Hawaiian health practitioners in contemporary society

Healani K. Chang

Abstract

Hawaiian medical practices in Hawai‘i became fragmented and deteriorated following the arrival of Western civilization. With the resurgence of Hawaiian pride, interest has risen to preserve what remains of Hawaiian healing methods. The purpose of this study is to determine the extent to which Hawaiian healing modalities are still in existence and practiced in the 1990s by Hawaiian health practitioners. Twenty-five Hawaiian health practitioners on the island of O‘ahu agreed to in-depth interviews on their specific training and current practices of Hawaiian healing. Data collection included demographic characteristics, cultural attributes, training patterns, healing modalities, motivation to practice, spirituality and health, use of Hawaiian medicines, and training of haumana (students). Common practices as well as differences between practitioners and specialties were explored. This study found that a small, but substantive, component of Hawaiian healing is practiced by a growing number of Hawaiian practitioners. Concepts and definitions

The following concepts are provided for a common understanding of their use in this paper:
Native Hawaiian is used to describe any person whose ancestry may be traced to the original inhabitants of the Hawaiian archipelago as evidenced by genealogical records, by nā kupuna (elders) or kama'āina (native-born) verification, or by birth records from the State (formerly Territory) of Hawai'i.

A Hawaiian health practitioner is of Hawaiian ancestry, has knowledge, skills, and experience in direct personal health care of individuals, and whose knowledge, skills, and experience are based on a demonstrated learning of native Hawaiian healing practices acquired by direct practical association with native Hawaiian elders, and transmitted through oral traditions from generation to generation.

In contemporary Hawaiian society, the consensus of this select cohort of people was that they preferred to be acknowledged as Hawaiian health practitioners. The traditional or formal title of healer was not appropriate because of the belief that god is the healer who works through the practitioners.

Hawaiian spirituality encompasses an awareness of the Hawaiian culture with its deep and genuine reverence for life—living and becoming a part of everything that surrounds. The proper balance of mana (spiritual energy and power) is essential in maintaining lōkahi (harmony between man, nature and the gods; harmony with oneself and with all others).

Other definitions used in this article include: aloha, love; mālama 'āina, to cherish or take care of the land; 'ohana, family; pono, goodness, morality, correct or proper; mihi, forgiveness; haumana, students; and pule, prayer and blessing.

Hawaiian culture (cultural beliefs and practices) was defined in three ways: (1) how Hawaiian health practitioners believe, understand, practice, and communicate to others (Hawaiians and non-Hawaiians) core Hawaiian cultural values related to healing, such as aloha, lōkahi, mālama 'āina, pono; (2) use and fluency of the Hawaiian language, specific names of Hawaiian herbs, and so on; and (3) Hawaiian Culture Scale.

Hawaiian renaissance, spirituality, and health

During the past 35 years, the Hawaiian community has undergone a renewed sense of cultural pride through the deeds of a small force of high-achieving Hawaiians. For example, the spoken Hawaiian language has been introduced into the public school system for the first time through Hawaiian language immersion curricula. As another example, using traditional methods, voyagers sailed a Hawaiian outrigger canoe on the routes that ancestors may have used to venture between the South Pacific and Hawai'i. These events led a renewed sense of Hawaiian spirituality (i.e., mutual respect for one another, the fragile environment, and gods). Hawaiian health is more than morbidity and mortality, but includes Hawaiian spiritual well-being. The Hawaiian perception of total health is knowledge-based with a positive sense of wellness and a balance of responsibilities and relationships that are in concert with Hawaiians' belief system, which can be passed on to the next generation.

Scientific literature review

The impetus for political action and securing of funding support for Native Hawaiian health care and research was due to the highlighting of poor Hawaiian wellness and the social resurfacing of Hawaiian practitioners. A brief survey of the literature identified several studies that have assessed various components of Hawaiian health practices and the use of traditional medicinal approaches. One attempted to evaluate the effectiveness of early Hawaiian pharmacopoeia based on laboratory analyses of the chemical properties of several popular medicinal plants.

Other attempts to look at ethnicity and folk healing, and the use of Asian and Hawaiian folk practitioners in Honolulu, revealed utilization patterns of alternative practitioners by Hawaiians and non-Hawaiians.

