months was not an individual practitioner.

There were, in addition, at least seven other haoles known to provide healing services. Six practiced the same techniques as others who were interviewed, although it is likely that there was individual variation in their work. The seventh, who was not interested in being interviewed, performed colonics, a system of cleaning out one's colon with water. This is also offered in Hawaii by several licensed professionals such as naturopaths.

Chinese

As the Caucasian missionaries and others turned from their original pursuits to take advantage of the agricultural opportunities in Hawaii, they found a need to import laborers for the sugar plantations. Among the first to arrive were the Chinese who were brought in large groups in the early 1850's, although a few merchants had arrived on their own as early as 30 years before that (Fuchs 1961:86). The Chinese were also the first to leave the plantations in significant numbers, and as soon as their contracts ended, they moved to urban settings. Even today there are many more Chinese on Oahu where they constitute 5.6% of the population than on the neighbor islands or in any rural district. For the most part, they have moved their residences out of Chinatown, but remaining in this
downtown section of Honolulu, are their herb shops. Many of these closed during World War II, but in recent years, the popularity of Chinese acupuncture and the general nationwide interest in "natural" medicine have brought a renewed interest in the few which have remained in business. However, none of these shops, which are in old buildings appears to be crowded with customers. Most of the herbalists have become licensed acupuncturists, thereby providing a combination of Chinese healing arts to the clients and attaining licensed statuses for themselves. Acupuncturists, who are not exclusively Chinese, currently number 43 on Oahu which has all but five licensed in this state.

The herb shops, themselves, are similar to the American drugstore, but there are some important differences. The herbalist is not licensed, and there is no requirement that the herbs be ordered by a physician or even by a "Chinese doctor," the latter being someone who has had Chinese training but is not a licensed orthodox physician. These "doctors" now function largely as licensed acupuncturists, although there are also a few Chinese physicians who have had some training in acupuncture and other Chinese medical techniques.

An individual may have a prescription for a particular ailment that has been passed down through the years within his family, or he may obtain one from someone else. He may also simply appear at the herb shop and state
his complaints. If the shop has a "Chinese doctor" affiliated with it, the client may be referred to him for consultation. In other instances the herbalist may be the "doctor," or at least perform the functions of one, usually using pulse diagnosis and listening to the patient's complaints. There appears to be considerable variation in the extent to which diagnostic techniques are utilized before herbs are recommended. It is possible for an individual to request herbs for diabetes or another disease on the basis of self diagnosis or that of another folk healer or that of a physician.

It is also possible to go to a Chinese temple and shake a container of sticks until one comes out which indicates the prescription needed. The sticks are numbered, usually to 100, and each number corresponds to a set prescription in a book kept at the herb stores. Current patronage of these temples is unknown, but the number of people attending them for medical help has undoubtedly declined since a 1926 article (Li) which estimated that at least 40% of the Chinese population participated. Even then, however, it was noted that orthodox medicine was sometimes used concurrently (Li 1926:43) and that the younger people were more skeptical about the benefits (Li 1926:42). Still, the temples, which offer prayers, advice, and fortunes obtainable by throwing the numbered sticks,
remain as one resource for healing outside professional medicine. They also are one pathway to the herb store.

Although acupuncturists or physicians may have some herbs in their offices, there are only five actual Chinese herb shops, all located in the Chinatown area. One of these is owned by a Vietnamese national and will be discussed later. Of the remaining four, all but one have licensed acupuncturists on the premises. Two shops were visited: one having an acupuncturist and one not. In the former, the herbalist is hired by the owner of the shop, and with his training in China and more than 20 years' experience, he was able to recommend herbs to those clients who did not have prescriptions. However, because an acupuncturist/"doctor" was generally available, clients might be referred to this person in the back of the shop before herbs were prescribed.

In contrast, the owner of the second shop did not believe that acupuncture produced lasting results, and he served as the "doctor" and herbalist for anyone who entered. Like the first herbalist, he had had some education in China and many years of experience but was born here. Also like the first, he would be the last in his family to work in this field because his children had no interest in doing so. As a practicing Christian, this herbalist had never been inside the temples from which some of his clients obtained the number for their prescriptions, and he had
only briefly met the healer described below from whom he received some referrals.

The third Chinese interviewed was a Hawaii-born widow in her sixties who practiced her healing in a small building serving as a temple behind her house. Full of aphorisms, she was obviously educated beyond her few years of formal schooling and read English but not Chinese. As a Taoist, she was carrying on what she said were her mother's beliefs, but again, would be the last in her family to engage in this work. Unlike the herbalists who did not treat mental illness except in somatic manifestations, this healer often helped people with psychosocial as well as physical problems.

The fourth and last Chinese interviewed, was a college-educated man in his forties who had invented a technique of pressing on nerves for both therapeutic and preventive effects. This practice, which he discovered as a young adult and was not based on any ethnic heritage, except perhaps through some martial arts experiences, had been elaborated on by a continuous study of Gray's Anatomy. This healer, who had full time employment in a supervisory position, was proud of what he considered a very scientific method, and was frustrated by physicians' and others' unwillingness to study seriously the efficacy of his practice.
Of the four additional Chinese who were identified but not interviewed, two were women who employed faith healing in a manner similar to the woman described above. One spoke no English. Another non-English speaker was a man who was consulted largely for predictions and was the only person described as entering into a trance. A second man practiced a form of foot massage utilized also by one Japanese and several Caucasian healers in this study.

Portuguese

Although various groups of Europeans were brought to Hawaii to work on the sugar plantations, the Portuguese were the most numerous, about 12,000 between 1878 and 1887 (Fuchs 1961:52). Representing about 2.6% of the Oahu population, they are the only European group to retain a distinctive identity today. Recruited largely from the Azores and Madeira islands, they were farmers who were placed in supervisory positions above the Oriental laborers. Yet they were set apart from the Caucasian owners and managers and remained a group unto themselves. At times it has seemed advantageous for the Portuguese to identify themselves as Caucasian to contrast with the Orientals who more rapidly achieved economic success when moving off the plantations, but the identification has always been an ambivalent one. After the 1930's they were no longer a separate group according to the United States census
definitions, and some seem to have preferred this. Although they are sometimes referred to as the Polish people of the Pacific because they are the butt of a similar type of derogatory jokes, there are Portuguese who work hard at perpetuating their music, dance, and religious customs, and who try to instill an ethnic pride in their children.

Most long time residents of Hawaii have heard of Portuguese women as healers, but few such women, or for that matter, men, remain active today. Some of the healing knowledge is also quite hidden as obsolete superstitions which, if revealed, would only bring ridicule onto the Portuguese people.

The one healer interviewed was a warm-hearted widow in her late seventies, who with the help of an adult daughter, continued to care for two mentally retarded foster children whom she had raised since infancy. Despite a limited formal education, she retained an interest in the cultural aspects of her Portuguese heritage and still participated in music and dance performances. When asked if she had passed on her healing knowledge to someone who might perpetuate it, she said in a surprised manner, "no one has ever asked me except you." Her healing was a combination of massage, cupping, and ritual, and of prayers and blessings based on her strong Catholic faith. One corner of her front room was dominated by a multitiered altar with numerous religious statues and a few photographs.
Additional statues of Jesus Christ and saints were in nearby book shelves and glass cabinet.

Two other women who declined to be interviewed indicated that they performed similar work. All three prayed in Portuguese, a language seldom heard in Hawaii today, and all three were in the grandparent generation, one in her late nineties.

Japanese

The next group, and by far the largest to be imported as plantation workers, were the Japanese. Within ten years of their major arrival in 1886, they were the most numerous ethnic group in Hawaii (Fuchs 1961:107), and as noted earlier, if the military members are excluded from the Caucasian total, the Japanese at 24.6% of the Oahu population, remain the largest group today.

Like the other groups, they brought some of their health practices with them, and some of their healers rather quickly aroused controversy within the Japanese community. A 1908 editorial in the Japanese paper, The Hawaii Shinpo (Sheba 11/8/08:1) attempted to rally support against the "growing menace of Japanese kahunaism," a practice described as including faith healing, psychic readings, and enhancement of romantic relations, much the same as today. The aspect which seemed to raise the ire of the writer, however, was the healers' political role as
agitators among the laborers who were pressing the employers for higher wages. Today there is no evidence that the healers exercise such influence, although clients may indeed consult them about business matters including employer-employee relations.

Another much more recent importation of Japanese healing practices is the representation here of the "new religions." These sects, called new because of their official recognition as separate entities and their increased proliferation, if not origin, after World War II, have a range of Shinto, Buddhist, Christian, and other beliefs as central tenets, but faith healing is often an important element (Dahl 1975, Earhart 1974, Hori 1968, Lebra, T. 1972, 1974, May 1954, Norbeck 1970, Offner and van Stralen 1963). The number of church members and the number of separate churches in Hawaii is unknown, but at least eight such sects can be found in Honolulu and offer another alternative for some seekers of improved health.

Although this study of healers did not include churches, two of the Japanese healers interviewed offered regular services attended by some of their clients. One woman who was ostensibly a Buddhist and had Sunday services in Japanese, also relied on the Hawaiian goddess Pele in her prayers. Indeed, she stated that 38 gods were represented on her altar, and there was a picture of Jesus Christ on the wall. This woman, a widow in her seventies,
had a reputation of being especially helpful if Hawaiian spirits were believed to be causing one's problems. Thus, she sometimes made home visits to discover the location of the spirit and periodically went to another island where she had a group of followers.

The other woman who offered services was the most popular healer in this study and had a congregation of over 100 clients attending the church she had established. Others who did not participate in these services also went to her for help. Although she was affiliated as a priest with an established Buddhist sect, she was known more for her psychic abilities and special relationship with a Buddhist divinity than for her circumscribed priestly duties. Unwilling to be interviewed formally but accepting of my presence as a participant, this woman could be blunt yet exceedingly effective in her assessment of problems and prescriptions for improvement.

A third woman, like the second described above, traveled to Japan in order to become a priest, but in contrast to the former, she had been born here, and studying the language was appreciated by some clients, for whom she prayed before a very simple altar in her home. No services were offered, and in fact, when she first became a healer, she only diagnosed people's problems. They were then referred back to their own clergy or to another priest in her sect for blessings. Following repeated requests from
clients, she developed several healing rituals which were incorporated in her work. A talented single woman, who had written both fiction and non-fiction, this healer had for years used her abilities to help others, first as a non-commercial fortune teller and then as a priest.

Two other Japanese women also used their faith in healing, but they were Christians. One, who had experienced some disapproval of her work by relatives, was willing to talk only on the telephone. She at one time studied the Bible with a friend and realized she could help people by randomly opening it and interpreting passages to individuals. This same procedure, sometimes mistakenly called ho'oponopono by Hawaiians, is practiced by Christians of many ethnic groups.

The other woman was a vivacious, wealthy widow who was a joyful convert to Christianity, unabashedly stating that some considered her a "Jesus freak." She first found she could help people in her study of the practice described below. When she became a Christian, she attributed her powers to Jesus Christ.

The sixth and seventh healers were teachers of reiki, a non-religious technique which channels cosmic energy into the client. The primary teacher, who stated she was the only surviving pupil of the original Japanese discoverer of the system, was a widow in her seventies. After one interview, she retired to the mainland. Because
she had been teaching her technique for over 30 years to groups both here and on the mainland, it is likely that several hundred had taken the basic course.

Those who wanted treatment were encouraged to learn the technique so that they might help themselves and others. Some pupils then advanced to a second course which gave them more powers, but only one man in Hawaii took the third course, thereby learning how to give the power to others. Thus, he became the only other teacher in Hawaii, although he stated that the primary instructor had indoctrinated four or five teachers on the United States mainland.

The only remaining teacher here, who fervently believed in the effectiveness of reiki and wished he could convince others of its value, hoped to become as successful as the primary teacher had been. However, he was struggling to obtain students, and found that over the years, he had referred so many people to his own teacher, that he had exhausted his resources. Until he would be able to devote himself to healing full time, he held another job to support his family.

The last Japanese healer interviewed, was a husband and father in his thirties who was the only other person, in addition to the one Hawaiian kahuna, to rent an office for his practice. He was experienced in salesmanship and advocated the necessity of appealing advertisements to
attract clients. This, however, was not sheer hucksterism, as he had experienced for himself the effectiveness of one of his treatments, reflexology. This is a currently popular type of foot massage in which areas on each foot correspond to organs and other parts of the body. By pressing on the specified zone of the foot, relief can be brought to the affected area. Each healer who practices this brings to it individual variations, but the general beliefs underlying it are the same.

This man's part-time practice also included iridology, another currently popular technique used by several people for diagnostic purposes. Again zones in the iris correspond to other areas of the body which might be afflicted in the present or future or have been damaged in the past. Lastly, herbal preparations from the United States mainland were made available by him.

Among the four Japanese healers identified but not interviewed were three Buddhist women. One of them spoke no English. Another had a relative who handled appointments and stated that they wanted no publicity and had refused all requests for interviews. There was also a man who was a member of one of the "new religions" and was known for his psychic abilities in addition to his massage.
Okinawans

Identifiable at times by their names, physical appearance, or maintenance of certain customs, the Okinawans have generally been subsumed under the heading of Japanese in all statistics and most designations. In every day conversation the distinction between Okinawan and Japanese is not often made, although it may be noted if it is known. Always smaller in number and arriving in Hawaii only about 20 years after being conquered by the Japanese in 1879 (Fuchs 1961:111), the Okinawans were considered inferior by some Japanese, but today this attitude has largely disappeared. Like the Japanese they brought with them the tradition of occasionally turning to folk healers in times of illness and misfortune, and also like the Japanese, the Okinawan healers have modified their practices to accommodate the local setting. This is evident in a comparison of the practitioners here and the shamans studied by Lebra (1964; 1966; 1969 a, b).

Both the women interviewed immigrated to Hawaii as young adults but began their work in middle age. One, who spoke very limited English, believed that Jesus Christ had appeared to her and that he still provided revelations. She had no altar in the room in which she received clients but was a Buddhist and had an urn to burn incense in addition to a picture of Jesus Christ on shelves nearby. Known especially for her accuracy in business predictions,
she was consulted about such concerns in addition to health matters. People not infrequently came from other islands to see her.

The second woman, who, like the first, was a widow and always wore a white dress for her work, spoke no English but lived with a daughter who had acted as her interpreter for over 30 years. Her living room was really a room for prayer, and a large altar with flowers, fruit, a pitcher of water, several statues of Buddha and one of the Goddess of Mercy, almost filled one end of it. A smaller ancestral altar was adjacent. Church services with some of the same prayers as those used in the Japanese services, were held weekly for those clients who wished to attend. A retired Japanese man, who had visions and had been her protege for several years, worked with this healer in consulting with clients at the end of the service. Although she preferred to see in person those individuals who had problems, a client from another island came regularly, bringing with him the petitions and concerns of others and returning to them her instructions.

One additional Okinawan healer, an older woman who spoke no English, was identified as someone who performed work similar to the first two.
Koreans

The smallest of all Oriental groups to be brought to Hawaii as plantation workers were the Koreans, but their numbers have increased since the 1903 importation because of several thousand arrivals in recent years. Still, they constitute only about 1.5% of the Oahu population. Unlike the Japanese and Chinese, most of those brought to the plantations were already Christian converts in their homeland and were recruited largely from Christian churches. Although there are some Buddhists here today, most Koreans did not bring their non-Christian shamanistic practices with them. Korean herbal remedies, similar to those of the Chinese, are also available, but because those who provide them in their work are licensed acupuncturists, they were not included in this study.

Of the two Koreans interviewed, one was a widow in her seventies who had been born here and attributed no relevance of her ethnicity to her work. She had pursued metaphysical studies both on her own and in a group for several years and once took the Japanese reiki course. As an active business woman who came into contact with tourists, she helped mainly those vacationers, but she was also available to local clients. Her technique involved basically a laying on of hands derived from her reiki lessons.

The other woman, estimated to be in her sixties, was a fairly recent immigrant who spoke no English and lived
with her children. She was a Christian who had worked as a healer before coming here and was called by some, a "prophet." With a keen sense of humor and a down to earth approach to problems, she combined advice and reassurance with her prayers. Like many others, she was considered psychic.

No additional healers were identified among the Koreans.

Filipinos

As the last group to be imported as plantation laborers, the Filipinos are still struggling to achieve the economic success of the other Asians who had a considerable headstart. Today they are included in such employment categories as attorneys, physicians, and businessmen, but their representation is not proportional to their population which is now about 10% of the total on Oahu. Most of the Filipinos, who came in large numbers throughout the years 1910-1933 (Fuchs 1961:139), were Ilocano speakers from the Luzon area, with a small percentage from the Visayan and Tagalog linguistic groups.

Although they, too, brought with them their own folk healing practices, either they were not retained long, or few practitioners came. A study of a plantation community on Oahu found that few folk healing practices were used and that people went to the readily available profes-
sional clinic (Alcantara 1973:107). This type of observation has been supported by others who have noted that local Filipino communities studied have not had identified folk healers. As for the recent immigrants, several informants reported that they seem to have left behind their folk healing practices. In comparison to studies undertaken by Lieban (1962, 1965, 1967) in the Philippines, the healers here seemed to be less plentiful and less popular. They also seemed to be more pragmatic in their approach and less concerned with substantial explanations for their work.

The two interviewed were both Visayans who had come to Hawaii many years ago and now lived in very humble surroundings in more rural areas outside the city of Honolulu. One, a man in his eighties, once had the unpleasant experience of being investigated as an unlicensed physician and went to great lengths to convince me and the interpreters, one of whom he did not know and, therefore, seemed to be suspicious of, that he did not prescribe medicine. Instead, he massaged people and prayed for them before a table which had many religious statues on it.

The other, a woman in her seventies, was illiterate but spoke English and was one of the few healers who had begun her work in childhood. Like the first Filipino healer, she massaged and prayed but also was familiar with the use of some plants which could aid in healing. She
lived with her grandson and husband in a house built by the latter and had a shrine with many statues in one room. Partly because of recent ill health, she had almost discontinued her work.

Others identified but not interviewed, included two Visayans who had retired from practice, and one older man who still did some work. A fairly young Tagalog man was known by an informant but had moved since their first meeting and could not be located. Only one Ilocano, a man, was identified, but he was not known by anyone who could introduce me. His work is also described as being primarily massage and prayer. The preponderance of Visayan healers in a largely Ilocano population remains unexplained, and it may be an artifact of this study.

Samoans

One of the few groups which came to Hawaii without a tie to the plantations is the Samoans who live almost exclusively on the island of Oahu where they constitute approximately 1% of the population. No individual healers with a public identity were located, since all Samoans contacted indicated that medical knowledge is essentially a family concern. There are certain people familiar with treatment for particular illnesses, but there is a reluctance to see them as experts outside of a family context. In this sense there are many "Samoan doctors" who are
specialists. While one person might be seen for a broken bone, another might be consulted about headaches. This is in keeping with two studies conducted in Samoa. One by Moyle (1974) found that the "doctors" were not accorded special status but had usually inherited the knowledge as individuals or sometimes as families, and if a person did not obtain relief from one, he went to another villager who offered a different treatment. Another by Goldman (1971) noted that the knowledge of treatment for a spiritual illness was held by almost every older woman.

Interviews here with Samoans who are aware of the health practices and with one husband and wife, each of whom had inherited specific treatments from their families, suggested that there are problems in perpetuating "Samoan medicine" in Hawaii. One is that neither the plants nor the healers are readily available. Here an individual may know someone with the treatment needed, but that "doctor" may be quite a few miles away, not next door in the village. Thus whole families may move into a healer's home for days at a time while one individual is being treated. In cramped public housing with everyone on limited incomes, this can create considerable hardship. Because payment is more a matter of how the individual later feels about the treatment, the healers may expend more money on feeding and caring for the family in treatment than they will ever receive in payment.
While these customs may have worked well in Samoa, they are problematical in Honolulu. The extent to which specialized knowledge in families will be retained remains to be seen. It seems possible that eventually fewer people will have access to this knowledge and that one or two healers, carrying on remnants of the "Samoan doctors" practice, will emerge.

Vietnamese

Of interest as the most recent immigrant group are the Vietnamese who number approximately 1,837. Because several people with contacts among the Vietnamese were available, the opportunity was taken to learn if such a small and new group had arrived with healers. One woman who had practiced a type of faith healing in Vietnam was identified, but thus far she had not resumed practice here, partly because the religious cult to which she belonged required space that was not available to her. Her work was reportedly similar to that described by Simon and Simon-Barouh (1973).

Vietnamese were also reported to be going to the Chinese herb shops, and one of the latter which was contacted had an interpreter available for them. Then, during the course of this study, a new herb store opened. Owned and operated by a Vietnamese national of Chinese ethnicity, the shop had Vietnamese signs in the window.
The owner pointed out, however, that since the Vietnamese population was small, he did not try to serve them exclusively and advertised on a local Chinese television program. In contrast to the other herb stores in Chinatown, this one was bright and newly furnished. The herbalist, who studied in China but believed experience was the most important qualification, owned a large and prosperous herb store in Vietnam and now worked on a much smaller scale. Because neither he nor his wife, who assisted him, was fluent in English, he preferred not to treat Caucasians who, he felt, might not understand the instructions and might take the herbs along with other medicine. This cautious approach was quite different from that in other herb shops where the herbalists were more casual in their willingness to sell herbs to people of any ethnicity who may or may not be taking other medications. This herbalist was interviewed only for purposes of general information and is not one of the healers in this study.

Summation

In addition to the nine ethnic groups described above, there are three others which sometimes appear in statistics on Hawaii: the Blacks, the American Indians, and the Puerto Ricans. The first constitute about 1.4% of the Oahu population, but many of the members are in the military, and only two were identified as clients during
this study. The other two groups each represent less than 1% of the Oahu population.

The sketches here are far more comprehensive and do not do justice to the total personality or work of any one healer. They are meant only to introduce the healers as individuals before they become fragmented into statistics and examples in the remainder of this dissertation. Every effort has been made to respect their individual privacies and to report accurate facts. Similarly, the descriptions of the ethnic groups are quite brief and are provided primarily to indicate how each one has become a part of the social fabric of Hawaii.

It is unknown how many folk healers exist in Honolulu and its environs, but the difficulty in locating them would suggest that there are not many more than those identified. It is also likely that the ones described here are the more accessible. Although the following table does not support the thesis that the total population of healers was contacted, it is interesting to note that the percentage of each ethnic group represented in the actual population on Oahu.

Attempts to see these 35 healers as representative of those practicing either in their particular ethnic group or in the general sector of folk healing must be approached with caution. The significance of these descriptions lies mainly in the fact that they indicate there is considerable
### TABLE 3. ETHNIC GROUP REPRESENTATION OF OAHU POPULATION AND HEALERS INTERVIEWED

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Percentage of Oahu Population</th>
<th>Percentage of Healers Interviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>28</td>
<td>29</td>
</tr>
<tr>
<td>Japanese and Okinawan</td>
<td>25</td>
<td>29</td>
</tr>
<tr>
<td>Hawaiian and Part-Hawaiian</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>Filipino</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Chinese</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Portuguese</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Korean</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>101</strong></td>
</tr>
</tbody>
</table>
variation as to who is a healer, what work he or she does, and the practices available within any one ethnic group. Further evidence that folk healing in Hawaii is not a static tradition based on an unchanging pattern from the healer's own or ancestral homeland will be provided in subsequent chapters.
CHAPTER IV. THE FRAMEWORK FOR HEALING

In this and the next chapter, the data will be presented in terms of the categories which provided the basic outlines for interviews and observations of the healers. The subjects will be considered as a total group and their ethnicity as an independent variable which becomes significant in some but not all discussions. Here, the focus is on those aspects which constituted the supporting framework in which the healing processes took place. These included the physical settings, the healers' demographic characteristics, their qualifications, and the pathways to and from the healers, namely their sources of referrals and their use of other resources.

The Healers' Settings

All but two of the healers practiced in Honolulu or nearby suburban residential communities. The exceptions were the two Filipinos, one of whom lived about one hour in driving time away from central Honolulu in a more rural neighborhood. The other lived only about a 40 minute drive away which was no farther than several other healers lived, but the environment was decidedly more rural. In fact, the residents of the area had recently protested a proposed development project which would have resulted in more homes being added to the district. Yet both healers saw clients from Honolulu, and this relates to the most significant
point about the location of the healers. Geographic location did not determine their clientele. In no instance was there evidence that the healers were predominantly treating nearby neighbors.

I often met clients from one area who had come to see a healer in another. Most used automobiles, but some relied on public transportation both within the city and to and from suburban locations. Additionally, over one half of the healers indicated that they had clients from other islands, and several had them from other states and countries. The primary factor in this linkage was the personal contact of someone who knew the healer and referred neighbor island or out-of-state clients.

Since 27 of the 35 folk healers worked within their own homes, the specific settings varied largely by the residences they happened to have. This in turn was related to their socioeconomic status. The houses ranged from crude make-shift shacks in fairly isolated locations to attractive large homes in wealthy residential neighborhoods. With the exception of a Hawaiian who lived at the end of a private trail and had a sign and large bulletin board near his gate but not visible from the road, there was no way of knowing from the exteriors that the residents of houses were healers.

Inside, there was always an area designated for the healing work, although this was not clearly demarcated
and might simply be part of the main living room. Unlike professional healers whose work is typically isolated from other aspects of the practitioner's life, most of the folk healers seemed to incorporate their practices into the rest of their everyday existence. The flow of the healer's personal life into his work was evidenced with material from other interests which might clutter the healing area, with members of the healer's family coming and going, and with televisions playing and phones ringing. These did not always constitute disturbances in the healing process, but they contributed to a different context from that found in professional settings.

If the healer included religious rituals as part of his work, the home usually contained some sort of an altar in a conspicuous place. The Catholics, both Filipino and Portuguese, had elaborately decorated tables or tiers with many statues of Christian saints and of Jesus Christ. The Japanese Buddhists and the Chinese Taoist all had altars, although the number of statues, candles, and offerings of flowers and fruits varied with the individual. The one Okinawan who combined Buddhist and Christian beliefs had no altar but the other Okinawan had one similar to those of the Japanese Buddhists.

The Protestant Christians used no altars in their prayers which was in keeping with the usual home practice of those denominations. The Hawaiian who prayed to Hawaiian
gods had a table with offerings and stone figures on it, but it was to one side of the room and did not play a major part in treatment. With this exception, consultations and treatments took place in front of the altars, and payments for services were placed there. On the Catholic and Hawaiian altars some clients also left photographs of people for whom they wanted prayers said.

Healers who practiced body manipulations at home might have the client lie on the bed or floor or sit in a chair. The Caucasians all had tables they used for this, and four of them also had specially designated rooms used for treatments.

Of the eight healers who did not usually practice at home, two Chinese had herb shops, one Hawaiian and one Japanese had offices, one Chinese, one Hawaiian, and one Japanese typically made visits to their clients, and one Korean saw most people in a shop unrelated to health which she owned and operated. The two herb stores, labeled as such with Chinese names, made no attempt to look modern. In one there was another business in operation, and in the other many herbs were simply piled in packages because the drawers were termite-ridden. Both had areas partitioned in the back where private consultations could take place, but a considerable amount of advice was given at the counter where herbs were measured on traditional hand scales.
The two offices rented by a Japanese and a Hawaiian were each furnished by the healers themselves. The former, in a new building with some of the office spaces still vacant, was essentially a single room with a partial wall separating the waiting area from the chair in which clients sat for treatment. It was bright and simply, but attractively, furnished with a desk, cabinets, chairs, and a low coffee table in the waiting area. The name of the business was on the building directory.

The other office, in an older building, required some modifications, and the healer was constantly redecorating and erecting new partitions as his work expanded and changed. Beginning with one room, he increased this to five designated for specific functions: one for client consultations, one for a private office, one for business matters, one for classes, and one primarily for yoga. A wide hallway was used as the waiting area. By the end of the study, additional space with multiple rooms had been acquired to be used by some of the healer's associates. This healer, too, was listed on the building directory, both by his professionalized personal name and by one aspect of his business. Names for the latter changed slightly and took on new references as his work changed.

The three healers who usually made home or hospital visits did so for several reasons. One stated that his home was in a residential neighborhood, and he could not
legitimately operate a business there. Two other reasons provided referred in a general way to all three healers. Firstly, the work at home interfered with family life, especially for one who not infrequently met with people for several hours at a time. Secondly, it was more convenient to visit the individual, since the healers had the time and ability to do so. Similarly, it was a matter of convenience for the remaining healer to see most people at her place of business where she spent the day.

There was evidence that the more active healers all adapted various features of their settings to their work and modified the physical environment as their practice expanded or changed. One of the more minor, but noticeable, examples was in a home where a healer added curtains to doorways leading out of her main room with the explanation that as more people were coming, she wanted to "close off the other areas." In a more dramatic case, one healer had to move the location of her services from her home to a building where she hoped to build a temple, because neighbors complained about the number of cars converging on their streets. Another built a classroom, when he decided to formalize some of his teaching. Two others had dreams of providing services in an office when their finances and clientele were sufficient to support this.
Demographic Characteristics

Although no healers refused to answer any questions asked, some were known to be reluctant to discuss certain aspects of their personal lives, and this was respected. Occasionally I heard them give misleading or evasive answers to clients' probings, and many clients knew few facts about the healers they saw. In several instances the data here has been inferred from other information provided by the healer, or in a few cases, by other informants such as clients, but it was included only if it was considered quite reliable.

Age and Sex

A review of Table 4 indicates that the only age range which had all ethnic groups represented is that of 60-79 years. If the Caucasians, who comprised most of those in the young age bracket, are discounted, 90% of the healers were over 40. Even within the 40-59 year range, three-fourths of the subjects were in their fifties. Thus, as a whole, healers were in the late middle to late years of life.

The table also indicates that slightly over 60% of the healers were women. This is related to their predominance in the 60-79 age bracket since there were an equal number of males and females in the lower ages. Traditional patterns of Japanese, Okinawan, and Korean women as healers may also account for the number of women
### TABLE 4. AGE AND SEX OF HEALERS BY ETHNIC GROUP

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>20-39 Years</th>
<th>40-59 Years</th>
<th>60-79 Years</th>
<th>80+ Years</th>
<th>M</th>
<th>F</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>Total</td>
<td>M</td>
<td>F</td>
<td>Total</td>
<td>M</td>
</tr>
<tr>
<td>Caucasian</td>
<td>3</td>
<td>5</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Chinese</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Filipino</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Hawaiian</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Japanese</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4*</td>
<td>5</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Korean</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Okinawan</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Portuguese</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>10</td>
<td>6</td>
<td>6</td>
<td>12</td>
<td>1</td>
</tr>
</tbody>
</table>

*Includes one age estimated without substantial evidence and may belong in next older category.
in the older age groups, although there are some other contributing factors which will be discussed below. The only ethnic group which had more men than women was the Chinese which may be explained by their dominance in the herb stores.

Marital Status

The most significant fact reflected in Table 5 below is that only five of the 22 women were married, while more than three times that number, 17, or 77% were unmarried. In contrast, nine, or 69% of the men were married.

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>9</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>Divorced</td>
<td>1</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Widowed</td>
<td>1</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Single</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>22</td>
<td>35</td>
</tr>
</tbody>
</table>

One of the obvious reasons for this sex difference is that 11 of the women were in the older age bracket of 60-79 years, and only two of them were married. Of the remaining nine in this age range, eight were widows and one was divorced. Being married did not necessarily deter women from becoming a healer since all but one of the
widows indicated that they had begun their work before their husbands' deaths. However, it was clear that the unmarried woman was freer to pursue her practices without other demands. If she was also too old to obtain a job, she had a second advantage of being able to indulge in the potentially nonlucrative work of healing.

Two of the women spontaneously volunteered, and others admitted, that it was exceedingly difficult to be healers when they were married. Especially for the Oriental women who had felt some constraint on their independent activity as wives, it was easier to be a healer when they were widowed. The one widow who began after her husband's death, thought he would not have approved of her work, and one single woman said she thought marriage and healing would not be compatible. Indirect support for this belief comes also from all six of the divorced women who began their work after their separations.

The men indicated no conflict in pursuing their own interests, although they were aware of obligations to contribute to their family's financial earnings if they were among the married majority. Of the four who were unmarried, two led quite simple lives, and the other two relied on members of their families to maintain their homes.

**Economic Status**

The vast majority of the healers could be considered middle class, although there is wide variation
in this designation. Two, for example, were at the upper end of the continuum with substantial incomes. Some of those who were older and retired had reduced incomes, but four of these were living with other family members who helped them maintain a higher standard of living.

Seven stated that they were eligible for public welfare, at least in the form of food stamps or medical benefits, but this report is complicated by the fact that most had chosen to live without assistance. Two Caucasians, for example, indicated that they had decided to live, at least temporarily, with less income in order to spend their time in pursuits meaningful to them, but their residence and life style did not warrant a designation of "poverty." Only one individual was known to receive full financial assistance as the head of a household with dependents needing her care.

Most importantly, the economic status of all healers could not be determined by their healing alone. Thirteen worked part or full time in other employment to sustain themselves, and the remaining 22 relied on additional income from family, pensions, and savings. With one possible exception, healers were not becoming wealthy from their healing. One individual encouraged large contributions towards the construction of a church, but the funds received were committed to this, and it seemed doubtful that they could have been collected if they had gone toward
personal living. The single most damaging and common criticism of a healer was that he or she was "too commercial" or "expected too much money."

Although a few individuals considered healing their full time occupation, they had not been able to develop their practices into lucrative work. Only the two Chinese herb stores operated as full-fledged businesses with high visibility and acceptability, but even they were not thriving enterprises. (In those establishments where acupuncture was also available, it seemed likely that practice drew most of the clients and was the main contributor to the shop's income.)

Of the two healers who rented offices, the Japanese had another full time job, and the Hawaiian, who had no children to support, relied primarily on teaching classes to meet expenses. Similarly, the two Caucasian couples spent a substantial amount of time giving classes. As will be described later, the classes themselves could be considered preventive or therapeutic for various clients and were a part of the healers' total work, but they were separate activities from the actual healing which took place. It was difficult for folk healers to become full time self-sustaining practitioners, and unlike the professional healers, especially physicians, their work did not bring economic security.
Education

There was an extensive range in schooling from one who was illiterate to nine who were college graduates. This latter group included six Caucasians, two of whom had masters degrees in non-health related subjects; one Chinese; and two Hawaiians. The majority had a limited formal education, but as will be discussed later in this chapter under "qualifications," many healers made an effort to increase their knowledge through self education in their chosen field.

Seven were immigrants from non-English speaking areas including: China, Japan, Korea, Okinawa, and the Philippines, but of these, only three had such limited English that interpreters were needed if a client did not speak the healer's native language. The other four had strongly accented English, and one healer's command of it was limited to a version of the local dialect, "pidgin English." As a group, however, the healers were quite skillful in their ability to communicate with a variety of people. They could provide vivid descriptions, meaningful analogies, and convincing recommendations.

Health Status

As might be expected among an older population, several of the healers reported they had chronic diseases, such as diabetes and heart conditions, and were under the care of physicians. In fact only one person denied ever
having required professional treatment, and most healers had been to physicians at some point in their adult lives. Only two Caucasians and one Japanese indicated that an interest in overcoming illnesses of their own had led to a search for treatments outside professional healing and to an eventual development of their own work. All others began their practices without concerns for their own health, although all found that they could benefit from their own recommendations. They used them either to supplement professional medical treatment or to prevent the necessity for it.

Three healers felt that admitting to clients that they were in ill health and receiving treatment from a physician might be seen as an indication of their own ineffectiveness, and they therefore made an effort to hide such occurrences. This, however, seemed to be an individualistic stance of those who were particularly concerned with demonstrating their own competence, and they were similarly reluctant to reveal other aspects of their lives which might discredit their work. Most were willing to discuss fairly openly their own health experiences and did not find any conflict in their need for professional medical treatment. From their view, the latter might be necessary in some instances, but it could never be sufficient.
Only five gave any history indicative of what might be classified as psychiatric problems, although these few might have been more willing to volunteer this information than others were. One reported a previously diagnosed psychosomatic condition. One indicated an earlier anxiety state which required Valium for relief. One admitted to a hospitalization for mental exhaustion. One described excessive drinking and consequently erratic behavior in the past, and one reported difficulty in sleeping and evidenced considerable agitation. It is significant that at the time of the study all five were functioning satisfactorily in their home lives, and four were steadily employed while one was retired. Additionally, there was no evidence that the reported disorders were of major proportions nor that any healers were suffering mental distress during the period of research.

One person stated that a voice provided the diagnosis and treatment for clients, and while this appeared to be more on the order of an auditory hallucination than any other healer's description, there are problems in considering this symptomatic of an illness. One problem is that this person was managing the daily aspects of life without obvious distress. Another is that all the healers who considered themselves psychic accepted the possibility of hearing voices, having visions, or receiving messages from spiritual sources. Once this basic premise of the
existence of a supernatural sphere of influence is accepted, some behaviors are not considered illnesses.

In so far as these healers had unconventional beliefs or ways of explaining events, they were "different" but not necessarily ill within the eyes of one another and their supporters. Indeed, communication with the supernatural through voices, visions, or knowledge, was viewed as an asset and an ability which many clients would have liked to have attained.

Qualifications

It was claims, such as the above, to special abilities, power, knowledge, or techniques which helped set folk healers apart from their clients. The herbalists' knowledge was not based on any supernatural beliefs, and one expressed considerable skepticism about such ideas. However, it was clear that for both these men prescribing herbs was an art not just filling of an order.

All others indicated that they had special gifts or powers. Even those who performed physical manipulations reported a special sensitivity to, and a feel for, the afflicted area. Two had specifically tried to teach their technique to others but had found that the latter were limited in what they could accomplish because they lacked the special abilities. Those who attributed their work to a religious source tended to say that it was "God" or "the prayers" which were helping the client, not the healer.
himself or herself. However, as one explained, the prayers might not work if the healer were not psychic because the problem would be misdiagnosed, and the wrong prayers said.

The power itself had two basic aspects. On the one hand, most healers considered it "a gift" and marvelled at the fact that it had been bestowed upon them. On the other, most believed that anyone and everyone could receive this power. If the healer were religious, it was generally believed that the power could be obtained by prayer and by living a life worthy of special blessings from whatever source was the object of the prayers. If the healer did not subscribe to a standard religion, such as Catholicism or Buddhism, but believed that there were other, perhaps "higher" aspects of one's self that an individual could make use of, he would suggest that this could be accomplished through personal development. This might include study, meditation, practice, or a combination of these. The goal would be, for example, to develop or recognize one's existing ability to perceive auras, or to know things without being told, or to predict future events.

Along with the supernatural power to do good came, it was generally believed by participants in folk healing, the power to do evil. While all healers denied the practice of cursing or causing harm to someone, several thought others were capable of it. Clients were especially vulner-
able, and fear of the possible use of supernatural forces to upset their lives through bad luck, illness, or a reversal of their wishes led many to be very cautious in their dealings with healers. Thus, there was a reluctance by these clients to tell me the names of healers or to allow the use of their own names as references.

In one instance a client I met through one healer had already been to two others. She had become fearful of the first person's influence over her so she went to a second to break the spell. When she learned I was also visiting the first, she refused to give me the name of the second lest the first one use me as a vehicle to bring harm to the second. She also expressed some concern over what could happen to the third since I was visiting the first and third at the same time. She finally decided that the latter was powerful enough to withstand any supernatural attacks from the first.