Another study on social workers in the field proposed a family-centered approach that utilized cultural values and processes when working with Hawaiian families. Others examined risk factors of obesity in the Hawaiian population and advocated the use of a pre-western-contact Hawaiian diet.

In a mental health survey of adolescents in grades 9-12, Hawaiians and non-Hawaiians were asked to answer a series of questions to assess their levels of acculturation, categorize illnesses, and determine who they would seek help for mental health problems. Involvement with the Hawaiian culture was a strong predictor for being treated by a Hawaiian health practitioner for these adolescents.

A study among a select group of la'au lapa'au—herbal healing practitioners—suggested a shared culture and agreement about the common la'au (plant, animal, or mineral products from the ocean and land) used medicinally, and to a lesser degree agreement regarding the specific reasons for which people seek the practitioners' help. Another study explored the concept of spiritual well-being among native Hawaiians.
identified was that spirituality represented connections with people, nature, and transcendent sources. Each of these investigations provided a glimpse of specific components of Hawaiian health and practice with a relatively common theme of the uniqueness of Hawaiian health practices (e.g., importance of spirituality, family, etc.).

Legislation

Integral to the increased attention on Native Hawaiian health and practitioners has been federal legislation. Concerted efforts by the Office of Hawaiian Affairs, Kamehameha Schools/Bishop Estate, E Ola Mau, Alu Like, and others were officially recognized by Congress with the passage into law of the Native Hawaiian Health Care Act of 1988, and reauthorized in 1992 as the Native Hawaiian Health Care Improvement Act. Many Hawaiian health groups criticize the lack of scientific acknowledgement and lack of recognition of the contributions of the Hawaiian health system by the dominant Western health care system. Casken argued that the Act of 1988 did not work to cover holistic health care but to incorporate medical care instead. However, the purpose of the legislation was to encourage existing health care services to incorporate Hawaiian health practitioners in health promotion, disease prevention, and primary health care services. Thus, the concerted activities of Native Hawaiian health organizations illustrate the efforts underway to seek to better the health status of their people.

Unconventional approaches on a national level

The trends observed in Hawaii regarding increased attention to traditional approaches to health are paralleled across the United States. In a landmark study, Eisenberg reported the extent of use of unconventional medicine and the associated expenses in the United States. In 1990 alone, one in three persons used unconventional therapies. Americans made 425 million visits to unconventional health providers exceeding the number of visits to primary care physicians, estimated at 388 million for the same period. Expenditures for these therapies amounted to $13.7 billion, of which $10.3 billion were out-of-pocket costs.

Despite the contemporary environment of greater acceptance of Native Hawaiian health practitioners ... there remains a need to re-examine the role of the Hawaiian health practitioners, their modalities in treating illnesses, and their viability in today’s culture. The result of such an effort will determine the contributions Hawaiian health practitioners could make using Hawaiian healing practices in present-day Hawaii.

Methods

Participants

As a starting point, Hawaiian health practitioners were identified through public recognition within the Hawaiian community and Native Hawaiian health organizations such as E Ola Mau, Alu Like, Papa Ola Lokahi, and the Native Hawaiian Health Care Systems. Additional practitioners were recruited based on recommendations of already-participating practitioners. All practitioners who were part of the present study were identified by at least two sources.

A total of 25 Native Hawaiian health practitioners were interviewed. All participants were from Oahu, the most populated island in the State of Hawaii, where the capital city of Honolulu is located. Approximately 137,400 or 67% of the total Hawaiian population in the State reside on Oahu.

Measures

A semi-structured instrument was used as a guide during the single in-depth kōkākōkā (guided "talk story") session. The materials were selected in an effort to capture the rich and descriptive perspectives of Hawaiian healing.

The following types of information were elicited: (1) socio-demographic characteristics (e.g., age, gender, marital status, formal educational attainment, employment status, religious affiliation, Hawaiian blood quantum) and (2) healing traditions and training patterns (e.g., practitioners' history of training, common traditions and teachers, common healing modalities, wellness and illness treatments used, and ethnic and cultural identification). Common practices as well as differences between practitioners and specialties were explored. A previously validated Hawaiian Culture Scale was administered to supplement and add rigor to the inferences of the qualitative data set. The five subscales described in this study were (practice of) Customs and Beliefs, (identification with) Hawaiian Causes, (knowledge of) Folklore and Legends, and (participation in) Lifestyle Activities and Hawaiian Activities. These five sub-sections were rated on a 1-to-3 scale with 3 indicating higher levels of cultural identification.
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Research design and procedures