Just as concern about the healer's potential power contributed to caution among clients, so aspects of the healing power influenced healers to be secretive. Some believed that the power would be lost if it were discussed, and this, in fact, was the reason given by one Portuguese woman as her refusal to be interviewed. Because psychic abilities are still among the mysteries of life, despite a fair amount of current research exploring such phenomena, there was also a reluctance by some to admit to their
belief in this. Two Caucasians, for example, who were quite sophisticated in their knowledge of current literature, either made an effort to treat the subject as quite mundane and insist, for instance, that everyone could see auras and there was no "correct" color, or they avoided a discussion of the topic except with the few people whom they thought would be accepting of it.

None of those interviewed used trances in their work, although at least one referred to meditation as if it were one. Two stated they saw symbolic pictures "like on TV," and one, as mentioned earlier consistently heard a voice. Healers commonly reported the abilities to know facts about clients by seeing spirits on their bodies, auras around them, or changes in their physical appearance, and by receiving information through prayer, meditation, physical sensitivity, or special observation.

The acquisition of any of these special abilities or powers to heal was generally an individualistic, non-hereditary event. Of the 35 healers, 23 attributed their ability to some kind of study, seven to an adult revelation, and five to childhood experiences which continued into their adult lives. With the exception of the Okinawans and the Filipinos, all ethnic groups had some members whose primary mode of acquisition was through study, and for the Caucasians, this was the only method. The Hawaiians stand out as the one group which emphasized study with family
members as an important element. The relative might not have been in the immediate family, and might not have been an active folk healer, but some family connection was considered vital.

Even two Hawaiians who attributed their ability to adult revelation and therefore are counted in the second category, emphasized that "someone in our lineage has always been clairvoyant," and that a now deceased relative was an active healer. Others who are included in this revelation category are two Japanese, both Okinawans, and one Filipino.

Although several in retrospective analyses noticed that as children they had had the ability to have visions or had been destined, as evidenced by a physical mark found in a palm, to become healers, only five emphasized a fairly continuous experience from their youth into adulthood. One Chinese felt selected at birth as a member of a particular lineage, although the recent ancestors were not active practitioners. One Filipino and one Hawaiian had begun massage as children and had continued the work in the present. One Korean and one Japanese felt they had psychic abilities which were manifest before adulthood and which they had used, although not in healing. The Japanese woman subsequently studied rituals to remove evil spirits and exemplifies the fact that while the categorizations
here are valid in terms of primary acquisition, healers did not always fall into one exclusive grouping.

In fact, almost all healers seemed to be in a continuing process of self-education. Fourteen shared with me their readings on Buddhist scriptures, Christian healing, metaphysics, and specific techniques ranging from reflexology, to homeopathy, to astrology and bio-rhythms. Clearly discernible in the works of folk healers was information gleaned from television, newspapers, lectures, and books on such topics as diets, dream analyses, and supernatural explanations for events.

Aside from accumulating specific supportive facts, healers might incorporate ideas into their own beliefs, rituals and theories. More than one indicated that media material confirmed their own practices, and it was evident that some events, publicly reported, became part of the healers' personal lives or work. Even one healer with minimal literacy had read some information about a miraculous occurrence and about practices in another country. These rituals became part of her own work, and a reported vision became something she too had seen.

Retrospective insertion of events and justification for and elaboration of their practices seemed to be fairly common among healers and might have been related to the need to validate their work. As was mentioned earlier, healers had to face skeptics, but beyond this, their work
was difficult, burdensome, time consuming, and sometimes thankless. They were motivated by the belief that they genuinely had something helpful to offer people, and although there were definitely rewards through some financial remunerations and the pleasure of seeing clients' conditions improve, being a healer was not an easy job.

More than one stated that they sometimes invested considerable time and effort in a case and then never heard from the client, except by chance, of the improvement. Clients might come at unwelcome hours, disrupt other plans of the healer, become excessively demanding in terms of time or requests for help, and generally be inconsiderate of the healer's own needs. Not a single healer reported his or her children would take over the work, and more significantly, they recommended against it.

Healing was generally seen as a gift or talent which was not unwanted but which necessitated many sacrifices on the part of the practitioner. While these healers were essentially self selected, they were painfully aware of the obligations and responsibilities in their work. They did not generally have the protection of "professional detachment" from their clients and could not easily separate their work from their personal lives, either in a physical or emotional sense. Exceptions might be the herbalists since they had some recognition as businessmen whose work was distinct from their total lives.
However, they, too, had to deal with skeptics, and as much as any healer, were concerned with the management of their public identity as effective practitioners.

Source of Referrals

The significance of the healers' concern about their public image becomes especially clear when one considers how clients were obtained. All healers relied extensively on word of mouth referrals from former or current clients. Freidson (1960:377, 380) has labeled this the "lay referral system," which in contrast to the "professional referral system" was, in the extreme case, "least able to resist client control but most able to resist colleague control." Aside from the few who advertised and the herb shops which were clearly visible, healers did not see clients except on a referral basis. In fact, it was impossible to locate most healers unless one knew someone else who had already been for help. In order, then, to visit several healers, a client needed access to a considerable range of communication networks. One client dissatisfied with a healer because of no improvement in his problems, said he would gladly go to another but did not know one.

From the healer's view, it was important not to alienate clients who might in turn, limit their practice by cutting off referrals. One practitioner more than once
admonished clients about spreading unflattering rumors. Examples were given of people who had spoken badly about the healer but were misinformed, and after a period of time realized their errors and resumed being dedicated clients. Often such a client returned for help when misfortune began to plague him or her. On the other hand, healers might be unenthusiastic about seeing new clients referred by those who were troublesome and demanding. In such instances it might be difficult to obtain an appointment, although as will be explained in the next chapter, there were exceedingly few restraints as to who was seen.

Those who advertised were generally more accessible, although it still might be beneficial to use another client's name in making the initial contact. The Caucasians were the ones who made the most use of the printed media, and because six offered courses about their techniques, they were able to list these easily in a local health magazine, in the newspaper, and on flyers posted most often at health food stores.

Japanese and Hawaiians also advertised in the newspapers, through the personals column, and when there were classes offered, through paid announcements. One tried an extensive array including newspaper and magazine announcements, flyers posted wherever clients would place them, mailings using a list purchased from someone in a related field, letters to names selected by address from the
telephone directory, and participation in a discount coupon booklet.

Two Japanese used paid radio announcements, one on the belief that since referrals were by word of mouth, the advertisement would be more effective if presented verbally instead of visually. These two both used, although not exclusively, the Japanese language station which attracted some older people who discussed their health problems on the air. Neither of these practitioners could, however, speak Japanese, and each required an interpreter if a client were obtained from this source. One Chinese herbalist reported that he had obtained unsolicited clients from this same Japanese radio station when people telephoned it and asked, off the air, who it was that someone else had mentioned as helpful.

All types of advertising seemed to be minimally worthwhile. Although an ad might generate more inquiries, it did not usually result in enough clients to be a cost effective procedure. Among the problems healers had with advertising were: 1) inappropriate phone calls which might be obscene, 2) an inability to state openly what they considered important, for example that they could "cure," and 3) the high cost. Examples of costs reported by the healers were a 30 second announcement for $9.00 on one radio station and approximately $4.00 for a daily ad in the personals column in either of two newspapers. The latter
multiplied to well over $100 for one month, but might produce zero to three clients during that same period. Some people, however, would cut out an ad and use it months later, when they finally decided to telephone for help. Persistence in advertising seemed to be based partly on the belief that eventually results would be obtained and partly on the fact that it remained the easiest way to reach a large audience.

Another technique used to encourage clients was calling cards, which at least one member in each of the following ethnic groups had: Caucasian, Hawaiian, Japanese, and Okinawan. These were distributed to clients and occasionally posted on stores' community bulletin boards. Five Caucasians and one Hawaiian provided free introductory lecture-demonstrations which were frequently attended only by a handful of people and resulted in even fewer clients. However, this represented a fairly inexpensive way of providing people with an actual experience of what was offered in classes or treatment, and the healers generally could afford to put in the time.

Lastly, biographic articles were a means of obtaining clients. One Caucasian's work was described in a Honolulu health guide. Five healers, including two Japanese, two Hawaiians, and one Caucasian, were the subjects of feature articles in local newspapers, and three of these also appeared in other publications. One of the Japanese
had been described in a book on healers. One of the Hawaiians had been in several Hawaii based magazines including the local health guide which also featured the one Caucasian to have been in the newspaper. Articles on Chinese herb stores also appeared in Honolulu newspapers, but they did not cover the two in this study. One herbalist, in fact, resisted all attempts to publicize his work and illustrated a common concern among healers: publicity was a mixed blessing. Articles might entice the curious individual who was not interested in obtaining help but in exposing incompetence in the healer's work. Publicity also might convey inaccurate information unflattering to the healer or arouse jealousy and provide criticism from other healers. Thus, the public recognition might not be of the type desired.

One way of controlling the content and distribution of public information was through privately produced material. Such publications about the individual healer's life or work were sold or given to clients and interested visitors by two Caucasians, two Hawaiians, two Japanese, and one Okinawan. This method was, in effect, an extension of the word-of-mouth referral system and supplemented information which one client could pass on to another.
Use of Other Resources

In general, healers had minimal contact with one another and were essentially in competition. Many reported, as an example of their own unique effectiveness, instances of clients being helped by them after trying other healers. Some were openly critical of others, doubting their qualifications or finding fault with their technique. Others were more discreet in their expressions of disapproval but held similar sentiments.

Only two clear instances of referrals between healers were recorded, and these were both reported by the receiver. In one a Hawaiian received a referral of one difficult family from another Hawaiian who provided slightly different work. In the second occurrence, an herbalist stated that a Chinese healer referred clients to him for herbs. Both transactions involved healers who did not really know each other. The first pair had never met but had been told about each other by a mutual friend, and the other pair had met casually only once. The significant feature seems to be that the referring healer did not feel the receiver was in competition and, in fact, he remained aloof from knowing much of anything about what the client might receive. In both cases, the referral was a supplement not an alternative. One of these same referring healers expressed displeasure at clients who went to someone seen as providing similar, and therefore competitive, treatment.
The Hawaiian kahuna who maintained an office was able to retain or attract clients who were interested in more services than he alone could provide by having several associates working with him. In this way referrals could be made, for example, for astrology or numerology readings within his own organization.

Five healers who had met others, generally in the past, volunteered this knowledge and the use of their names as introductions for my study. This, however, did not mean that they necessarily believed in the efficacy of the others' treatments, nor did it mean that they would refer clients to these acquaintances. Most of these healers had met when one had visited the other for a personal consultation, but in only two cases had this relationship continued.

In one, a Japanese periodically asked a Korean to determine why a particular client was not responding to the treatment, and also might ask questions about her own life. Both were Christians who shared common beliefs but different approaches. In the other, a Japanese occasionally visited a Hawaiian who shared a psychic ability but had a very different philosophy. She, too, might ask about herself or a client. In each pair the two respected one another and had non-competitive but compatible talents.

In terms, then, of the three types of colleague relationships which were possible: 1) client referrals, 2) consultation about cases, and 3) consultation about
their own lives, healers had very limited contacts, and in private conversations, they tended to be competitive with one another.

Similarly, healers were hesitant about sharing their knowledge with potential competitors. Several times a healer or client suggested that someone might not want to be interviewed lest I then try to do the same work. On the other hand, a few healers encouraged me to learn from them, and despite my protests, felt they could detect the needed capabilities in me. These instances, however, seemed to spring from a desire to respond in a meaningful way to someone who expressed interest in their work. The implication was that I would be an apprentice to them, not an independent practitioner. There was one known instance of a Hawaiian woman going to a Hawaiian healer to learn how to pray for others. At the time of the study she only practiced on family members and had not become a folk healer. Other examples of people taking formal classes from healers can be more appropriately discussed in the next chapter under prevention because the intent of these classes was not to produce more folk healers.

If the relationship between one healer and another was minimal, that between healer and professional practitioner was almost nonexistent. Of the two healers who had received direct referrals from physicians, the recommendations were based on the latter's personal, not professional,
knowledge of the healer's work. That is, the physicians were, themselves, clients or former clients. Two physicians were known to refer a total of three patients to a Hawaiian, and two referred a similar number to a Caucasian. Even these healers, however, believed that most physicians were skeptical, if not overtly hostile to their work. One healer said that even if a physician tried to utilize some knowledge learned from him, other physicians would limit him because "as a group" they were non-accepting of his healing practices. Four others attempted unsuccessfully to interest physicians and other professionals in their work, two by informative mailings, and two by personal contact. One reported that a physician asked, "Why should I risk my position?".

Partly because of this anticipated rejection by professionals, partly because of personal pride, and partly because of the absence of a personal relationship with a professional as a colleague, healers rarely made specific referrals to physicians or to other licensed personnel. One exception was an herbalist who referred clients to an acupuncturist on the same premises. A healer not infrequently suggested to a client that he should see his personal physician, but this was a general statement without the weight of a specific recommendation to a particular practitioner. One healer gave the name of a psychiatrist to whom she might refer clients, although it was known that this
person had, herself, treated psychiatric patients. Both healers who had received referrals from physicians had, on a few occasions, consulted the latter about cases, mainly in an attempt to increase their own medical knowledge.

An important element in making any type of referral was the personal relationship. Aside from the few college educated healers who were more accustomed to dealing with impersonal bureaucracies and winding their way through established institutions, healers generally preferred to contact someone known to them. Further, they tended to believe that this relationship in itself would be sufficient to achieve the desired end. Thus, if one knew someone in, for example, the public welfare department, it was assumed that he could obtain financial benefits for a client even if the person known worked in an unrelated section. Referrals were not made to impersonal agencies or medical facilities.

Because, as will be discussed later, most clients were already in contact with a physician if a major illness was involved, the healers' general reluctance to make referrals either to physicians or to medical facilities was not usually a life-threatening problem. The healers treated the person themselves and generally believed that their own personal concern and involvement was an important element in contrast to the sometimes impersonal professional care available.
This chapter has delineated the framework for healing within the urban context of Honolulu and its environs. Significantly geographic location did not appear to be a determinant of the type or number of clients seen. One of the most popular healers, for example, lived in a suburban residential area, and people from all over Oahu and from other islands traveled to the home for appointments. Neighbors did not constitute the majority of clients for any healer. While easy geographic accessibility may be important in encouraging people to go to health services which they would not otherwise use, it does not seem to be of critical importance when people are voluntarily seeking a particular type of help.

Because unlike professional healers, the folk healers did not rely on other practitioners either for receiving or making referrals, their location did not need to be near others in the medical system, and most practiced in their own homes. This necessarily promoted an informal atmosphere and a flow of their personal lives into their work. Even those in non-residential settings did not always restrict treatment to clearly demarcated areas, and it might take place in a more public context. All locations lacked the purposeful, often sterile, atmosphere of many professional health settings.
The healers themselves were an older, predominantly female population. Fifteen of the 35 were older women who did not need to take care of or help support a family, and it appeared that being unmarried enabled a woman to pursue her interest in healing. This was not true for the men, most of whom were married or had someone to help them when they became healers. Older healers were also less concerned with being financially successful. Because healing did not offer financial security to its practitioners, the one Hawaiian and four Caucasians who devoted the most effort to trying to develop full time occupations in this field, found that ancillary services, namely classes based on their work, became primary. These could attract and sustain clients over a period of time, and as will be explained in the next chapter, religious services fulfilled the same function for some other healers.

Although two of the healers were financially successful business women, they only worked part-time at healing, and all four of those who were health entrepreneurs, in terms of having businesses in public buildings, were men. Two were Chinese herbalists who were continuing in occupations of at least 20 years duration and for which they had received specialized training. The other two, a Hawaiian and a Japanese, were ambitious men in their thirties who were taking personal risks and hoping to succeed despite relatively high operating expenses. Both had other sources
of income to meet daily living expenses. There was no evidence that the two women wanted to open healing businesses, but if they had, they would have had to sacrifice their financial success to invest time in a business with little apparent potential.

The fact that healers relied on clients to make referrals contributed to their being more vulnerable than those in the professional sector to complaints of high fees or commercialism. It took careful management of their public identity to promote client participation and yet resist client or colleague censure. As a marginally accepted sector of the medical system, they lacked formal public recognition and acknowledgement that their work was effective. They also lacked professional associations which might positively or negatively sanction them, although the word-of-mouth client network could be used for this to some extent.

In attempts to enhance their public identity as effective healers and to attract clients, many incorporated currently popular ideas or concepts into their work. Through self-education many also continually increased their knowledge and skills. These efforts to learn more about their own type of work were not related to the amount of formal education they had received. It seemed to be an adaptive response to the public interests and needs as
perceived by the healers. Similarly, changes in their physical settings were made to accommodate clients.

These adaptations did not vary by ethnic group, and it is clear that ethnicity was not a significant determinant of variations found within the framework of folk healing. While particular ethnic groups might have some differences from one another, such as Caucasians generally being younger and having more education and Hawaiians emphasizing family heritage in their qualifications, no ethnic group was strikingly unique in the setting, qualifications, referral sources, or use of other resources.

The folk healing framework was also found to be distinct from that of either the professional or popular sectors of the medical system. While it was less formal than the former in its setting, knowledge base, and movement of clients into and out of its sphere of influence, it was more formal than the latter in any of these aspects.
CHAPTER V. THE PROCESS OF HEALING

In this chapter the healers' interactions with their clients in the healing process will be presented. The discussion begins with the initial stages of the acceptance of clients and the establishment of therapeutic relationships with them and then moves to the diagnostic and treatment techniques utilized. Finally, preventive services and the collection of fees will be considered.

Criteria for Acceptance

When asked about who they would be willing to see for treatment, all healers in this study answered "anyone" without regard to ethnicity, sex, age, or religion. One possible exception was a Japanese woman who refused to be interviewed and whose relative indicated that only Japanese could be treated. However, former clients stated that this healer saw all ethnic groups in the past and might have recently become more restrictive because of declining health. Demographic characteristics did not, as a rule, constitute a barrier to admission once a healer was contacted.

Similarly, the type of physical or mental problem was not a criterion. Almost anything with which the client wanted help was a legitimate subject for consultation. However, the client needed to indicate that he or she had a definite problem. This was most clearly articulated by a healer who had previously practiced fortune telling. With
her new identity, she refused to see people who said they were "just curious about the future." Other healers uniformly supported the notion that "the curious" were to be avoided. Since my research could easily have fallen into this category, it was possible to understand why some might have been reluctant to be interviewed. The qualifying element in acceptance was, however, that my type of curiosity was not an idle one or an attempt to test the healers' abilities, but a genuine and purposeful interest in the work.

Descriptions which the healers used for the persons they preferred to treat were "sincere," "committed," and especially for religious treatment, they should "believe." Since most individuals were referred through other clients, there was some screening which occurred within the referral system itself. A client would be reluctant to jeopardize his own relationship with a healer by referring someone who might cause trouble. A few seemed to slip into the healers' practices, but the latter felt they usually identified them.

Several gave examples of people who secretly came to test them, but during the course of treatment, or shortly thereafter, confessed their unsuccessful attempt at trickery. For example, one woman in the presence of a healer suddenly started saying, "forgive me, forgive me" and reported a great weight like a boulder on her head. The
healer told her it was because she was lying. At this point, the woman admitted to trying to "test" the healer.

Just as the referral system eliminated some of the inappropriate requests, it seemed to channel in those clients who would be most receptive to the healer's specialty. If a healer were known for his or her particular interest in ancestors, in Hawaiian spirits, or in physical manipulations, the clients themselves prepared their referrals. Thus, someone with a sore arm did not usually expect a massage from a healer who offered only prayers. At the same time, however, if he believed or hoped that prayers might help, he would not be deterred from taking such a complaint to a "faith healer." Similarly, folk healers, unlike professional practitioners who might specialize in certain types of people or certain disease entities, were quite willing to try their techniques on anyone who wanted them. Their actual work might be specialized, but their criteria for acceptance were not.