This study was conducted in 1997. A qualitative research design and content analysis were used to capture the shared reality among individuals. These shared realities needed to be objective, extant, and knowable to all participants. The primary researcher did all but a few of the interviews; at times, a co-researcher was present. The co-researcher known to three health practitioners of this study conducted these interviews. All researchers had prior field experience conducting interviews in the Hawaiian communities. Of the 25 interviews, 22 were audio taped. The remaining three interviews were done using extended notes. In addition, 16 practitioners permitted videotaping of their interviews. As data collection progressed, less new information was revealed and the study reached data saturation at the conclusion of the 25th interview. No further interviews were scheduled.

Results

Practitioner demographics

Table 1 describes the 25 Hawaiian health practitioners. There were 15 (60%) women and 10 (40%) men with a mean age of 55.6 years. Only 7 practitioners were younger than 50 years of age; 6 were more than 69 years age. Three were full-blood Hawaiians, 19 reported 50% or more Hawaiian ancestry, and 3 reported being of less than 50% Hawaiian heritage. Regarding marital status, 13 were married, 7 were widowed, 3 were single, and 2 were divorced. Educational attainment included 5 with some high school or less, 3 high school graduates, 7 had some college, 7 were college graduates, and 3 had master’s degrees. Sixteen were employed full-time outside the home, 4 reported part-time employment, 3 were retired, 1 was a homemaker, and another was unemployed. Thus, 68% had some college education or higher and 64% were employed full-time. Church affiliation status revealed three Buddhists, five Hawaiian Traditionalists, and the remainder identified with one of the Christian churches. Several practitioners shared that they were previously associated with Christian churches but were no longer in agreement with the teachings and left to become native Hawaiian practitioners. The majority (n = 19) of the practitioners were O’ahu-born and remained on the island throughout their adult lives. Three women reported they were fluent Hawaiian speakers, although 18 others indicated their level of comprehension of Hawaiian were “pretty good or better.” Fourteen (56%) reported they were currently training haumana.

A common theme or pattern that emerged across the interviews was that all practitioners reported the use of Hawaiian values and beliefs in their administrations.

The practitioners were asked how they measure success in their work. Several stated, “... to see the patient stand up and walk out pain-free is good enough.” Another practitioner said, “I’m a nurse, yet here I am doing ho’olomilomi which, to me, is the most rewarding thing I

Pattern of cultural attributes

Cultural attributes were identified through (1) use of core values and beliefs in the healing process (aloha, ʻōna, ʻōla lea, ʻohana, pono, etc.); (2) use of Hawaiian language in treatment procedures; and (3) quantitative assessment using the Hawaiian Culture Scale. A common theme or pattern that emerged across the interviews was that all practitioners reported the use of Hawaiian values and beliefs in their administrations.

Three reported their first language to be Hawaiian; 18 others reported an above-average comprehension of Hawaiian. All used Hawaiian terminology to assign disease categories and treatment modalities, especially for those without Western counterparts (e.g., ʻopū huli or turned stomach treatment). Practitioners who were not fluent Hawaiian speakers reported being well versed in the meanings of the prayers that they used.

Results from all of the Hawaiian Culture Scale subsections showed high ethnic identification and affiliation. The following rating sums, standard deviations, and n sizes were obtained: (1) Customs and Beliefs (12 items; males, sum = 32.7, sd = 4.2, n = 10; females, sum = 29.4, sd = 4.9, n = 15); (2) Hawaiian Causes (10 items; males, sum = 26.3, sd = 3.8, n = 10; females, sum = 24.5, sd = 4.7, n = 15); (3) Folklore and Legends (5 items; males, sum = 18.7, sd = 2.9, n = 10; females, sum = 17.5, sd = 3.9, n = 15); (4) Lifestyle Activities (7 items; males, sum = 29.6, sd = 3.6, n = 10; females, sum = 27.1, sd = 4.6, n = 15); and (5) Hawaiian Activities (11 items; males, sum = 27.3, sd = 4.6, n = 10; females, sum = 28.7, sd = 4.3, n = 15).