This openness did not mean that healers did not accept some people with caution, nor that they had no preferences, only that they would not refuse a client the opportunity to experience the service for himself. Several healers told clients that they did not know if their work would necessarily "cure" them, or that they had not tried it on a certain complaint, but they were willing to treat the client if he so wished.
Two kahunas who had been confronted with clients who did not want help for themselves but wanted harm to befall someone else, had attempted to dissuade people from this. If they were not able to have the client redefine the problem in a way suitable for help, they raised the price of the service to an exorbitant amount. This was always an effective means of discouraging the client without actually refusing the request. The client could either redefine the problem or decide against using the kahuna.

Only when an overt request for sorcery occurred did this issue arise because kahunas and others might, for example, help someone win back an errant spouse, thereby leaving the lover unhappy, but the lover was not the prime target of evil wishes. Evil might befall someone as a kind of just punishment, but again it was not initiated by the healer.

Preferences for acceptance in addition to a sincere request for help, not harm, included a willingness to follow through with recommendations. Although healers expressed frustration with demanding clients, the real issue seemed to be that these clients kept asking for help without following the advice given. Many healers recalled instances of recommending that a client perform certain rituals or prayers, or follow prescriptions, only to have the client return in several months with exacerbated or different complaints and admit that he had failed to carry
out the healer’s advice. When such a person continued in this manner or repeatedly asked questions without seeming to listen to the answers, the healer became less interested in working on this problem. At this point he or she might scold the client or become evasive in answering direct questions or in returning phone calls. However, the person would not be rejected outright.

A similar situation arose with the client who asked for help with problems which the healer saw as insignificant or trivial. These were generally tolerated in the initial stages, but if a client persisted in this vein, the healer would usually employ the same tactics as with the preceding problem: mild confrontation or avoidance. One healer, for example, reported that a person phoned to say she had been leaving the hospital, heard a loud noise, and wondered "What does that mean?". The healer's unspoken response was, "How should I know? You were there, and I'm here. I'm not God." Her spoken reply to the client was "You should pray yourself and find the answer. I'm not God and can't always do it for you."

Although pestering the healer with minor concerns would not lead to the client being rejected, it might jeopardize his claim to a sincere interest in obtaining help. The healer's basic unwillingness to refuse clients seemed to lie both in their conceptualizations of themselves as practitioners
of very effective techniques and in their social position as respondents to clients' demands.

Because there were virtually no restrictions on acceptance, little information other than the client's name and a vague indication of some kind of problem were obtained before one was seen. There was no easy way for a healer to assess the client's characteristics of sincerity, commitment, and readiness to follow through at the initial contact so it was determined over a period of time. These considerations did not, then, dictate who would be accepted for treatment, but they did determine what type of acceptance would be granted the client during the course of the relationship with the healer.

Establishment of a Therapeutic Relationship

One of the most striking features of the healers, when considered as a group, was the range of personal style demonstrated. This is in accordance with Press's (1971) observations that the stereotypic portrait of the warm traditional healer might be an inaccurate description of the practitioner in an urban setting where greater variability is tolerated. The sketches presented in Chapter III indicated that the individuals in Hawaii were not from a common mold in any one ethnic group, and compared across groups, it is difficult to identify a particular style which can be isolated as a key element in the establishment
of effective relationships. However, the discussion of healers' qualifications revealed that all healers were motivated by the belief that they had a special ability to help others, and this confidence was communicated to their clients.

Although the initial contact with a healer might be a warm embrace, a cold aloofness, or any welcome in between these extremes, all healers took command of the situation and clearly indicated that they were in control. One demonstrated this in a quiet, gentle manner, remaining soft-spoken and calm in the presence of even acutely distraught clients, and at the end of each visit, providing refreshments for them. Another, who was accompanied on a home visit, dramatically went from room to room indicating what changes should be made in the furnishings including the placement and decorations on a Buddhist altar, although he was not of this faith, all the while ignoring what the family had presented as the problem.

A third, while maintaining minimal eye contact, not infrequently indicated displeasure over the client's own behavior and implied that this was the cause of the trouble which the client attributed to others. A fourth often allowed a client to request help several times without an immediate response, while engaging others in joking conversations with sexual overtones. Clearly, these styles were highly individualistic and appropriate only to the
particular healer who used them. They illustrate, however, the tremendous variation in the way healers communicated their control over the healing relationship.

To varying degrees, healers were aware of the impact of their approach and manipulated the encounter accordingly. One, who received a telephone call in my presence, told the client that the pain would probably improve and that he should wait another day before being seen. He explained to me that first, it was better for the person to be sure something was wrong so that his improvement would be attributed to the healer. Secondly, he had heard that it was psychologically helpful to tell someone his condition would improve, and thirdly, he was busy.

Another spoke of engaging in casual conversation with an anxious young man whose wish to remain calm was threatened by being a vulnerable client being examined for body work. (Body work is a general term used for body movement or manipulation.) Two who believed that physical manipulations might bring forth emotional conflicts which could beneficially be discussed stated they would not attempt to elicit verbal responses if the client indicated no desire to work on these problems.

Regardless of whether or not the healers were able to articulate the implications of their interactions with clients as in the above examples, they were able to
inspire client confidence and trust. Another ability which they all seemed to possess was that of conveying a dual quality about themselves. On the one hand, they were very human just like any client, but on the other, they had special gifts unlike any client.

The human aspect was demonstrated first in the setting which, with few exceptions, was a home, but even the offices and shops had an air of informality. Secondly, this was found in the healers' appearances. Two Japanese priests wore robes, and the two Okinawans wore white dresses during consultations, but all the rest wore street clothes which might be very casual. Thirdly, all healers demonstrated a keen sense of humor about themselves or the foibles of humanity. This was apparent even when fluency in English was a problem.

One healer listened to a solemn and lengthy description of a client's friend, who, as an indication of the extent of her illness, had reported 22 operations on various organs. When the woman paused in the story, the healer quietly asked, "what's left?". Another healer, well known for psychic abilities, laughingly told clients how predictions for the roulette table at Las Vegas were accurate only from the far side of the room. The healer's mind became blank when near the table.

At the same time, healers, as described above, took command of the situation, and while reassuring the
client of their human qualities, they also demonstrated their special gifts. They might immediately instruct the person to assume a certain position before an altar or to sit or lie in a certain place. They then combined a questioning of complaints with proclamations about the problem discerned either through touch, psychic abilities, or knowledge.

My own experience and that reported by clients suggested that when such statements were made about one's condition, even if they did not seem immediately accurate, the client began to question his own perception and was open to the possibility that the healer was the more knowledgeable. Healers reported examples of skeptics coming to them and then being convinced of their efficacy by the unexpected results achieved through spiritual intercessions or physical interventions.

One reason for this is that, as both Frank (1974:136) and Torrey (1972:52) have indicated, the client, himself, brings some hope and expectation with him to the encounter. This was vividly demonstrated to me in my work as a receptionist for a Hawaiian kahuna. People who responded to an advertisement, not uncommonly assumed that since I answered the telephone, I was the kahuna. Rarely did anyone ask for a name, qualifications, or discussion of the kahuna's abilities. It seemed that once the decision
had been made to contact a *kahuna*, the person was ready to accept whoever became available to fill the role.

This readiness also overrode client reports of surprise at, for example, the setting of a particular healer's place which was chaotic, and in another instance, the unexpected abruptness in the healer's reception of the client. Since it was not a simple step to visit a healer, clients brought some degree of receptivity with them, and healers were capable of capitalizing on this.

The process was a subtle one and did not require that healers be dramatic. Instead, they developed their own particular traits into a style which supported the claim made by a healer that "60% of the work is an art, while 40% is psychological and spiritual." One, for example, who was outspoken and at times critical, championed this approach as an important technique which people needed. Another, who was sometimes non-responsive and cryptic, increasingly developed a few ambiguous phrases which satisfied the requirement of an answer to questions but was one which clients then had to consider for the hidden meaning.

Finally, rapport with clients was enhanced by the healers' efforts to adapt their basic practices to the particular individual being seen. The most striking examples were the variations made to accommodate a client's ethnicity or religious beliefs. During the initial phone
calls, two Japanese and one Hawaiian assumed from my way of speaking the local dialect that I was Japanese. The Hawaiian made numerous analogies to Japanese beliefs and practices in describing her own work until learning that I was a Caucasian. In the very next sentence references were made to the Caucasian missionaries, and the Japanese were no longer mentioned.

A Buddhist healer told Catholics who visited her how they could pray and make appropriate offerings with wine to Jesus Christ. A Hawaiian who freely recommended emetics and cathartics to Hawaiians avoided, or cautiously approached, this subject with Caucasians who, he knew, were more skeptical about the benefits of this traditional Hawaiian practice. Thus, in establishing relationships, healers communicated a belief in their own effectiveness, took command of the situation, indicated a common bond with the client yet a special transcending ability to help, and worked with the readiness which the client brought with him, altering as necessary a few practices which would increase the client's comfort but not jeopardize the treatment.

**Diagnosis and Treatment**

The work of the 35 healers will be discussed here in terms of the primary services each offered and which are categorized in Table 6. The largest number of healers, 12,
### TABLE 6. HEALERS' BASES FOR DIAGNOSIS AND TREATMENT BY ETHNIC GROUP

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Religious Tradition</th>
<th>Physical Intervention</th>
<th>Spiritual Intervention</th>
<th>Physical and Religious</th>
<th>Physical and Spiritual</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td></td>
<td>3</td>
<td>1</td>
<td>1 Protestant</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Chinese</td>
<td>1 Taoist</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Filipino</td>
<td></td>
<td></td>
<td></td>
<td>2 Catholic</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Hawaiian</td>
<td>3 Protestant</td>
<td></td>
<td></td>
<td>1 Hawaiian 1 Protestant</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Japanese</td>
<td>3 Buddhist 2 Protestant</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Korean</td>
<td>1 Protestant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Okinawan</td>
<td>2 Buddhist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Portuguese</td>
<td></td>
<td></td>
<td></td>
<td>1 Catholic</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
<td><strong>7</strong></td>
<td><strong>4</strong></td>
<td><strong>6</strong></td>
<td><strong>6</strong></td>
<td><strong>35</strong></td>
</tr>
</tbody>
</table>
relied on a religious tradition for the source of their power and from which they drew, with their own modifications, recommendations for treatment. Seven used strictly physical interventions such as body work or herbs. A slightly smaller number, six, used a combination of physical intervention with prayers relating to a major religion, and an equal number used physical interventions with spiritual intercessions. The smallest number, four, relied only on this spiritual intercession.

As used here, the term spiritual, which is often mentioned in discussions of paranormal healing with a variety of referents but always as one of the critical considerations along with physical and mental refers to the work of those who depended on incorporeal modes of healing. These healers did not adhere to any specific religion, nor did they pray or practice religious rituals. They did, however, acknowledge the influence of supernatural forces, and their treatment included channeling energy either from an internal or external spiritual source. The designation is more specific than the term supernatural which may also include treatments based on religious traditions.

In the diagnostic process all healers gave primary importance to what the client stated was the problem. This might include the latter's report of a diagnosis given by a physician. Although healers would often elaborate on
the cause of the problem and might identify other things also wrong with the client, the original complaint was accepted as fact. As one healer said, "giving a name to something doesn't cure it or make any difference." He treated the complaint, and when that was gone so was the condition. Interpretations of the problem and determinations of its etiology were made within the particular framework which supported the healer's services, for example a religious tradition or a physical intervention. Within these broad categorizations, however, each healer had his or her own unique variation.

Religious Tradition

The 12 healers who relied primarily on a religious tradition included one Chinese, three Hawaiians, five Japanese, one Korean, and two Okinawans, all of whom were women. Although designated by themselves and others as followers of a religious tradition, they were not necessarily formally affiliated with a church or temple of their particular faith. For them, the first step in healing was their asking for the deity's help in determining what should be done. They might also request the client to state or write his name and/or birthday on a piece of paper, or the name of the person about whom one was concerned. These were used in the prayers or were simply helpful to the healer's meditation.
Most importantly, however, all of these healers were considered psychic. While a deity might be providing the answers or guiding the healer, the healer herself was seen by the clients as the critical factor. The women often disclaimed their own "power" and deferred to their deity, but all would admit to some special gifts which were important to their work and on which the clients clearly relied.

A typical example of a visit to a Buddhist healer would entail kneeling before the altar with the healer, burning incense, praying silently, and stating, for example, that one had a persistent, unexplained rash or an unfaithful spouse. After the healer prayed herself, she would indicate that sacrifices should be made and prayers said for one's ancestors who could help the client feel better. Depending upon the healer, the problem might be interpreted as the presence of spirits near or on the person which needed propitiating, or as one's karma or fate to have this problem at this time, or as evidence that ancestors had been neglected. The recommendations for sacrifice included the provision of food for the ancestors but might also entail donations of money. Usually a set number of days was prescribed for the food to be offered to the hovering spirits or ancestors and for the prayers to be said. These might be carried out in one's own home or at the healer's.
After this, if all had been followed faithfully and the spirits or ancestors were satisfied, the person should improve. Aside from the ritual involved, the process included the healer's ability to elaborate on the client's situation without the latter providing the exact information. There might be questioning about the client's complaints or some facts spontaneously provided by the client which contributed to the healer's ability to draw conclusions about the person's life, but the demonstration of psychic knowledge was an important part of the treatment. It reinforced belief in the efficacy of a ritual prescribed by one who had a special ability to "know" the basis for one's problem and how it should be alleviated.

Although Taoist and Protestant treatments varied somewhat from the above example, the basic elements of psychic knowledge, prayers, and action to be taken by the client were the same. With Protestants, for instance, there were no altars present, but the healer prayed, gave explanations and advice based on psychic information received about the client, and suggested that the latter pray to Jesus Christ for help. Reference might also be made to Biblical passages which were interpreted in light of the individual's problem and which suggested solutions.

Spiritual Intercession

The four healers in this category were: one Caucasian, two Japanese, and one Korean. Their basis for
healing was similar to those following a religious tradition except that it was "energy" of a cosmic or spiritual nature which was transmitted to the individual instead of a deity's power. This typically entailed concentration by the healer on the afflicted area which was identified by the client's reports and by the healer's sensitivity to "negative vibrations." Although neither the spiritual nor religious healings necessarily entailed body contact, this might occur. The healer might lay his or her hand on the particular area of the body where there was pain or might touch the person in praying for him.

This spiritual energy was also considered helpful in solving psychosocial problems. One healer reported that a mother and daughter who had experienced repeated conflicts were communicating effectively after the husband requested help for them. As in all spiritual or religious types of healing, the individual needing help did not need to be present. In this instance, the healer concentrated on the people with the problem and channeled healing energy to them.

Physical Intervention

Three Caucasians, three Chinese, and one Japanese based their work on physical interventions. One of the unique features of the healing process for them was that they had to focus on somatic complaints. It was possible for the healer or client to realize that psychological
factors were contributing to the pains, but the treatment was designed to alleviate the physical discomfort. One healer stated that a woman who had many problems with a boyfriend claimed to feel better after a reflexology treatment. Although the healer was skeptical about the benefits of this treatment for such an underlying problem, he was willing to continue providing it as long as the client wished.

If a client chose to go to someone who practiced some form of therapeutic pressure on parts of the body, he would be treated for the pain or general ill feeling but not necessarily at the exact spot where he thought the pain existed. These practitioners believed they had a special sensitivity in their fingers which enabled them to determine the nerve, organ, or site of the body which was causing the problem. Depending upon the theory used by each, there were specific areas of the body which corresponded to others, and treatment in one might alleviate the problem in the other.

Iridology, reflexology, Polarity Therapy, and nerve pressure are all examples which have been described briefly in Chapter III. Treatment was determined by a combination of established rules of correspondence, some understanding of anatomy, and the healer's special touch. It was often recommended that a specific number of treatments be undertaken, but the client was free to continue or
discontinue at any point. Each session was usually of brief duration, approximately 20 minutes, and might entail some discussion about the purpose of the treatment and any questions which the client had. Additional advice about diet or exercise might be given if the client were interested.

Also included in this category were the Ayurvedic practitioner whose work was limited mainly to diets and the Chinese herbalists. A description of the latter's treatment is provided in Chapter III. The most important element in the process was the herbalist's knowledge about the appropriate combination of herbs for client complaints. Based more on his experience than on elaborate theories, he would listen to complaints, determine which should receive the most attention, and dispense a measured amount of herbs. Prescriptions for boiling them and for the frequency with which they should be given were also explained to the client.

Physical Intervention and Religious Tradition

Six healers, including one Caucasian, two Filipinos, two Hawaiians, and one Portuguese, based their healing on a combination of physical interventions and religious tradition. Three of them, the Filipinos and the Portuguese, were Catholics who used both massage and prayer in their treatments.
If a client went, for example, to a Portuguese healer and had no somatic complaints but psychosocial problems, he might first observe oil poured into a bowl of water to determine if someone were "jealous" and contributing to the problems. Since this was usually the case, he would be blessed by the healer and have prayers said for him. If he were concerned about someone not present, he might bring a picture or article of clothing to have the prayers said over them.

If, on the other hand, one had pains, there were fairly specific categories into which these fell. Headaches were caused by the sun and treated with water in a glass on top of the head. Pains in the vicinity of the chest might be related to a displaced "wish bone" which could be restored by cupping. Other pains were treated by a massage of the sore area. All of these, however, would be accompanied by prayers, and the diagnostic technique of determining whether jealousy was part of the problem might also be performed. This was, then, a supplemental explanation to natural ones which were provided in discussing a pain.

One type of illness which was commonly brought to the Portuguese healer was bucho veriado, or "turned stomach." In the local dialect it was called "huli stomach" from the Hawaiian word for "turn." Typically an infant's syndrome, it was believed that the stomach was
turned and that pain or fever or problems in eating and
sleeping were symptoms of this condition. Its presence was
confirmed by laying the child on a table and noting if one
of the legs were shorter. This indicated that the stomach
was turned on that side. Although this was originally a
Portuguese folk illness, huli stomach became known to many
long-time residents of Hawaii, and neither its occurrence
nor its treatment remains unique to the Portuguese today.

It was, for example, one of the complaints for
which the Filipinos provided massage. They also treated
other aches and pains, and as Catholics, combined this
with prayers in front of their many religious statues. The
Caucasian and Hawaiian Protestants who, like the Catholics,
provided prayers along with body work or massage, also
shared with the latter the belief that the prayers for
God's help were critical. The one kahuna who prayed to
Hawaiian gods combined this with recommendations for the
use of local plants for some conditions. His prayers and
meditations on a client's problems and on the herbs or
advice needed, were also considered by him to be as
important as the prescription itself.

Physical Intervention and Spiritual Intercession

The six healers who fell into this last category
were five Caucasians and one Hawaiian. The spiritual
source itself might be described as a cosmic consciousness,
a oneness, an energy, or a universal spirit. It might
even be called "God," but not in the sense the word is used in major religions. Rather, it is the equivalent of any of the above entities and a force found in every human being.

The extent to which spiritual influences were considered by these healers varied. The Caucasians, for example, acknowledged the fact that spiritual forces both external and internal to the client affected one's health and the healing process, but these might not be discussed if the client did not indicate belief in them, and they generally assumed secondary importance to the physical interventions. The latter were different types of body manipulations along with as much discussion of an individual's emotions as the client was willing to undertake.

The Hawaiian, in contrast, placed more emphasis on spiritual factors which were conceptualized in a mixture of Hawaiian and metaphysical beliefs. A spirit could be a specific and evil inhabitant of one's body causing physical or mental illnesses. It could also be a vague force or energy, both internal and external to an individual, which could be useful in accomplishing one's endeavors or at least should be recognized as affecting one's life. Rituals to remove evil spirits or to affect changes in a client's situation or health were combined with general advice, American herbs, or body work depending upon the presenting problem.
As a group, these healers more than others, stressed the holistic body, mind, spirit triad and might recommend diet, exercise, or other modifications in one's life to affect a more total body change than one related just to the presenting problem. Also as a group, they placed considerable emphasis on education and offered classes to the general public in addition to their individual consultations with clients. In fact, at least as much time was spent in this teaching endeavor as in treatment procedures, and much of their work could be considered preventive.

This review of 35 practices necessarily results in an omission of details and an incomplete picture of any one healer's work. The intent, however, is to provide a way of conceptualizing the types of services offered by a broad spectrum of highly individualized practitioners who are members of distinct ethnic groups. While treatment successes provided healers with their main identity, preventive efforts became, as indicated above, the primary emphasis of a few practitioners and were important to many.

Prevention

Although healers did not find it easy to articulate beliefs about prevention, one Hawaiian clearly stated that his classes were a means for people to avoid health problems by learning about themselves. Three
techniques are seen here as being preventive in nature: 1) classes, 2) church type services, and 3) some individual ministrations.

Classes were offered by a total of 12 of the 35 healers including six Caucasians, two Hawaiians, and four Japanese. The most successful in terms of continuous attraction of new students combined with sustained participation by old students over several months were the Huna Science classes provided by a Hawaiian. Available for children, teenagers, and adults, they included blessing and purification rituals, ESP exercises, and lectures which combined audience participation in imaging experiences with exhortations and principles on how to be successful in life. They also gave an individual an opportunity to become aware of some of his own feelings and to explore them if he chose.

People effectively solved, or at least worked on, personal problems in these classes which, at times, could be likened to group therapy. For example, couples became aware of the dominance of one partner and altered the relationship. One person obtained support for a decision to make a major change in employment, and another made observable progress in controlling an explosive temper.

These classes seldom contained people who first sought help with individual problems. However, students not infrequently requested private consultations about
particular physical or mental difficulties which arose. Because the classes were directed toward self exploration, they did not seem to satisfy the needs of clients who were requesting help for specific problems and wanted fairly rapid results. Students in Huna Science were basically healthy individuals who wanted to improve their lives and did not have the urgent need for help which most individual clients did.

Similarly, those who attended classes given by a kahuna in Hawaiian spiritual and herbal healing, and ones given by the six Caucasians in an extensive array of techniques for improved posture, balancing body energy, relaxation, nutrition, and therapeutic massage, were people who were searching for general approaches to a healthy life rather than specific cures. The Hawaiian and Caucasian healers, alike, believed that their classes were beneficial as preventions and as a means of enabling people to be more responsible for their own health. A strong message in all classes was that individuals could mentally control much of what happened to them. If one dwelled on unhappiness and ill health, it would occur, while if one took steps to lead a constructive and healthy life, it could be attained.

The healers who provided these classes tended to prefer, even as individual clients, those who were interested in learning about themselves and who were willing to try new approaches to their problems. In a general sense, this was
true of any healer, but those who offered classes could readily see the contrast between clients and students and wished they could attract more of those receptive to learning.

These healers offered more classes than the public was interested in taking. Despite various advertising efforts, the attendance was not large and often consisted largely of those who had heard about the healer from other clients or students. Some classes had no enrollees, but the healers offered them because they thought that they were worthwhile and hoped that the public would respond.

The more successful teachers developed classes as interest was expressed in subjects about which they had some knowledge. One found that her childbirth classes were the most popular so she pursued this. Another added advanced phases to a popular subject. For those who offered only one specific technique, it was a frustrating experience to find that people did not seem to want to learn it. This was the case for the two Japanese instructors of reiki which seemed to have been in more demand in the past.

Interestingly, this was the only local folk healing class that other healers had ever taken. Two studied it before developing their own techniques and had, to some extent, incorporated it in their work. This, however, was not an immediate result of the class, and the learning experience for these two healers was only one among several
factors which influenced their becoming healers. The knowledge from one class on any subject did not usually produce a healer because additional characteristics were required of the individual. These included the ability to establish a relationship with a range of people, the development of their own approaches and modifications of basic techniques, a confidence in their own abilities, and a willingness to invest time and energy in this type of work.

Still, two were concerned enough about competition to withhold in teaching, some information they considered critical. My own observations, however, indicated that classes did not reduce the healers' own clientele but instead produced more followers who spread their interest to others. Students of healers referred friends and acquaintances both for classes and for individualized treatments, and they themselves sought help for personal problems after being students.

Finally, there were two Japanese who provided specialized classes. One taught people about American herbs which he had available, and he had considered, but not yet attempted, an expansion into other subjects. Another held a regular class on Buddhism and meditation which ran continuously and was attended by several clients but not the general public. The class provided an opportunity to learn general ways of how to live a healthier life, especially in terms of handling psychosocial stresses. An
individual could learn principles for daily living and could gain some self awareness through meditations and interpretations of the visions occurring during meditation.

In a similar manner, church services offered by one Hawaiian, two Japanese, and one Okinawan might be seen as preventive. All, again, offered principles by which one could live a "good" life, avoiding, especially, emotional problems, and gaining the favor of the religious deities worshipped. These services were attended by the more devout clients and were less formal than institutional churches. The healer might give examples of how clients had been helped, or the latter might give testimonies to this effect. Individual healing or psychic consultation to determine if there were any potential problems might also take place.

In terms of individualized services, some treatments were also effective as preventive techniques. Blessings, for example, might be given before a client undertook any major event. One healer blessed a boy, praying for him, and thereby indirectly admonishing him, to keep his temper when he went on a summer trip.

Nine of the 35 healers, including one Chinese, four Hawaiians, two Japanese, one Okinawan, and the one Portuguese, blessed houses, boats, and businesses as a way of preventing trouble. Specially blessed water, used both internally and externally, and prescribed both as a treatment
and as a prevention, were given to clients to take home by one Hawaiian, one Japanese, one Okinawan, and one Portuguese healer. Another Hawaiian sold jewelry which could be blessed with love, abundance, or a special wish of the client. In so far as belief in these rituals might influence one's behavior, they were effective means of prevention. While the individual advice offered along with blessings to forestall problems during a trip or special venture might be considered "common sense," they carried additional weight because they were given by someone with special powers.

There were also instances of body work being provided to improve one's posture and therefore to prevent pains or other difficulties from developing in the future. Herbs might also be taken as preventive medicine. One Okinawan client, for example, regularly drank a Hawaiian herb tea to stay healthy. Clearly, preventive techniques might be the same as those designed for treatment, but the purpose behind their administration was different, and both the practitioner and the recipient regarded them as different.

Collection of Fees

It was generally expected by healers that payment for both treatment and preventive medicine would be made with money, although this did not always occur. Only the
mother and daughter Hawaiians refused money. They did, however, accept donations such as food. Of the remaining 33 healers, 16 accepted whatever donations of money, food, or flowers, the clients chose to give. Seventeen, only one of whom based treatment on a religious tradition, charged fees.

Three of those who accepted monetary donations did not feel very comfortable doing so, and two passed them on to a church or charity. They all, however, felt it was a necessary part of their work. One Christian stated that although she personally had no need for money, clients "should not be denied their blessings." That is, they received through giving.

As indicated earlier, healers were not becoming personally wealthy through their work. One healer's philosophy was that she had always been poor but relatively content, while other people might be rich but unhappy. Another stated that unlike physicians who might enter their field for money, one must "make sacrifices" to be a healer. The three main reasons for the healers' inability to derive large incomes from healing were: 1) there were not enough clients; 2) donations could be quite small, $5.00 or less; and 3) many fees went uncollected. There were expenses in maintaining a healing practice which at the minimum included candles, incense, or oil for massage, and at the maximum, office rental or advertising.
Healers tended to be generous, and while clients might make donations of food, they, in turn, provided refreshments or meals for people who came for consultations, services, or classes. They also lowered or waived fees if clients pleaded hardship or if the client was considered a friend. One said he did not charge a client who was displeased with the body work and whose English was too poor to understand explanations offered about the treatment. Two firmly set high fees of $100 or more, only to find that people simply did not pay the total amount or paid small portions over a long period of time. Even if they requested payment, they first provided the treatment, and I observed more than one instance of a healer continuing to provide services even when the client owed money for previous work.

As a group, healers were not successful business people and did not operate on purely economic principles. Regardless of how commercial an enterprise seemed on the surface, or how much the healer wanted a profitable business, the reality was that the healers did not always adhere to this philosophy when dealing with individual clients.

Three whose specialties were physical interventions mentioned the inability of clients to use medical insurance in payment as a limitation on the number who might wish to use their services. They believed that since most people had some kind of health insurance, they could go
first to someone whom the insurance would reimburse and come to them only if that treatment proved ineffective.

In addition, there seemed to be a widespread feeling among clients that healers should perform their work as a selfless service, and that while donations might be an acceptable gesture of appreciation, they should not be elicited or expected in large amounts. Chinese herbalists whose work had a long commercial tradition behind it were only partly exempt from such resentment. There were complaints that the prices were too high and that they varied with what the healer assumed the individual would pay.

Despite the many problems in collecting fees, there were enough successes to sustain the belief held by some healers that eventually their work would be profitable. Some clients paid whatever amount was requested. Occasionally they made donations which were larger than what the healer expected, and both of these events reenforced the healers' hopes that they would have clients who would regularly pay adequate amounts. Other healers were not working to obtain wealth but to perform a service which they felt they were uniquely able to provide.

**Summation**

Reflecting the fact that they worked within the context of an urban population which was more varied than
that of an isolated rural group, the healers were willing to accept anyone who seemed to need help. Although their personal associations might be restricted essentially to members of their own ethnic group, they did not live nor work in closed neighborhoods and accepted people of any ethnicity even when there were clear language or religious differences. In order to continue a viable operation, they could not afford to be overly selective. Indeed, they seemed to rely largely on client self selection. As one healer said, "John Q. Hancock (i.e. Mr. conventional American) would not come to see me."

Like professionals, they had preferences as to the type of client they would most like to treat even though they did not always see such a person. Unlike professionals, however, they were extremely reluctant to reject directly a troublesome or difficult client. Confrontation which could lead to a client's dismissal was almost never employed.

This supports Freidson's (1960) observation that the practice of folk healers is more subject to client control than is the practice of professional folk healers. It is further evidence, too, of the open and adaptive aspects of folk healing which Press (1971) discusses. Healers could not afford, either from an economic or a purely functional perspective, to be exclusive or rejecting in their dealings with clients.
Furthermore, such a stance would have been contrary to the belief held by many that they had a special mission, not necessarily religious, to utilize their abilities and gifts.

Once past the initial stage of acceptance, healers' techniques for establishing therapeutic relationships with their clients seemed to cover the entire spectrum of possibilities and demonstrated the heterogeneity found among urban folk healers. In this sense, they were similar to urban professional healers, most of whom no longer fit the stereotypic "country doctor" model. Also like professional healers, they used various strategies and personal styles to arouse hope and expectation in their clients. Both Frank (1973:76) and Torrey (1972:53) have identified this ability as critical factors in folk healing and psychotherapy alike. Not all healers can be considered psychotherapists, but hope and expectation are important in any kind of healing.

Only a few folk healers had any systematized knowledge about human psychology or were able to offer sophisticated explanations for their actions with clients, but most displayed an ability to establish a rapport with their clients and to help them feel comfortable in the healer's setting. Accommodations to the client's individual needs were made both in the establishment of relationships and in the actual treatments. While
particular religious traditions were dominant in some healers' work, they were not the only influence, nor were they so important as to exclude a client of a different faith. Chapter III provided examples of a Japanese Buddhist with Hawaiian and Christian symbols in her house and an Okinawan Buddhist with a picture of Jesus Christ. Efforts to transpose rituals to fit clients' own religion were described in this chapter.

Similarly, ethnicity did not determine one's total practice. There were, for example, Hawaiian elements clearly present among Hawaiian healers, Japanese traditions among Japanese healers and so on, but eclecticism was also evident. Not only did individual healers attempt to modify, within limits, their practices as the need arose, but the entire folk healing sector seemed to have adapted to a heterogeneous urban setting. The overall picture of the healing process as presented here reveals that when healers are compared by the types of treatment and preventive services offered, the ways they relate to clients, and their methods of collecting fees, they may be as similar to members of other ethnic groups as to their own.

Of the five categories used to describe the bases for the healers' treatments, the two which rely on religious traditions, singly and with physical interventions, are the only ones which include all ethnic groups. These two categories based on religion also contain 18 healers,
or over half the total number of 35. This suggests that the primary basis for the healing which is an alternative or complement to the professional sector is religion. Western medicine which has made great efforts to divorce itself from religious beliefs seems to have left gaps in its service and thus has indirectly fostered the folk healing sector. As was mentioned in Chapter I, one attempt to correct the deficiencies in the medical care provided by professionals following the model of Western medicine, has been made by those interested in "holistic health." Another approach is represented in the work of the individual folk healers.

Finally, it is clear that folk healers did not restrict themselves to curative procedures but engaged in preventive efforts and that clients went to them for this purpose. Lacking both the means and the authority to apply their programs to the general public, they were forced to limit their activities to those who applied for them. The population at risk, then, was determined largely by self identification, although healers were confident that others too might benefit.

Colson (1971) has pointed out that preventive behavior has often been overlooked in studies of non-Western healing, and certainly there is little pertaining to it among reports of urban folk healers in the United States. Like some professional healers, folk healers were not always able to conceptualize prevention, but the data here
indicate that it was undertaken in a variety of forms and that it was the primary emphasis of a few healers.
CHAPTER VI. THE CLIENTS

In this chapter the primary focus shifts from the healers to the clients. Examples of approximately 350 client-healer contacts were obtained from healers, from clients themselves, and from personal observations. However, the sensitivity of healers and clients alike to being interviewed resulted in only partial information on many clients. For example, it was sometimes too inhibiting in interviews of healers to ask the age or occupation of case examples they were giving, and in many instances, these facts were not known when I did ask. Thus, a complete description of each of the clients with problems is not available, but the missing data is randomized throughout the total number of cases, and there is sufficient material to provide a general picture of who is a client in folk healing. Here the demographic characteristic of clients, the nature of their visits to healers, the types of problems they presented, and the relationships they established with healers will be discussed.

Demographic Characteristics

The single most striking fact about people who went to healers was that in terms of demographic characteristics, they represented the entire range of age, education, income, and ethnicity. While a preponderance of women, about 70% of all clients, was observed, the healers
regularly saw men too. Their explanations for the greater number of women were not different from those often offered by professional practitioners. They suggested that women were more willing to seek help and were more concerned with health matters.

The vast majority of clients were adults ranging from those of college age to those in their seventies. While the younger and middle age adults were seen at all healers, the very old were found less among the Caucasians surveyed. This probably reflected the fact that eight of the ten Caucasian healers were under 40 years of age themselves, and their practices, while often revivals from the early twentieth century, had been abandoned by the older generations. These therapies were enjoying a resurgence of interest especially among young adults in California, but they were not yet popular in Hawaii.

At the other end of the age continuum, infants were rarely taken to herbalists or those who provided specialized physical procedures such as reflexology, and only occasionally to those who offered blessings or more general massages. Once children were of an age to evidence behavioral problems, they were taken to any healer whom the parents believed might be helpful. Examples of children's problems reported were unwillingness to go to school, failure to study, lying, and a variety of physical symptoms such as fever, poor appetite, poor sleep, and rashes.
Problems added for the older child and adolescent included drug use, running away from home, and associating with the "wrong crowd."

In terms of their socioeconomic status, the majority of clients whom I met or heard about, were employed in skilled and unskilled jobs and had at least a high school education. There were welfare recipients who visited healers, and especially the older clients had limited formal education, but neither of these groups represented the typical client. Similarly, very wealthy and highly educated clients were in the minority, but they also constituted a proportionately small percentage of the total Oahu population.

Interestingly, almost every type of health professional was known to be represented among clients, including physician, psychiatrist, osteopath, chiropractor, dentist, nurse, psychologist, social worker, and acupuncturist. The presenting complaints of these members of the professional healing sector and their reasons for seeking help from folk healers did not differ from those of other clients. They were unique among their colleagues only because they believed other types of healing than those with which they were associated might be effective. Some also held beliefs in the influence of supernatural factors, either of a religious or a non-religious nature which might affect their lives.
Lastly, a sameness in ethnicity was not the main determinant in the client's selection of a healer. Rather, it was his familiarity with a trustworthy person who knew and could recommend a healer. In so far as one's circle of acquaintances might be restricted by, for example, a foreign language, that person would go to a healer of the same ethnicity. However, every healer reported seeing clients from ethnic groups other than their own. Even those who did not speak English had clients of a different ethnicity as long as there was someone available to interpret for them. Healers, in fact, were not always able to recognize the ethnicity of their clients, and would, like other Hawaii residents, speculate on this identity with a consideration of physical characteristics, surname, or observed behavior. Although most clients knew the ethnicity of a healer, occasionally Okinawans were mislabeled as Japanese.

One Japanese Buddhist, in the early stages of her practice, asked Portuguese Catholics and Caucasian Protestants if they "didn't mind" if she prayed for them. They uniformly did not mind and very much wanted her help. Two Chinese healers indicated that the majority of their clients were Japanese. Their explanation was that their reputations happened to spread among a Japanese group of people. One said that in contrast to the Chinese, the Japanese were "a
"joy" to have as clients because they did not question and challenge his knowledge and advice as much as Chinese might.

Impressionistically, it appeared that the two Hawaiian healers with fairly large client populations attracted a substantial number of Caucasians and more than were seen at the comparably popular Japanese and Okinawan healers. One reason for this might be that the latter based their work on religious traditions less familiar to Caucasians while the Hawaiians' bases were more compatible with Caucasian beliefs.

Especially among the older clients whose ability to speak English and whose interaction with other ethnic groups were more limited, there was a tendency to choose healers of their own ethnicity. At the Japanese and Okinawan church services, the majority of the participants were Japanese, but there were also people from other ethnic groups who attended regularly. The young Caucasian healers attracted largely, but not exclusively, clients who were of the same ethnicity, age, and similar life style. This seemed to be accounted for by the referral network, although middle aged orientals had, for example, seen their advertisements and requested appointments. Thus, while there was some clustering of clients by the healer's ethnicity or age, in no instance did these people constitute the total client population, nor were they the only ones who regularly,
and over a sustained period of time, sought a particular healer's advice.

Visits to Healers

Although clients might obtain help for their problems through healers' classes or religious services, the primary method was through individual consultative visits to the healer. In fact it was not considered appropriate by healers or most clients to discuss personal problems in detail at a group meeting. If a client asked questions about himself which could not be answered fairly quickly and easily, or if he tried to pursue his own problems when the healer was involved with a group, he would be advised to make an individual appointment.

It was difficult to obtain an accurate count of these individual client visits per week because: 1) the number could fluctuate widely; 2) former clients continued to visit regularly but not really receive treatment; and 3) healers were reluctant to reveal the exact number they saw since this might reflect popularity. Four or five days could pass without clients being seen, and several healers reported they were "busy" when they had seen five people one week. An estimate is that the busiest healers saw, in individual consultations, 20 people per week with one-fourth of these being new clients.
One of the most interesting features of client visits was that while only one would call for an appointment, healers were sometimes surprised to see a "whole group" or "gang" arrive. On his first call, a client might bring one or two friends who also wanted help. If the visit had been arranged by a family member, or if someone else in the family also had a problem, the client might be accompanied by that person. Neither the client nor the healer, however, attempted to make use of this group as a support system or integral part of the treatment process. Instead, these people served more as escorts into an unfamiliar setting. Clients also admitted that they did not always tell, or at least not right away, their immediate families about their visits lest they be criticized or ridiculed.

With the exception of the two Chinese herbalists who had storefront businesses and one Hawaiian and one Chinese who had no telephones, healers expected clients to make appointments. This ideally enabled them to schedule their work at the most convenient times and prevented several unrelated clients from appearing at the same time. Such attempts, however, were only partially successful because clients might drop in unexpectedly, appointments might be vaguely stated as "in the afternoon," and, of course, the healer might not adhere to the original schedule. One healer stressed confidentiality to the point
that if several adults came together but had different problems, only one at a time could enter the house while the others waited outside.

Healers who had specially designated rooms for treatment were able to provide privacy, but it was not uncommon for others to be present when someone was being treated. They might be waiting at the far end of the room or they might be sitting together talking to the healer when one individual requested specific help. In such instances the audience generally avoided staring at the individual presenting his problem or being blessed, and they often quietly carried on private conversations during the treatment.