Motivation to practice

Most of the practitioners explained that they were chosen by their families (birth or adopted families) to carry on the Hawaiian healing practices. Others expressed a “calling.” The majority of the practitioners did not charge fees for their treatments but reported receiving ho’okupu (tribute, gestures of appreciation) such as food, monetary and other kinds of gifts, in-kind services from their clients or their relatives, and donations to their church. As a sign of the changing times, some practitioners, such as licensed massage therapists, had an option to set a fee for their services.

The practitioners were asked how they measured success in their work. Several stated, “... to see the patient stand up and walk out pain-free is good enough.” Another practitioner said, “I’m a nurse, yet here I am doing ho’olomilomi which, to me, is the most rewarding thing I
Henry Auwae was the po'okela (head) of the Kupuna La'au Lapa'au O Hawai'i, a statewide Hawaiian health practitioner's organization; was well-known for his work with la'au and for establishing la'au lapa'au schools on the islands of O'ahu, Molokai, and Hawai'i.

Kalua Kaiahua was renowned for his work on Maui and O'ahu through la'au lapa'au, ho'oponopono, and his school of ho'olomilomi.

Kamaki Kanahele is an experienced practitioner of la'au kāhea (spiritual healer) and resides in Nānākuli, O'ahu.

David Kealakea was a noted practitioner of la'au kāhea and la'au lapa'au on the island of Maui.

Mahinakeokeo Kelly was a known spiritualist on Honolulu, O'ahu.

Margaret Machado is recognized for her teachings in massage and the 'unconditional love' method taught at her school of ho'olomilomi in Nāpō'opo'o on the island of Hawai'i.

Mary Kawena Pukui was a distinguished scholar and practitioner of ho'oponopono on the island of O'ahu.

Mornah Simeona was an accomplished practitioner of ho'oponopono on the island of O'ahu.

Referral and criteria for healing to occur

A common theme among this cohort of health practitioners was the emphasis that they did not recruit their clients. Word somehow got passed on to family members or friends who made referrals to the practitioners. This was in contrast with other types of alternative or conventional practitioners who solicit for patients and clients. As one practitioner shared:

"If you call me and ask me to your house to conduct ho'oponopono, you initiated the process and invited me. I will ask you questions—'What is your pilikia (problem)?'—and say, 'Do you believe I can heal you?' If the person says 'Yes,' that's the key for the healing to begin. Any other way is wrong. That is my teaching."

Primary healing modalities

Three predominant healing modalities emerged: ho'olomilomi, to make, or press, knead, or massage; ho'oponopono, literally to make, or to correct, in perfect order, and la'au lapa'au, to heal, cure, or treat with medicines. In this research, la'au included plant, animal, and mineral products collected from the land and sea.

Two other healing modalities were identified in this research: ho'ohana, to bring about or act as a midwife to deliver a baby; and la'au kāhea, literally the calling medicine, where hō'ūpū'ūpū (i.e., thought implantation or suggestion) was used to provide positive thinking energies for the patient.

Seventeen practitioners were skilled in more than one healing modality. Nineteen were la'au lapa'au practitioners, 17 were ho'oponopono practitioners, 10 were ho'olomilomi specialists, two were trained in ho'ohana, and two were experienced la'au kāhea practitioners. The most common practice reported with the most haumana in training, and therefore, most likely to be preserved were la'au lapa'au, ho'oponopono, and ho'olomilomi.

There was much overlap and shared understanding observed across the five healing modalities. This researcher isolated the treatment strategies to simplify the overview; however, the integrated nature of the attributes of Hawaiian culture and spirituality co-anchored the entire healing process. Although one modality may present itself as the best treatment for a specific illness, this first intervention may be superseded by others, especially spiritual elements in both the initial and closing phases.

One explanation for the common experiences of the health practitioners is that many of practitioners cited the same kumu (teacher) or master healer who had orally passed on the traditional healing methods to them (see Table 2). The master healers were renowned throughout the Hawaiian communities and across all islands. Many had authored publications on Hawaiian culture and healing practices. Most have lectured and demonstrated their healing protocols locally, nationally, and internationally. These master healers represent the connections among the study practitioners' shared through common training history and knowledge base. This list is by no means exhaustive.

Spirituality and healing

Throughout the interviews, the practitioners stated that Hawaiian spirituality was at the core of the Hawaiian healing process. During their apprenticeships, they learned the prayers well before any other healing treatments. They reported that the most essential step was to ask to
mihi—ask for forgiveness and give forgiveness; to clear the path for healing to take place. One practitioner reported,

"In order for anything to be possible, whether it's the laying of hands, lomilomi or lāʻau lapaʻau, the spiritual part plays a very important role. It's the number one key to all healing ... There is only one. We are only instruments of God. Therefore, spirituality is number one."

The practitioners also contended the reason their administrations were successful was because they prepared the patient to receive the healing touch, prayer, or medicine. The consensus among the practitioners was that the practitioner and patient were a team requiring a high level of trust between the two. Only after this trust was developed could the actual treatment take place.

**Commonly used medicinal herbs and products**

Seventeen lāʻau were identified by more than one practitioner as the most commonly used medicines by the lāʻau lapaʻau practitioners. The most common in use were the noni, ʻāloe, and pōpōlo. Many of the practitioners mentioned that they had easy access to these three, but that other lāʻau plants were getting harder to obtain because of urbanization (and thus less land for these plants to grow) and lack of access (i.e., had to cross private lands). In Table 3, the Hawaiian and scientific names are provided for each lāʻau, and if known, the geographic origin, parts used, and common uses.

**Client profile**

Because only 7 out of 25 practitioners reported that they kept records on their clients, the findings to follow were based on anecdotal data. Several of those who did
keep records mentioned that they wanted the data to be able to make presentations at health forums.

Practitioners asserted that most of their clients were adults between the ages of 20-44 years. This group of clients was followed by those age 45-54 years, and then those age 55 years or more. Children age 12 years or less were the fourth group, with youth age 13-19 years in the last group. The lower rank of youth seeking treatment may have been the result of the State's requirement to have a licensed physician provide immunizations and health certificates for children to attend school, which would allow the children to have a regular health care provider.

Although most of the clients were of Hawaiian ancestry, many practitioners shared with the researcher that their clients were both Hawaiians and non-Hawaiians and no one was turned away if he or she needed help. However, as noted previously, a key component in healing was that the client had to ask to be healed and believe in the practitioner's ability to heal them. One female practitioner shared, "Most people who come to me are women anywhere from 18 years old to the elderly. Women are more willing to seek help when they know they have a problem than men—who deny they even have a problem.”

Categories of health concerns and illnesses

Practitioners were asked to list in rank order from 1 to 3, the primary health concerns and illnesses for which clients seek their assistance. Although the clients reported physical ailments and chronic or infectious conditions as the primary reason for seeing the practitioners, the most common treatment needed according to the practitioners was spiritual healing. The next most common reason clients sought help was for psychological problems or feelings of being "stressed out.” Relationship concerns and childhood illnesses, such as colds and upset stomach, both ranked third.

Adapters and traditionalists

After analyzing traits of the practitioners, the data could be categorized into two groups (see Table 4). In one group, the practitioners were cross-trained in several different modalities often with multiple master teachers from several islands, taught classes and trained haumana, and adapted both Hawaiian and Western techniques and medicines within their practices. The researcher designated this group as “Adapters.” Adapters were more likely to be male and more publicly accessible through partnerships with leading health organizations. Adapters wanted to make Hawaiian healing practices available to the public on a larger scale. This group had taken steps to communicate to the medical establishment the importance of spirituality and cultural values in improving the delivery of health care services to Hawaiians. Adapters were more likely to have attained higher educational and employment status. They developed more professional opportunities to advance their healing practices in the contemporary health care arena. A high number of Adapters were ho’olomilomi practitioners. Among this group, there were several massage therapists who had business licenses that provided them the option to collect a fee for service.

The other group, designated the Traditionalists, kept primarily to a single healing practice that they knew very well, were not training many, if any, haumana, and practiced in the same true form in which they were taught (i.e., they did not incorporate modern techniques or new la‘au in their healing sessions). They were more likely to have had only one master teacher—usually a family