The visits together, the classes, and the church services provided opportunities for clients to exchange a considerable amount of information about health matters among themselves. This sharing of popular advice supplemented that which the healer provided and might or might not include problems also presented to him. Clients, for example, recommended to one another various vitamins and herbs, home remedies for skin infections, and diets which they had found helpful for various conditions.

Psychosocial problems were also shared, and advice about how to handle a spouse or child was given. A few clients became friends, spending time together outside of their meetings at the healer's. Thus, they provided
emotional support to one another without the healer's instigations, although he or she might subsequently encourage it. At least one romantic relationship was known to have developed between clients, but an attempt by a healer to accomplish this was also known to have failed. As one client who was discussing this occurrence with me laughingly observed, "it's hard because everyone who comes here has problems."

Some clients who visited often wanted to donate their time either in lieu of, or in addition to, payment, and healers welcomed the help if clients did not make a nuisance of themselves by demanding too much personal attention. They were used by the busiest healers to keep their operations running smoothly. This entailed answering the telephone, making appointments, carrying out errands, or helping maintain and construct additions to the premises.

One of the problems which arose when there were opportunities for frequent interactions among clients was competition for the position closest to the healer. This could occur when the healer offered classes, religious services, or group discussions, but was exacerbated when the healers permitted client involvement in even the peripheral aspects of their work. There were complaints of favoritism, feelings of jealousy, and sometimes withdrawal by the disenchanted client. Attempts by the healers to defuse the situations either by periodically giving special
attention to the offended client or by stating in general discussions that jealousy was unnecessary and inappropriate were not very effective. In one instance in which the opportunity was present for such problems to occur but did not materialize, the healer was relatively detached from the client group and seemingly disinterested in any bids they made for special attention.

The primary way for healers to build a steady following of clients was to encourage visits and involvement and to provide group meetings, but this carried with it the disadvantage of producing client rivalries. Still, it was only the busiest healers who really had to contend with the problem. Clients essentially visited healers not for the purpose of interacting with other clients nor for the rewards of volunteering their time to the healer, but for specific help with physical and psychosocial problems.

Presenting Complaints: Physical

An analysis of 100 healer and client reports of physical complaints indicates that these fall into two major categories. Approximately 90% of the clients went first to a physician, while 10% went first to a healer. The 90% who first saw a physician can be further divided into three groups: 1) those who reported the physician found "nothing wrong"; 2) those who obtained unsatisfactory
results from physicians; and 3) those who supplemented physicians' treatments.

Those who reported that the physician "couldn't find anything" or "said 'nothing was wrong'" represented approximately 10% of the first major category. These clients, regardless of their physicians' statements, did not feel well and knew that something was the matter. In one case a young Japanese woman became unable to talk or to move her hands and thus discontinued work. After a physician was reportedly unable to find anything, the woman was taken to a healer who saw that a human spirit had inhabited her body. This spirit was a thief who either hanged himself or was hanged. His hanging contributed to the woman's difficulty in speaking and his thievery to the problem with her hands.

After prayers and a blessing, the woman was able to return to work. Exactly what was told to the client and family at the physician's office is unknown, but their understanding of it was that the problem was not one for professional healing. The healer believed the problem was a "spiritual," not a "physical" one, and therefore was not surprised that the physician could not handle it.

This type of case, in which the complaint did not appear to have a somatic basis was the most prevalent in this group, but another also occurred. A neighbor island woman who had chest pains and was drinking a large amount
of whiskey in order to sleep, went to a physician who reportedly "found nothing wrong." She then went to a healer who told her that she should see a specialist. Because the woman was concerned that her insurance would not pay without a referral, the healer urged the woman to make a long distance call on the healer's telephone to the first physician. He agreed to refer her to a cardiologist. After hospitalization and treatment by the cardiologist, and after advice to discontinue drinking, and prayers and blessings by the healer, the woman returned to her regular employment.

The second group, again representing about 10% of the clients, consists of those who had seen physicians and received treatment but who had not obtained satisfactory results. They typically discontinued the prescribed treatments and went to a healer. It is noteworthy that these complaints did not generally constitute major illnesses, but from the client's view, their persistence was extremely unpleasant. Examples included complaints of psoriasis, rashes, migraine and other headaches, sore areas such as the neck, arm, or back, and poor vision.

Healers reported the successes they had with these cases, although some admitted they could only assume such an outcome because the client had not returned. They also lamented the problems with clients who were shopping for a quick cure and were unwilling to follow advice. In these
instances, they knew that they were one more in a series of practitioners whom the clients consulted.

The third, and by far the largest group, with about 80% of the clients, are those who went to healers to supplement professional treatment. Included in this group were almost all of those with major illnesses such as cancer, diabetes, ulcers, arthritis, and clients who had had strokes, heart attacks, and any kind of surgery. They had not discontinued visits to their physicians but had added visits to a healer.

The most important characteristic of the group is that they did not reveal their additional treatments to their physicians. Some laughingly told how the physician believed improvement was because of his own treatment, while they knew that it was because of a healer's intervention. They also knew the physician would not believe them and therefore did not tell him.

A client reported that he had had a cataract removed from one eye and had been told that he should later have surgery for the same condition on the other eye. In the meantime, he went to a healer for prayers and found that the vision in his second eye improved. The physician told him that this sometimes happened following an operation of the first eye, but the client believed it was a direct result of the healer's work.
He did not reveal this to the physician and continued going to both practitioners for treatment. The physician then recommended more surgery to correct another condition on the first eye but indicated that the client could delay this to see if the eye improved on its own. The client hoped that the healer would be able to produce improvement because he did not intend to submit to another operation. It is especially this type of physical condition which has either spontaneous remissions or partial improvements and in which there is a time delay between treatment and results which encourages client belief in the therapeutic efficacy of the healer.

Clients often did not want to inform their physicians about healers' treatments lest they be told to discontinue them. One healer told of a husband and wife who each came for different conditions. The wife subsequently informed her physician that she had taken some herbs, and he told her to stop doing so. The husband, who had originally been persuaded to see the healer by his wife, found that he was improving and continued to visit the healer without reporting it to his physician.

Clients in this group, which supplemented professional healing, felt that the physician treated only one aspect of their illness with only one medical type of intervention and that there was a need to employ other
means in the healing process. Depending upon the individual, these might include spiritual, manipulative, or herbal remedies.

The last group of clients who had physical complaints were the 10% who did not go first to a physician but directly to a healer. Their conditions were ones with which they were already familiar or to which they attributed a supernatural cause. In both instances the clients had concluded that a physician's visit was unnecessary or would be unhelpful. Examples of familiar illnesses included colds, coughs, diarrhea, headaches, and soreness of various parts of the body. Examples of supernaturally caused illnesses were an inability to sleep, a tingling sensation in the feet, and a child falling repeatedly.

With any type of physical complaint, it was possible for the client and healer to disagree. As was described in Chapter V, the client's statement of the problem, including a verbal report of the physician's diagnosis was generally accepted as fact. There were, however, opportunities for minor disagreements which served to enhance the healer's authority.

In one case a client went to a healer and stated that his physician had said he had a cyst on one of his joints. The healer believed that the trouble, instead, was with a bone. The client continued with both practitioners, and the healer, who had been providing primarily spiritual
help, felt vindicated when the client eventually reported that the physician had determined the problem to be with the cartilage. Thus, the healer believed the bone theory had been correct all along.

Since the client was always the intermediary between the physician and healer, any conflict of ideas was with the client who reported what the physician had said and might, though rarely, also report to the latter what the healer had said. The accuracy of the statements could not be verified easily. Thus, the practitioners were at the mercy of the clients' reports with whatever distortions they contained, although it appeared that the person most likely to suffer from confusion and indecision was the client himself.

While healers might express skepticism about the benefits of treatments or medications, they usually did not try to dissuade people from following physicians' prescriptions. A major exception was the recommendation by several healers for clients to decrease reliance on large numbers of medications especially on any "pain pills." If on the other hand, clients had already discontinued conventional treatments, healers did not usually encourage resumption of them and were eager to try their own methods.

One area which healers tried to avoid was the announcement or confirmation of a grave illness or impending death to those who were not well prepared for it. While one
healer indicated that an effort was made to assess the client's readiness to receive such information, most who had had to face this decision preferred not to say anything to the client. Two stated that sometimes just telling someone that he had cancer scared him so much that either he felt worse or would not follow through on a recommendation to see a physician. One said that if she sensed someone would die, she simply avoided giving a prognosis and told the client she would pray for him. Another said he would not tell someone of an impending death but would try to prepare him by talking about "how peaceful the next world is."

Presenting Complaints: Psychosocial

In direct contrast to clients with physical problems, the majority of whom had first been to a physician, clients with psychosocial problems had rarely sought professional help. A review of 100 cases of such problems suggests that approximately 5% had been diagnosed as psychotic by professionals. Based on observations and reports by clients and healers, it is estimated that another 5% might have been considered psychotic if they had gone to a professional instead of a healer. Although Chinese herbalists, for example, did not have herbs specifically for mental illnesses, other folk healers were willing to see clients who might be suffering
from such problems. While healers in private conversations would identify clients as mentally ill, they were quite accepting of whatever behavior was presented, and there was no particular stigma attached to the client's illness.

One client who had been discharged from a psychiatric hospitalization and was experiencing a variety of difficulties in adjusting in the community regularly visited a healer who interacted with him in the same way she did with other clients. Expectations of appropriate behavior were not lowered for this individual, and he was accorded the same social status as other visitors to the house.

Sometimes, however, the healer's tolerance did not seem to be therapeutic. Some of those who emphasized psychic experiences believed that hallucinations could be a special gift. In one instance a client with auditory hallucinations and marked distortions in self perception was given considerable support, reassurance, acceptance, and attention by a healer. Eventually, however, the client created a disturbance in the community and was hospitalized. The healer's treatment did not lead to improvement in the client and only postponed the hospitalization which had been considered by those who referred him.

A few clients with various degrees of social adjustment problems stayed with healers for several days or even several months. At one end of the continuum was someone
who was clearly psychotic and at the other were individuals who only needed support during a crisis. One, for example, had run away from home, and another was depressed over the death of a spouse. There were also a few who were unemployed and not certain they wanted to be a part of the mainstream of society.

Unless the client's condition improved fairly rapidly, there was a strain placed on the healer since the individual's presence interfered with his personal and work activities. Because the client was usually incorporated into these activities and given at least minimal tasks, the stay might be therapeutic, but after a few days, treatment was not regularly provided, and the healer usually wearied of the relationship. In the long-term cases with which I was familiar, the healers were exceedingly reluctant to confront the clients. Instead, the latter began to sense they should leave and eventually did so.

The largest group, representing 90% of the people with psychosocial problems, were those with everyday adjustment type difficulties, the most common of which were disruptions in romantic relationships with a spouse, boyfriend, or girlfriend. Typically one member of the pair went to a healer with a complaint that the other was unfaithful and requested the healer to bring back the errant partner. Although healers agreed to help the client with the
request, they often pointed out the complainant's own
behavior which might have driven away the other person.

Several healers indicated that they were aware
of the fact that they were only hearing one side of the
story, and they tried not to become biased in their under­
standing of the problem. Occasionally they would suggest
that the client bring the spouse or friend, but often this
was impossible, and it was not a requirement for continued
treatment. Regardless of personal religious beliefs,
healers did not seem to be bound by rules about the sanctity
of marriage and might advise an individual to seek divorce
instead of remaining in a marriage which was destructive to
the client.

Another fairly common set of problems were those
pertaining to the family and included disagreements with
in-laws and other relatives, inability to manage children,
and arguments with a spouse. One client reported severe
conflicts with a mother-in-law and a spouse who sided with
the mother. Additionally a child in the family was
frequently ill. After approximately two years of consulta­
tion with the healer who counseled patience and tolerance
along with prayer, all problems had been solved. The client
no longer wanted to obtain a divorce, found that the
mother-in-law could be likeable, and the child's health had
improved.
Employment concerns including such issues as whether or not an individual should change jobs, arguments with supervisors and co-workers, fear of losing a job, and worry over an inability to perform well were also taken to healers. As with the other problems, healers usually gave advice in addition to their prayers and recommended rituals. For example, a young man who had not been feeling well was thinking of changing jobs and going to another island. The healer prayed for him and told him to try a different type of work, but to remain on Oahu where opportunities for advancement were greater than in the more rural setting to which he had thought of moving.

Finally, disagreements with neighbors, especially if they were of long duration or resulted in community gossip, concern about the health of relatives or friends, and financial difficulties constitute examples of problems taken to healers. In fact, any of life's daily problems were considered legitimate concerns of healers who acted as general counselors. Thus, a client could ask whether or not he should make a major purchase such as a car, move to a new house, take a trip, or start a new business. In addition to questions about whether or not such ventures should be undertaken, a client might ask for auspicious dates to do them. Names for infants, boats, businesses, or the suitability of hiring someone as an employee were also acceptable concerns.
Depending upon the anxiety the individual attached to these concerns and the concomitant problems which they might arouse, the help given could be considered a therapeutic or preventive intervention. Generally these issues were not of sufficient magnitude to constitute the initial contact with a healer and were usually secondary concerns which were raised once a relationship was established with a healer.

In stark contrast, three healers reported that they had been consulted by someone accused of murder. All three clients were involved in cases which had received considerable attention in the media, and although the cases were all quite different from one another, they shared the common element of involving strong emotions both on the part of the accused and the general public. While people accused of crimes were rarely known to be clients of healers, these three had few alternatives available to them, and in two instances the families were the referring parties. None of the healers exonerated the individuals but tried to help them through prayers and advice to face the future.

Relationships with Healers

Regardless of the type of problem first presented, clients might continue their relationship with a healer for years. A few had regularly consulted the same healer for over 20 years. Others returned sporadically whenever a
problem occurred, and this might one time be about their physical health, another time about finances, and a third time about family problems. In addition to these voluntary associations for sustained periods of time, clients might be advised that desired solutions to a problem could not be obtained rapidly but only after many months of work. This usually meant that the client should pray diligently or follow rituals established by the healer, examine his own possible contribution to the problem, and periodically visit the healer.

Treatments offered by those specializing in body work were generally more circumscribed in time, although some procedures could take at least ten visits which would mean about two months, and if the condition did not improve, treatment could continue indefinitely.

Clients were able to obtain a considerable amount of emotional support from healers who, as described earlier, were generally quite accepting of a wide range of people. Even after active treatment of a particular condition had been discontinued, or at least reduced either because results had been obtained, or it appeared to be a long-term problem, clients were able to continue their relationship with the healer through classes, church services, and informal visits.

A few clients spent from several hours up to two full days per week casually visiting a healer. Some hoped
to attain enlightenment; some thought the healer's conversations might bear indirectly on their problems; and others just found it a comfortable place to spend time. One said, "this place is my family." Several clients reported that even if their problems were not solved, they felt better just being with the healer.

One of the observable reactions in people who often visited a healer, either individually or during classes and services, was that they developed a heightened sensitivity to those phenomena which were of interest to the healer. Similar behavior has been noted in professional psychotherapeutic relationships in which patients have "Freudian" or "Jungian" dreams according to the therapist's persuasion. Others become quite analytical regarding their present behavior or childhood experiences. In the client-healer relationship clients might describe an increased awareness of sensations in or movements of their bodies, or they might note events which seemed to have taken place because of supernatural influences.

Everyday occurrences often took on new meanings. Clients wondered about the significance of events such as an insect landing on one's shoulder, about the meaning of body sensations, and about the import of dreams. The healer's ideas, then, often permeated much of a client's life and affected the way in which he interpreted daily events. Clients also might report that a difficult encounter
with someone went smoothly, that formerly unfriendly animals were affectionate, or that no physical tenseness was felt during a work day. While these might not relate to the individual's presenting problem, they were seen by the healer and client as evidence of the healer's ability to help him.

A few clients continued their relationship with a healer even in the face of failure to receive results. For example, one person involved in a love triangle repeatedly sought help for two years before discontinuing visits to the healer. Such people seem determined to achieve a particular solution and are unable to consider alternative means or ends to their problems.

Similarly, a client with marital difficulties made numerous telephone calls and visits to a healer over a year's duration despite the latter's avoidance of discussing the problem. This client, and there were others like him, wanted a spouse to discontinue an extramarital affair. Although the client was advised that continually worrying about, and nagging and questioning, the spouse would interfere with the healer's attempts at restoring marital harmony through supernatural means, the client was unable to discontinue this behavior.

The client felt that the results were not being achieved fast enough and sought constant reassurances from the healer that progress was being made. The healer felt
that the client was unwilling to follow advice and therefore was not a desirable candidate for further help. Because the healer was not willing to confront the client, and the client was not willing to consider alternatives, the relationship continued in an unpleasant way for both parties for several months. Gradually, the client decreased his pleas for help, and finally broke off all contacts with the healer.

For some clients, disenchantment with the healers occurred during the first visit or shortly thereafter, and they never returned for further treatment. In one instance a woman consulted a healer about problems with her husband and child. When told rather forcefully that she had contributed to the problems, she felt that the visit had been a waste of time and money. Another reported that he had gone to a Hawaiian healer for a blessing but was told that he did not really need one and that evil spirits bothering him could be removed through the healer's rituals. This Oriental client felt that the healer's rituals were strange and did not make sense, although he continued for several visits. Eventually he found another Hawaiian who was more to his liking.

In both cases the clients seemed offended mainly by the styles of particular healers and were, therefore, unable to establish therapeutic relationships with them. Although some clients, as described above, persisted in
unsatisfying relationships, and some discontinued treatment, a third approach was taken by those who did not agree with everything a healer said or who were aware of specific biases which the latter held but still found the healer helpful. These clients were selective in the advice they accepted, developing their own rationalizations for rejecting that which they found unreasonable.

One person, for example, was told that she should not share her clothes with her daughter because negative energy could be transmitted in this manner. While following other such prohibitions, she ignored this one on the basis that she could, instead, transmit positive energy if she set her mind to it. Another client believed that a healer would always be critical of her relationships with men so she listened to advice given on this subject but discarded all that she thought was based on the healer's prejudiced view.

It is likely that many clients pay selective attention to advice from healers and other practitioners, but only a few were able to analyze and articulate both their own and the healer's behaviors. One also volunteered that he had developed a strategy for obtaining the most accurate advice from a psychic healer. He stated that it was important to word the question with enough specifics to obtain a meaningful answer but with enough generalities to avoid eliciting preconceived ideas which were not in
response to the particular problem presented. Although the methods were not as elaborate, it was clear that other clients, too, employed techniques which they hoped would elicit the healer's special interest. For example, they might try to impress the healer with their own psychic awareness or with their intellectual knowledge about the body or herbs.

Finally, a few individuals transcended the role of client and became friends with the healers, but these relationships were not without problems. Sometimes people were frustrated when they then wished to suspend the friendship and obtain help as a client. The healer might not immediately perceive this or might choose not to acknowledge it because he preferred the friend relationship. In most observed instances, the client was eventually able to obtain some advice, although the help given was not always all that the client wanted.

Another problem arose when clients overstepped the limits of the friendship and asked for special, secret knowledge from the healer, or presumed to state to other clients what the healer thought or felt. The person would be rebuffed by the healer who would make it clear that he remained in control and that the friendship could continue only as long as he was accorded the proper respect and deference in his particular field of expertise.
Folk healer-client relationships bore many similarities to professional-client ones as indicated here. The main differences lay in the informality of both the setting and the interactions which created greater ambiguity in the behavior expected of the client. Thus, clients could become friends which, while not forbidden in professional health care settings, is not encouraged. The client could also maintain long-term relationships and thereby gain some emotional support without seeking treatment or advice on each visit. In the professional sector visits are expected to be more purposeful.

Summation

The people who became clients of folk healers represented a very small faction of the population in Honolulu and its environs, but the data presented here suggest that aside from their belief in the efficacy of this type of health care, they were not an unusual group. Their demographic characteristics were not unique nor were their presenting complaints.