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<tr>
<td>• More mobile and participates in conferences, workshops, teaching.</td>
</tr>
<tr>
<td>• Spouse is involved with practice.</td>
</tr>
<tr>
<td>• Three or more haumana trained per practitioner.</td>
</tr>
<tr>
<td>• Predominantly males.</td>
</tr>
<tr>
<td>• Established working partnerships with a clinic, hospital, judicial system, or Hawaiian health organization.</td>
</tr>
<tr>
<td>• Higher educational attainment.</td>
</tr>
<tr>
<td>• Patients come from both in and out of practitioner’s home community.</td>
</tr>
<tr>
<td>• Several have professional business licenses and may charge for services.</td>
</tr>
<tr>
<td>• High number of ho’olomilomi practitioners.</td>
</tr>
<tr>
<td><strong>Traditionalists (n = 13)</strong></td>
</tr>
<tr>
<td>• Primarily one specialty practiced within family line of healing practitioners.</td>
</tr>
<tr>
<td>• Active in home community health conferences, workshops.</td>
</tr>
<tr>
<td>• Fewer or no haumana trained per practitioner.</td>
</tr>
<tr>
<td>• Predominantly females.</td>
</tr>
<tr>
<td>• More fluent Hawaiian speakers.</td>
</tr>
<tr>
<td>• Higher Hawaiian blood quantum.</td>
</tr>
<tr>
<td>• Patients mostly within practitioner’s home community</td>
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<tr>
<td>• No fee for services.</td>
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<tr>
<td>• High number of la‘au lapa‘au practitioners.</td>
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member. They practiced primarily within the family or home community. The Traditionalists were more likely to be fluent Hawaiian speakers, female, and older. A high number of Traditionalists were la‘au lapa‘au practitioners. Traditionalists were more likely to have the mo‘olelo, or history, and the knowledge that for generations the spiritual health and well-being needs of their families were met by using the Hawaiian methods. They did not charge for their services but a ho‘okupu was accepted. As one Traditionalist shared, “If you believe in the medicine, the medicine will work ... I feel good because I didn’t need to take my family to the doctors, and they are all healthy today.”

Pattern of haumana training

There are essentially three components to the preparation of becoming a health practitioner: (1) reinforcement and internalization of Hawaiian beliefs and values related to healing, (2) apprenticeship and experiential learning period, and (3) validation phase of testing and refinement of diagnostic and treatment modalities.

All practitioners reported apprenticeships under at least one Hawaiian health practitioner who was from a bloodline of an ancient master healer. The type of training and length varied greatly with the Traditionalists having the longest apprenticeships. One Traditionalist in particular stood out from all the others in that he was able to recite his genealogy and lineage of Hawaiian healers and described his traditional training. The following is an abstract from his description:

“First you have to cleanse, to say ke akua, forgive me. That takes many years; before I can begin to heal I must atone myself. Step 2 is to ask the god to come into me and use me as a healer. This takes many years. You fall in love with the god, the person, the human spirit, and the soul. First, the atonement, then, the asking to use me as a healer, then the mana, power, comes. And it is through pure love that I can heal a person. That takes years of training in the form of a school, priesthood.”

Practitioners reported that today they have to teach students and clients to perform the spiritual cleansing rituals whereas they believed that the rituals were a natural part of the everyday lives of pre-contact Hawaiians.

Discussion

Status of Native Hawaiian health and culturally appropriate services

There are some 204,000 people of Hawaiian ancestry residing in the State of Hawai‘i among a total census population estimate of approximately 1.1 million people. Overall life expectancy across all ethnic groups in Hawai‘i is among the highest in the nation. However, significant ethnic disparity continues to exist. Among the five major ethnic populations in Hawai‘i today, Native Hawaiians have the highest mortality rates and the lowest life expectancy. Heart disease incidence among Hawaiians age 36-65 is 1.5 times greater than other ethnic groups. The prevalence of Type II adult-onset diabetes is almost three times higher than the national prevalence rate. Native Hawaiians have the highest cancer mortality and are ranked second highest in cancer incidence rates among the five major ethnic groups in Hawai‘i.

Researchers have suggested that these statistics are due, in part, to barriers to health care services encountered by Native Hawaiians. A public health study done to promote screening for prostate cancer suggested that when culturally competent methodologies are used, high participation rates can be achieved. On Moloka‘i and Maui, the researchers went into Hawaiian communities and used word-of-mouth to contact people and talk men into coming in for screening. Almost 300 men were screened. On O‘ahu, standard recruitment methods, radio announcements, Hawaiian newspaper ads, and fliers resulted in less than 10 coming in for screening. Overall, these findings indicate that culturally appropriate methods should be considered in the provision of health care services.