These findings are comparable to those reported by Garrison (1977:162-163) who studied the utilization of Puerto Rican spiritists in the city of New York. She found that the demographic characteristics of clients were not distinct from those of the general Puerto Rican popula-
tion. Also, the people typically went to physicians first with organic problems and spiritists first with psychosocial complaints.

While Garrison's study focused on one particular ethnic group, this one indicates that the utilization patterns cross ethnic lines and that among those who subscribe to folk healing practices, ethnic similarity with the healer is not the primary determinant in selecting who one sees for help. More important were the individual's beliefs in what might be helpful and his access to particular healers through trusted family, friends, or acquaintances. Despite a predominant number of Japanese at Buddhist religious services offered by several healers, the individual clients, and even those regularly attending services were not exclusively from this group. Thus, in a multiethnic setting where clients are not members of exclusive ghettos or neighborhoods, they select folk healers as they would other services, by reputation and familiarity.

The fact that Honolulu is an urban area where professional healing services are fairly accessible and where some traditional patterns of family cohesion and support are diminishing may also account for the way in which some clients approached their visits to healers: with secrecy and the support of friends but not necessarily family. In more closely knit settings, it is not uncommon for the healer to include the family and significant others
in the treatment process. Here this was not the case, and family or friends merely accompanied the client to lend support at the initial contact and to provide a "face-saving" entrance into a quasi-acceptable sector of the medical system.

Despite its more hidden existence, folk healing is clearly not an isolated sector of the medical system in Honolulu but one component utilized by clients in combination with professional and popular healing. It complemented professional healing for clients with physical complaints and popular healing for those with psychosocial complaints. People who believed that the physicians were unable to treat an organic problem because they found "nothing wrong," or were unable to treat it fully, sought help from folk healers who were described by themselves or others as having effective methods.

Those who had various psychosocial complaints and had typically talked informally to family and friends without finding solutions, went to the healers for more expert advice. Generally these clients saw themselves as "having problems" but not as "being mentally ill" and, therefore, did not identify themselves as appropriate clients for mental health professionals.

Popular healing in terms of recommendations for vitamins, diets, or behavioral interventions continued among clients who came in contact with one another at the
healers. Since they were all present because, in general terms, they were concerned about health, the sharing of information occurred readily. Further, the setting was more informal than the waiting room of a professional healer where there is less client interaction. Clients, then, might be seeing a physician, supplementing this with folk healing and supplementing both with recommendations obtained from other clients.

Healers did not usually seem to resent popular advice given by one client to another and not infrequently joined into such conversations, sharing their own ideas about the benefits of various recommendations. It was primarily the professional sector which excluded, and therefore was excluded from, the other two in open communication and participation in treating clients.
CHAPTER VII. CONCLUSION: MAKING SENSE OF FOLK HEALING

One of the ways of understanding the utilization of folk healing and its role in the total medical system is to consider these questions from the perspectives of the participants themselves. Both healers and clients offered their own explanations for what they observed about folk healing, and some of the insights provided by them were confirmed during the course of this study. Here, their views are combined with that of other observers to present a composite understanding of folk healing as it occurs in one urban area of the United States.

The Healers' Views

While folk healers not infrequently noted that professional healers failed to consider or recognize all factors which contributed to an illness, their own theories of causation were not always accessible, consistent, or in fact, complete. Those, for example, who believed in supernatural influences might refer vaguely to "spirits" without making clear how these spirits were manifest, if in fact, they were. Further, it was not uncommon to hear healers attribute illnesses to certain factors one time and to other factors another time, or to combine beliefs into various combinations. Spirit and toxins might both be identified as contributors. Inadvertent offenses against one's ancestors might be offered as a partial explanation
for one's problems, but this would not negate the presence of germs or other natural explanations.

Basically, healers were eclectic in their philosophies and idiosyncratic in their interpretation of particular schools of thought. A few adhered rather closely to a particular religious tradition or a specialized training, but even these healers raised questions about orthodox interpretations of them. A devout Christian, for example, indicated discomfort with teachings that Buddhist healers were doing the devil's work because her personal knowledge was that some of them were able to achieve results. Among four Buddhist healers there were clear differences in the primary explanation each typically provided clients. One found human or animal spirits on people's bodies but did not consider karma important, while another almost always attributed illnesses to the client's karma. A third usually found the psychosocial or physical illness was related to the neglect of one's ancestors, while a fourth saw Japanese or Hawaiian spirits inhabiting the client's house as the main factor. Thus, each had developed her own special explanations and appropriate treatment within the general context of Buddhist beliefs.

Healers' theories of causation were also commonly tied to their treatment techniques, and explanations for an individual's illness were predictably related to the particular treatment offered by a healer. This type of
reasoning in which illnesses are attributed to those factors for which the practitioner provides a treatment is also not unknown among professional healers. For example, a number of psychiatric illnesses may be attributed to childhood experiences and family influences by those who practice psychotherapy and attributed to organic factors by those who administer medications. Among healers, then, physical afflictions would not be seen as supernaturally caused by those who offered no treatments directed at these influences.

Many healers, however, stated one theory of causation but added observations about their treatment techniques to explain the total healing process. Thus, one who subscribed to a theory of balancing energy for treatment suggested that the touching and personal involvement were probably of equal, if not greater, importance in healing. Another whose work was based on different schools of thought about balancing energy stated that in addition to treatments derived from these theories, "intuition" and "magic" were significant features of the healing process.

In some instances it appeared that the determinations of the cause of one's illness were made by "negotiation" between healer and client. The healer might offer one explanation; the client might add certain beliefs of his own, and the two eventually arrived at a
consensus. Although a few healers had limited, fairly routine, explanations for almost all clients, such as those relating to one's ancestors, and a few could provide extensive intellectualized explanations for a client's illness, most healers did not emphasize theories of causation as much as the actual practice of providing treatments. As might be expected, folk healers were more pragmatists than theoreticians.

One of the primary explanations they offered for the utilization of their services was that they directed their treatment to aspects of a person's life which neither the professional nor popular healing sectors were equipped to handle. Neither were seen as having the specialized knowledge required to provide necessary treatments. Those healers who had studied and personally developed particular physical interventions ranging from body work to herbal preparations believed that they offered unique remedies which had not been recognized by professional healers and which were not readily available to untrained lay members of the popular sector. Many were frustrated by the constraints placed on them, either directly or indirectly, by the professional healing sector and felt that if their work were better accepted by professionals, it would be better utilized by lay people.

Those folk healers who believed that supernatural influence, either of a religious or a secular nature, must
be considered in the treatment of physical and psychosocial problems thought that they themselves constituted the primary resource for this type of healing. While priests and ministers might offer some religious healing, they did not always believe in the existence of evil spirits inhabiting people's homes or bodies and, therefore, were unable to provide relief to certain clients. Additionally, the clergy were often not perceived by healers or clients as having the special psychic abilities or gifts of healing which had been bestowed on healers.

These folk healers often mentioned that professional healers did not deal with the "spiritual" aspects of illness. Depending upon the particular beliefs of the healer, this might mean that an individual's relationship with a religious deity was ignored, that supernatural beings affecting an individual were not considered, or that the psychological state of the client was not taken into account.

Regardless of their particular philosophy, healers conveyed to clients the importance in believing that they could be physically well or free of emotional problems and that dwelling on unhappy thoughts only perpetuated their difficulties. This popular advice was coupled with specific rituals, prayers, or activities which the client was to perform in order to improve his condition. It was, therefore, more effective than a simple command
from a member of the popular sector to "stop worrying" or to "think positively."

Finally, and most importantly, folk healers were seen as having psychic abilities or special sensitivities which the majority of professional health practitioners and the lay public had not developed. While some were quite modest in their claims, having a gift was an unavoidable attribution of folk healers, and it gave them an expertise and qualification as helper which few others had.

Healers were supported in their claims by clients who attested to their own observations of psychic healing and awareness. They cited examples of the healer knowing things without being told, of performing absent healing, and of predicting certain events. There has, in recent years, been a renewed interest in paranormal healing, and with no particular group claiming expertise in it, folk healers were able to respond to this need. Some made no changes in their own work but were given additional recognition and credit by clients. Others were more aware of the popular literature and could discuss it with clients. Many books have reported the use of psychic powers in healing (e.g. Flammonde 1974, Hammond 1973, Meek 1977, Mishlove 1975, Regush 1977, Stelter 1966), and it has also received serious attention in professional journals.

Frank (1977:4) has pointed out that "the evidence for some of these phenomena, particularly telepathy and
the healing power of the laying on of hands, is so overwhelming that it can no longer be disregarded." He concluded, "in short, the religio-magical and scientific faces of psychotherapy are coming increasingly to resemble each other. Perhaps the ideal psychotherapist of the future would be able to use methods of either or both when appropriate, thereby enhancing his psychotherapeutic effectiveness" (Frank 1977:6).

In a somewhat more cautious article, Whitlock (1978) has suggested that at the very least, paranormal phenomena bear further investigation by practitioners of psychiatry. He also stated that "... there is some evidence suggested that a gifted healer can cause increased rapidity of healing processes, and, in the light of current knowledge today, a change for the better in the immunological defenses of the patient" (Whitlock (1978:15).

While both of these writers are most concerned with the relevance of psychic healing to psychiatry, they cite examples of its effectiveness in organic conditions, and folk healers in this study who claimed psychic powers did not limit themselves to only mental or only physical complaints. Until such time as professional healers also openly claim that they have paranormal healing abilities, folk healers have little competition in this particular area.
Folk healers were also aware that their sector of health care, like the professional one, had a commitment to perpetuating the esoteric nature of its knowledge. While a few firmly believed in educating their clients and in promoting self healing just as a few professional practitioners subscribe to patient education, they clearly retained specialized knowledge or abilities which set them apart from the lay public.

Over the years healers modified their practices and abandoned some of the theory used by earlier practitioners in their traditions. Although these modifications enabled the practitioners to emphasize the particular areas which were of interest to people today such as "natural" herbs or psychic healing, they entailed simplifications and departures from earlier beliefs in how the body functioned or in the appropriateness of certain treatments. One healer who was asked if people should be informed that current practices were not necessarily based on the beliefs they might have read about in books on, for example, Chinese or Hawaiian healing, responded with a definite "no." He explained that if the "mystery" were removed, clients would think they could treat themselves.

The Clients' Views

Clients acknowledged that they were seeking specialized help when they consulted folk healers. They
wanted something more powerful than advice, a friendly massage, or a herbal home remedy, and for the various reasons described in Chapter VI, professional healing was not considered satisfactory or sufficient. If there is one adjective which could be applied to many of the clients, it is "desperate." Healers and clients alike used this term to refer to those who sought help. Because contacting a folk healer was not an easy step in one's search for help, the client usually had decided that this type of assistance was urgently needed.

One client, with whom I had many conversations about folk healing and to whom I expressed skepticism both about the means and the desired end she had selected for her problems, responded that my views of her situation were "based on common sense." She then said, most poignantly, "I hope when this is over I can think like you, but right now I'm desperate." This bright young woman was clearly suspending certain considerations and judgments in her attempts to arrive at an emotionally satisfying solution to a major crisis in her life. She was not unaware of the professional healing sector, but she had determined that members of it could not achieve the solutions she desired and that only practitioners with supernatural powers might be able to do so. Thus, she abandoned what she considered a "common sense" perspective and adopted an alternate one which allowed for supernatural occurrences.
For many clients, too, the visit to a folk healer was seen as "the last resort," and in fact, one healer had incorporated this consideration in the name of his work. Especially for those who had physical problems and had already consulted a physician, the folk healer represented the final possible hope, but it was also an accurate description of the client with a psychosocial complaint. In the latter instance, the individual had usually tried to handle it on his own, had discussed it with relatives or friends, and finally having exhausted the resources of popular healing, had received a referral to a folk healer.

Among those who sought help from the folk healing sector were some who had little commitment to or understanding of the healer's theories but who had simply a preference for the type of practice offered in contrast to professional healing. One of the few people with a psychosocial complaint to have first gone to a professional for help, decided a folk healer might be preferable. Although a professional was more accessible geographically and financially, he went to a folk healer when a friend suggested it. His wife was an alcoholic whom he wanted to cure. He was not willing to explore the many factors which the professional thought should be considered, nor was he interested in trying to involve his spouse in treatment. The healer did not require regular visits or the presence of his wife in order to promise changes in the situation.
In other instances the clients found that healers' views of problems were compatible with their own and that the treatment methods were acceptable. Those, for example, who believed that the supernatural world was part of one's everyday existence, that there was reincarnation, that spirits could and did affect one's life, or that there was an unseen energy in the body or in cells which must be considered in treatments, found folk healers to be the primary healers who understood them.

A few of these clients were health professionals. One physician found relief for a chronic pain through body and supernatural work. A psychotherapist obtained improvement in his marriage through advice and offerings to ancestors. Some of these professionals restricted their encounters to their own lives and compartmentalized their personal beliefs apart from their professional ones. Others incorporated some beliefs and techniques into their own work if their patients expressed an interest in them, and they created unique combinations of the theories and approaches to illness.

The overriding belief of clients was that folk healing was utilized because "it works." Some clients sought help from a healer without fully understanding why particular rituals were prescribed or without total acceptance of the healer's philosophy. As was described in Chapter VI, clients might disregard aspects of the healer's
beliefs or recommendations with which they did not agree. One client who was not Japanese but regularly attended what was objectively a Buddhist religious service, stated it was "not really Buddhist because there is one God with everyone else as helpers." The fact that the individual did not consider herself a Buddhist and even denied these elements in the service, did not affect her ability to receive substantial help from the healer in regard to a psychosocial problem. As with many clients, she was satisfied as long as the desired results were obtained, and in this respect, clients were as pragmatic as healers.

Clients' views complemented those of the healers. The latter believed that folk healing's contribution lay in its provision of unique services based on physical interventions or supernatural methods which were unavailable from others in the medical system. Their abilities involving psychic healing or acquired knowledge were not fully understood by clients, and the mysterious and inaccessible aspects of their art lent support to their positions as specially qualified experts.

For their part, many clients were "desperate" and willing to try "the last resort" in their search for satisfactory results. While they might share with the healer beliefs in the causation of illnesses or preference for particular forms of treatment or prevention, total compatibility was not a necessary prerequisite, and their
main interest was in finding a healing method which worked for them.

Sincerity, commitment, and sometimes belief in a deity's power, which in effect meant belief in possible results, were identified by healers as preferred characteristics for clients to have. Clients who acknowledged results did have these qualities and responded to healers' attempts to encourage their development of them. The fact, however, that there might not be total commitment or belief in the healers' philosophy suggest two conclusions. One is in keeping with Kunstadter (1975:374;377) who found that acceptance of all assumptions was not required for clients to participate in a particular healing process and further that people do not always operate on a single consistent set of rules. He concluded that the "rational-consistent man" theory should be abandoned.

This study in Hawaii illustrates his point that people may have multiple rules which are appropriate for different contexts. They might suspend one way of examining their problems and adopt another, accept folk healing but ignore some of its aspects, or they might be professionals who use both. At certain times in their lives, especially when they felt a sense of urgency about obtaining a particular solution to a problem and were "desperate," people turned to the folk healing sector of the medical system. Although they might serially or
concomitantly use the professional sector for the same or a different problem and, therefore, be required to utilize a different framework for viewing their life and understanding "reality," they were able to handle both sets of demands. From the clients' views, it was not mandatory that these be consistent.

A second conclusion is that the healing process is not contingent on a totally shared world view. It has long been known that some physical interventions of Western medicine can produce results with particular diseases regardless of the patient's understanding or belief in the underlying theories. In psychotherapy, especially, it has been thought that cultural compatibility between client and healer is more important. Although there must be a basis for communication and follow through of recommendations, the evidence here suggests that this compatibility will tolerate disparities.

Both Kundstadter's (1975) study and this one found that people crossed ethnic boundaries for healing which means that there were beliefs, values, and views of the world which were not always shared by clients and healers. In Hawaii it was also noted that clients might be from the same ethnic group as the healer but have had different life experiences and therefore hold different beliefs. They then selectively followed the healer's recommendations.
One of the critical elements in the establishment of effective therapeutic relationships despite cultural differences might be that the selection of folk healing almost always involved a voluntary choice by a fairly well motivated person. The client knew he was going to try a method which had only marginal acceptability and despite some skepticism, he was, perhaps, more motivated than some clients who seek professional help, to experience improvement. If for no other reason, it would be more embarrassing to admit to consulting a folk healer and experiencing failure than to state the common place of unsuccessful professional help. It should be noted, also, that this discussion is based on the clients' personal feelings of improvement, not on an objectively determined measurement which may or may not yield the same results. From the clients' and healers' views, it was possible to engage in effective healing even when the participants did not fully share beliefs about the cause of the illness or about all the methods for treatment.

Folk Healing and Adaptation

The fact that folk healers in a highly technologically developed society were found to be actively serving clients, although with diminished popularity and with variations from their predecessors, has significance over and above the utilitarian value of providing services as one component of the medical system.
Healing practices are adaptive responses to illnesses, and, as such, reflect the cultural values and beliefs of the society in which they occur. The fact that changes within the medical system of a particular society can be identified indicates the dynamic process of cultural adaptations and their nonlinear development.

Frank (1974:7) has stated that "like all illness, mental illness is a breakdown in the organism's adaptation to environment, creating subjective distress and objective disability." His point that mental illness is not distinct from physical illness is necessary because of the prevailing belief, especially among professional medical practitioners, that they are. One of the commonly described characteristics of folk healing (cf. Hall and Bourne 1973:141) and one which is found also in this study is that folk healers do not make such distinctions.

The person as an individual in distress, not just one part of him, is identified as the object of treatment. Further, the client's complaints and his wishes to try particular treatments were given primary attention and respect instead of the healer's diagnosis or uncertainty about the possible benefits of treatment. Psychosocial problems might be discussed and alleviated with physical interventions of body work or herbs. Physical problems might be treated with advice about interpersonal relations
and rituals and prayers to promote spiritual and psychological improvement.

Professional healing, based largely on Western medicine, has, over the years, come to dominate folk healing in the United States. Its strength lies in the technological treatment and prevention of disease episodes, but this has not proved to be sufficient in restoring people's adaptation to their physical and psychosocial environments. Folk healing has continued to exist to meet the needs of those not served by professional healing, but in recent years it has achieved increased attention, approval, and encouragement because of professional healing's inability to provide an effective adaptation to the entire illness experience. Elements of folk healing, most notably attention to the whole person, are being incorporated into the dominant professional sector in order to provide a more effective cultural response to people's distress.

One of the reasons that folk healing itself does not erode professional healing is because of its own weaknesses. Based on Dunn's (1976:144) proposal that the adaptive efficacy of a health care delivery system can be assessed, at least indirectly, by considering the needs met and the accessibility to services, folk healing in Hawaii does not fare well.

In terms of the needs met, folk healing provides treatment for almost any problem presented, but the
treatment for physical complaints is essentially secondary to professional healing, and the treatment for psychosocial complaints is largely secondary to popular healing. It meets, then, only residual needs not served by other sectors of the medical system, and it is not a primary source of health care.

This evaluation may be rather harsh in that, strictly speaking, the popular healing sector may be the primary resource for all health care. The person who "always runs to the doctor for every little thing" is described in disparaging terms in our society. However, self reliance has, over the years, decreased considerably with the emphasis on technological medicine, and there is a growing awareness by both lay and professional people in the United States that more health education is needed in order to shift people away from dependency on professional knowledge.

In the area of psychosocial problems, the issues are more complex. There is no clear agreement as to the point at which an individual's discomfort or behavior should be labeled as mental illness. While professionals in the community mental health clinics are attempting to serve people before their illnesses can be labeled psychotic, and in fact, before they warrant a psychiatric label, the lay public do not conceptualize their needs in the same way. The utilization of folk healers as the main resource rather
than professional healers for psychosocial problems suggests that unless one is exhibiting overtly strange behavior, the problem is not considered an illness in need of professional help. Those people who might be psychotic usually sought professional help and were supplementing their treatment.

One psychosocial problem for which folk healers provided a unique service, unmatched by professionals and utilized by a fairly large number of clients, was in repairing broken romances without the errant partner being involved in the process. Although actual healing in this situation included advice to the client about his own behavior and considerable emotional support, the problem, conceptualized by the client as lying with another person rather than with himself, was generally accepted by the healer. Mental health professionals, in contrast, are often constrained to expend considerable initial effort in having the client redefine the problem as lying with the complainant in order to meet the professional's philosophy and treatment methods. Folk healers are generally more in accord with clients' views in this type of situation.

In the area of prevention, folk healing is limited to the clients who seek their services, and its strengths are in the psychosocial area where, again, professional healing is weak. The latter has difficulty convincing people that they are in need of mental health
services before they see themselves as mentally ill and that talking about a potential problem may prevent it from occurring. Although healers also talk with clients and provide advice, they are able to initiate, on behalf of the client, supernatural help, either from a deity or personal resources. Their efforts appear, therefore, stronger.

Despite these strengths, and despite the fact that healers claim their treatments are effective against many conditions, their capacity to meet the total physical and psychosocial illness needs of the population in a complex and urban environment is quite limited. Clients, as indicated by their behavior, do not perceive folk healers as primary resources but as complements to other interventions.

In terms of Dunn's second consideration, accessibility, folk healing is again limited in its adaptive efficacy. Clients were not restricted by ethnicity or other demographic characteristics, nor by their presenting problems but by the need for a referral from someone who was already known to the healer. Exceptions were found among those who advertised or had store front locations, but referrals smoothed the introductions even in these instances. The exclusivity may be explained largely in terms of the marginal status accorded folk healing, but it also reflects the personal relationships which are a critical element in the folk healing sector.
While not all folk healers spent long periods of time with their clients, and while they exhibited a variety of individual styles which could not always be characterized as warm, they were, as a group, less professionally detached from their work and their clients than most professional healers. There was greater interaction of their own personal lives in their work, both in terms of their physical setting and in terms of their qualifications which rested heavily on personal talents or gifts, despite acquired knowledge. Their approach to clients was more informal than that of professional healers, and discussion about the client's worries was not considered inappropriate, even if they only tangentially related to the presenting complaint.

Personal concern for the client as an individual in need of a personal service, not a technological intervention, was a key element in folk healing. Friendships and long-term relationships with healers were not discouraged. Folk healers were different from those described for closed, rural settings, but the personal relationships were retained in receiving clients, providing services, and in making referrals. In one instance in which a healer arranged for an adoption, the entire process was carried out through personal contacts, and the client who surrendered the infant was sheltered from encounters with professionals which she perceived as potentially unpleasant experiences.
The personal nature of folk healing is both its greatest strength as one aspect often identified as lacking in professional healing, but it is also one of its greatest weaknesses. Accessibility is limited by the personal referral system which restricts its adaptive efficacy in a heterogeneous urban environment. One healer who was experiencing a notable decrease in the number of clients requesting help, and another who was not receiving any, attributed their problems to an exhaustion of the resources in the networks available to their former clients.

Press (1978) has identified impersonality as a characteristic of urban curanderos and by extension of urban healers. This is contrasted with the personal involvement of their rural counterparts. Because the word "personal" carries with it a whole set of possible behaviors, it might be best to consider it as a complex description which may contain several variations. The healers studied in this dissertation were, as described above, more personal than professionals, but not, as also illustrated, always knowledgeable about the client's family and history, nor always warm and uniformly concerned with all clients. Further investigations might delineate the components of this concept and its implications for health care providers.
Folk Healing and the Urban Context

The fact that the folk healers have adapted their practices to meet client interest and demand has been illustrated throughout this dissertation. While the particular forms this has taken may be specific to Hawaii and the ethnic and religious groups residing here, the adaptive phenomenon, itself, may be especially related to the complex urban setting. In homogeneous, closely knit, and more isolated settings, the expectations held by healers and clients are likely to be synonymous. The heterogeneity of an urban setting creates a greater potential for disparate beliefs and expectations between the practitioners and recipients of health care. Hall and Bourne's (1973:137, 139) study of Black healers in the city of Atlanta, Georgia, noted that not only were there several types of healers, but there was evidence of "career progression" among some. The work of one type, labeled "faith healer," was quite idiosyncratic, but as these healers determined what was most attractive to their congregations, they focused on these particular aspects. Similar findings were discussed in this dissertation.

Hall and Bourne's (1973) study confirms another common report and one which is also accurate for Hawaii: that urban folk healers in the United States are difficult to locate. In particular areas, they may have enough social status to be fairly accessible, but this does not
seem to be the general rule. This suggests that in citiesolk healing plays a diminishing role in health care and
that it has difficulty competing with the dominant profes­sional sector.

The fact that advertising, a phenomenon encouraged
by urban living, was not very successful for folk healers,
and that one of the most popular, never advertised,
reinforces the notion that folk healing's strength lies in
the personal relationships it fosters. The lay referral
system is by far its most effective means of obtaining
clients who, in turn, seem to seek the personal consider­ations which are accorded them more in this sector than in
the professional one.

Perhaps it is the reliance on the lay referral
system and the hidden nature of folk healing which prevent
it from being well used by immigrants. The healers,
themselves, often lived in ethnically integrated neighbor­
hoods or areas where there was not a high immigrant popula­tion, so that there was not easy access to them. This is
in contrast to Press's (1978:75) conclusion that folk
healing in an urban setting is an important aid in accul­turation and especially useful to migrants.

In the research for this dissertation, all but one
of the recent Filipino immigrants who were identified as
clients, were seeing healers of other ethnic groups.
Similarly, Samoan immigrants were known to be clients
of Hawaiian healers and Chinese herbalists. Chinese professionals and paraprofessionals working with recent immigrants were quite skeptical that any of the people known to them were visiting Chinese folk healers other than the herbalists. A few Caucasian newcomers who were in the same circle of acquaintances as some Caucasian healers, were going to the latter as clients, but Caucasian migrants from the United States mainland were also seen at other healers.

A final limiting factor in the utilization of healers by immigrants is that the practices here may be different from that with which the newly arrived person is familiar. Press's (1978) conclusions were based on observations of migrants moving from rural to urban areas and consulting healers who had originally come from the same rural areas themselves. The situation in Honolulu is quite different with recent immigrants arriving from areas with which healers of the same ethnicity may have had no contact. Furthermore, their healing practices might be a peculiar mixture of traditions they remember or have learned but which are no longer popular in their country of origin and of concepts acquired in Hawaii.

Press (1978:79) has also concluded that folk healing in urban areas may make a significant shift toward predicting and manipulating an individual's fortune and concern with the future, since professional healing has
taken over most curative functions. While these elements are clearly present in many of the practices observed in Hawaii, it is difficult to evaluate the extent to which they are a product of the urban context. Japanese, Chinese, and Koreans, for example, have a long tradition of combining divination with healing (Hori 1968), and these practices continue today (e.g. Topley 1976:245). In so far as professional healing does not offer these services, and folk healing maintains its viability by responding to client interest and needs unmet by other sectors of the medical system, it is likely that these elements will be an important part of the folk healers' work.

If urban environments encourage folk healers to deal with the more obscure aspects of illness and those not handled openly by professional healers, they also encourage the adoption of quasi-legitimate practices. The urban complexity and anonymity allow for health practitioners, both professional and nonprofessional, to exploit their clients. Snow (1978) has written of the "charlatans" among urban black folk healers and has described healers who requested advance payment for services which did not require that she be seen at all and which were of highly questionable efficacy. These were all healers who had advertised in the newspaper since others could not be located by her.
There is little doubt that those who advertise are interested in a monetary return for their services, although they were not, in this study, necessarily the ones who derived the largest incomes from their work. To my knowledge, if a person requested help by letter, it was assumed that this anonymous type of service was acceptable to the client, and he would be told to send the appropriate fee. If, on the other hand, he requested an appointment, he would be seen. Because some clients are unsophisticated, gullible, or "desperate," they can be exploited by charlatans, or at least taken advantage of by shrewd practitioners.

Although there were some known attempts to extract large, seemingly unwarranted, payments from a few clients, the healers in this study cannot be described as charlatans. As was described earlier, many clients were treated even when they failed to pay for services, and all healers were motivated by the belief that they had a service to offer. Clients who felt that a healer was "too commercial" discontinued their visits and their referrals of friends to that person. This determination, however, was a matter of individual judgment, and other clients would continue going to the same healer.

Aside from monetary exploitation, there is the question of how successful folk healers are in fulfilling their own claims to be effective health practitioners. No attempt was made in this study to assess formally the
efficacy of folk healing. There were not numerous clients with major afflictions flocking to healers for miracle cures, and healers did not try to entice people into believing they could receive such results. Healers did strongly state that they were able to help people, but these claims were not well defined. Both healers and clients gave many reports, unvalidated by objective measures, that conditions had improved markedly. Clearly, some people felt better by going to a healer even if their problems persisted.

Contact with clients who had discontinued visiting healers because of dissatisfaction was limited by the difficulty in identifying them, although a few such examples have been described in this dissertation. Two cases in which professional treatment was delayed for several months by client and healer beliefs that the latter could handle the problem are of interest because they both returned to the healer. In one a psychotic individual was finally seen by a psychiatrist, and in the other a person who had discontinued visiting a physician for a physical condition resumed her visits. Neither instance is known to have resulted in major medical complications, but the persons may have suffered discomfort longer than was necessary. When the acute conditions were alleviated, the clients again went to the healer for emotional support.

More seriously, at least three deaths are known to have occurred during the time that the individuals were
in contact with a healer. Two were suicides. Neither of the clients offered depression as the problem for which they were seeking help, and it is unknown to what extent they indicated the possibility of suicide. The third death was attributed to a previously undiagnosed condition which was unrelated to the presenting psychosocial complaint.

All three of these cases might have involved poor judgment on the part of the healer and the individual client, but this is an opinion which requires much more information than is available. It is possible to conclude, however, that while folk healers do not generally engage in dangerous treatment methods, some clients may be harmed. This of course is not a unique problem of this sector of the medical system, and there was no evidence that the number of clients who suffered from contact with a folk healer was proportionately greater than those who experience unpleasant consequences from their visits to professional healers.

Folk Healing and the Medical System

Folk healing's distinctiveness from, yet complementary relationship to, professional and popular healing has been described throughout this dissertation. The clients clearly demonstrated that, as they moved from one to the other, the three sectors were all part of one medical system. Folk healing is not an alternative to professional
healing as much as a hidden complement which shares some of the same clients, terminology, and diagnoses.

The few evidences of historical information available suggest that in Hawaii folk healing has declined in popularity and in acknowledged expertise as professional healing has developed and become more accessible. One healer who had practiced over 15 years noted that he formerly saw many people needing treatment for serious physical problems, but that by the time of this study, he saw largely people who needed "spiritual" or psychological help.

With regard to physical complaints, the most popular services offered by folk healers were their attempts to relieve chronic conditions which had not responded to efforts by professional healers but were still being treated by them. This could take the form of physical interventions such as herbs or body work, or it could entail prayers, blessings, or rituals. In the latter instances, the treatment might be directed more toward the psychological and interpersonal difficulties associated with the complaint.

Press (1978:79) has suggested that this focus on chronic illnesses is a possible consequence of urban healers faced with the effective competition of Western medicine. Indeed, in the United States Western medicine has become so effective in its curative functions of disease, that folk healers have become most analogous to
psychiatrists and other mental health professionals. Herbalists and others who base their work largely on physical interventions represented only seven of the 35 healers in this study, and only the two herbalists confined themselves to treating organic conditions.

The others used techniques designed to relieve physical discomfort or to improve physical conditions, but they and their clients acknowledge their applicability to psychosocial complaints or to physical problems with psychological components. Even with the herbalists who required that the problem be presented in terms of a physical condition, it was possible that the pains experienced were related to psychosocial conditions.

In another urban United States study, Garrison (1977:118) found that while Puerto Rican individuals with definite organic complaints sought professional treatment from a physician, they went to both spiritists and doctors for "psychophysiological and psychosomatic conditions, mood and feeling states associated with disease, and a variety of nonspecific or common complaints ... which are likely to have a psychological component." The fact that these clients did not consult spiritists unless there was a psychological aspect to their physical problem may be explained by the fact that spiritists were not known to provide physical interventions. Their expertise lay more in the area of mental health.
In terms of psychosocial complaints, the most popular service identified in Hawaii was the help given with everyday adjustment problems. These were not seen as mental illnesses worthy of professional attention, although they were seen as problems distressing enough to need specialized help beyond what was available from family and friends. Often this meant that supernatural methods, either religious or secular, were considered the only possible means for achieving the desired results.

With both physical and psychosocial problems, folk healing was especially effective in the areas in which professional healing is the weakest and has the least to offer. Western medicine's inability to attend to the client as a unique individual with his own views of illness and with psychosocial and environmental influences on his experience of illness, has long been criticized in less technologically developed areas where it has been introduced. Ironically, the tolerance for this impersonal disease-specific approach in highly industrialized societies is beginning to diminish, and the same complaints are being heard in the United States and other countries.

Otsuka (1976:336) has noted that although Western medicine is dominant in Japan, Kanpo medicine, or Chinese traditional medicine, has become increasingly popular in the last 20 years. He attributes this to "1. the increasing incidence of serious side effects from
synthetic drugs; 2. the analytic nature of modern medicine; and 3. disregard of patients' complaints in modern medicine" (Otsuka 1976:322). The last point, combined with the preceding one, points to professional healing's failure to consider the patient as a total individual who has concerns about himself regardless of what the laboratory tests reveal. The opposite approach in which the clients' complaints are accepted has been described in this dissertation as one of the strengths of folk healing and as evidence of its personal attention to the client. Press (1978:75) has also stated that folk healers, unlike physicians, "take their cues from patients, accept their stated symptoms at face value and thus offer a guarantee that the patient's peculiar anxieties and sick role preferences will be validated."

At this point the three sectors of the medical system are integrated largely by the clients who make use of all of them. However, this may not be revealed, especially to the professional sector, and folk healers and professionals have little contact, either formally or informally, with one another. Folk healers in this study also had limited interaction with one another, a finding which Kleinman (1975:620) noted as a general tendency among studies conducted in Chinese societies.

One possible reason for this isolation is that many of the healers have little in common except their
distinction from professional healers, and there would seem to be little benefit from a group association. They would still not be strong enough to be recognized by the professional sector and might all suffer from condemnation. Some of those who provide physical interventions, for example, are extremely skeptical about any supernatural techniques, and it would not be to their advantage to associate with others whom the professional sector criticizes. Other folk healers question the benefits of some of the physical interventions.

Similarly, there might be problems in trying to integrate the professional and folk sectors. The latter, which presumably would be forced to conform more to the professional group, would then be limited in its ability to relate on a personal level to clients and in its responsiveness to individual client and the general public interests. There is no particular evidence in Honolulu that healers would like to be integrated more with professionals, although they would certainly like recognition for what they do. Kleinman (1978:84) found that Chinese doctors would appreciate biomedical training but that sacred practitioners were uninterested in this. He (Kleinman 1978:85) also noted that some healers in Taiwan, notably the sacred ones, have been unable to function effectively outside of their usual settings of shrines and that
professional biomedical care also might be ineffective in unfamiliar contexts.

It appears that the most attractive elements of folk healing are taken over by the professional sector. This has been the case with acupuncture and may also occur with other techniques as well. In Honolulu there are a few licensed professionals who incorporate in their work supernatural considerations and some of the same physical interventions, namely herbs and body work, which are used by folk healers. Currently these practices are somewhat hidden and often given different labels in order to be eligible for insurance payments, but if they become more acceptable, it is likely that professionals will more openly adopt them.

Folk Healing and Ethnicity

The implications of the finding that clients cross ethnic boundaries to receive treatment from folk healers has been discussed previously in this chapter. It was suggested that conceptualizations of individual behavior based on the "rational-consistent man" theory (Kunstadter 1975:377) may be inaccurate and that shared world views and cultural compatibility, in general, may not be totally mandatory for effective cross-cultural therapeutic endeavors.
In Hawaii efforts were made by many of the healers to adapt their practices, within limits, to the ethnic and religious identity of the client. Since it has been noted, but not discussed, in other urban United States studies that clients go to members of other ethnic groups for healing, further research is needed to determine if others, too, make such accommodations. Although the daily interactions among ethnic groups in Hawaii undoubtedly promote both client and healer adaptation to one another, it is likely that this occurs elsewhere too.

The extent to which healers have incorporated elements from other ethnic groups' healing practices into their own is an especially intriguing subject for investigation. Here, Buddhist and Christian elements were combined by one healer, while another combined Buddhist, Christian, and Hawaiian deities. Traditional Hawaiian beliefs were linked with modern Caucasian ones by more than one Hawaiian healer, and karma and reincarnation were important to some Caucasians. A traditional Portuguese concept of illness was familiar to a variety of clients and healers. The multiethnic setting of Honolulu and its environs contributes partially to the development of this eclecticism, but it also merely highlights two more general issues.

One is that an individual may attach varying degrees of importance to his ethnicity and pay more or less attention to it, depending upon the context and circumstances
to which he is exposed. In this study healers might emphasize certain aspects of their own ethnicity in their encounters with others of the same group or pay little attention to it when they wanted to accommodate other clients. Similarly, clients who desperately wanted a particular kind of help were able to depend on healers of a different ethnicity. These encounters took place in a city in which people are quite aware of their own and others' ethnicities but reflect the fact that interactions were not uncommon in the usual course of one's life. An individual's ethnicity was not necessarily a major consideration in every instance.

A second issue is that illness concepts and healing practices are not static traditions. Kay (1977:163) noted that among Mexican-Americans in an urban area of the United States, many of the folk concepts about illness had changed from those reported in the literature less than ten years earlier. Even when the words were the same, some of the meanings were different. She found, for example, that none of the women under age 30 were able to use the hot/cold classification system, nor did they seem to be aware of it (Kay 1977:162).

Both Garrison (1977:94) and Harwood (1977:50) have referred to the "syncretism" occurring in Puerto Rican spiritist healing, and the former has also mentioned the individualized styles and elements which have become a
part of the healers' practices. Concepts of illness and healing adopted from other ethnic groups are not reported in these three studies, but this may be because attention was focused on single ethnic groups and their particular health behavior. The fact that many of the more traditional concepts had been abandoned by the Mexican-Americans suggests that they had been replaced by others, and it was noted that many of the people were seeing a Black folk healer.

The perspective of this dissertation has focused attention on consideration of the many variations within any one ethnic group and on the similarities and shared beliefs and practices across ethnic groups in folk healing. This is not to detract from the understanding that there are traditional elements found in the healing practices of any one ethnic group but to emphasize the less accepted facts.

The multiethnic urban setting of Honolulu and its environs is an appropriate place to study such phenomena because it highlights issues which might be less apparent elsewhere. The particular forms of folk healing and ethnic group interactions may be unique to this setting, but the general issues are not. It is possible that some findings are more biased by the location of the study than is discernible without further research in other areas. For example, the healers were not basically exploitative in
their relationships. Because Honolulu is a relatively small city, it is possible that there is less opportunity for such behavior to flourish here.

A parallel situation is found in the professional sector in which there is evidence that despite instances of poor health care, our medical facilities, such as nursing homes, have not been found to be as abusive of patients as has been reported for some other United States cities.

The narrow definition used for folk healing has resulted in only a small number of healers being identified. The classification of all licensed personnel such as acupuncturists and chiropractors as part of the professional sector, all lay people with nonspecialized knowledge and no formal recognition as members of the lay sector, and all clergy as representatives of the religious rather than the medical system, have allowed for a more focused study of one type of healing. This, in turn, has made it possible to examine some of the interactions between client and healer and to begin to delineate the processes which occur in folk and professional healing encounters. Further attempts to identify the types of relationships which are developed and the ways in which problems are handled might better enable the professional sector of the medical system to meet client needs. At the same time, such endeavors might encourage more respect for the services provided by the folk healing sector.
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