Keeping Native Hawaiian health practices alive

Compensation. Common experiences shared by the practitioners pointed to an interesting comparison between worldviews, which has implications for the sustainability of Hawaiian health practices. Time in Western medical care is viewed as a financial commodity. The more success a Western practitioner has, the greater the likelihood of financial remuneration. In contrast, Hawaiian health practitioners do not consider time in terms of money. Financial gain is not a motivation as most of the practitioners formally charge nothing for their services. They are more interested in getting to know the patient’s lifestyle, his or her relationships, and other important events beyond simply the physical ailment.
Dedication and time. In the current study, all practitioners were trained through an apprenticeship under a recognized elder healer—often a family member. Most of the practitioners were chosen by their families (birth or adopted) to carry on traditional healing practices. Others expressed a “calling.” Given that 64% were employed full-time, most in positions other than the practice of health care, there appeared to be a significant limitation on the time that could be devoted to Hawaiian health studies, teaching, and healing.

Hawaiian language. In keeping the practice alive, knowing the Hawaiian language is critical. Three women reported they were fluent Hawaiian speakers while 18 others indicated their level of comprehension of Hawaiian was pretty good or better. This point is important because Hawaiian healing practices are based on a good understanding of prayers and chants in Hawaiian, including genealogies and values, such as pono, lōkahi, aloha, and mālama ‘āina. Further, some practitioners reported client illnesses that did not have an equivalent in Western medicine.

Generations and haumana. The study showed a mean age for the practitioners to be 55.6 years. Practitioners were concerned that younger people had no time for the type and length of study necessary to become a skilled practitioner. Several expressed concern regarding where the next keepers of the knowledge would come from. Others implied that without haumana, the knowledge would die with them.

Helping to counteract such impediments is the Hawaiian Renaissance that began in the 1970s. Greater awareness of and pride in one’s Hawaiian culture have resulted in numerous efforts to revive Hawaiian beliefs and practices. For example, among these activities is teaching the Hawaiian language in immersion classes in the public schools and adult classes in high schools and colleges. This bodes well for a future where there will be enough people who understand the language and to learn to become Hawaiian health practitioners.

Traditionalists and adapters. Related to the survival of Hawaiian health practice was the unanticipated finding of the clear distinction between two practitioner groups within the study population. One group of Hawaiian health practitioners was designated Adapters and the second group Traditionalists. Adapters enable Hawaiian healing methods to reach a broader and more diverse audience, including clients and haumana. Adapters also maintain an open dialogue with the Western medical establishment regarding Hawaiian health practices and the importance of spirituality in health. Because a higher number of Traditionalists are lāʻau lapaʻau practitioners and learned directly from an ‘ohana member, they are more likely to possess the historical and cultural knowledge of past Hawaiians, including genealogy chants. If, as some imply, their knowledge will die with them, this will be a great loss to future generations.

Survival of Native Hawaiian specialties

General specialties. In a classification of the specialties of the early medical Kāhuna (sic), 1886-1870, there were eight classes of specialties listed14. An additional seven subspecialties6,35,36 were later identified37 (p. 44). Altogether, practitioners in this study reported only five
treatment modalities. Of these five, ho'olomilomi, ho'oponopono, la'a'u lapa'au and la'a'u kōhea were listed as subspecialties with ho'ohāna'u, together with ho'ohāpāi (pregnancy), being the only specialty listed. From this, we can assume that many specialties of early Hawai'i have not survived to the present day. Some, such as hāhā—diagnosis by feel or palpation—may have evolved into ho'olomilomi. Others such as 'ō'o—holding back the fontanel, lancing, and circumcision—have been largely replaced by Western physicians.

For people across cultures, ho'olomilomi, or hands-on healing through massage, is a familiar practice to soothe muscle strain and back pain, relieve stress, and induce relaxation. La'a'u lapa'au is commonly used to manage everyday ills such as colds, boils, gastric distress, sores, cuts, and scrapes, as well as to address mental health problems such as anxiety. Perhaps the cross-cultural aspect of these treatments and the inter-marriages of Hawaiians, Asians, and Europeans allowed these techniques to survive in Hawai'i's diverse culture.

La'a'u lapa'au. Among the la'a'u lapa'au practitioners, an extensive knowledge of native plants and herbs was described along with their prescribed uses for different ailments. Of interest is a literature review of pre-20th-century Hawaiian healing by Abbott and Shimazu (1985) that listed 12 of the most commonly prescribed plants used for medicinal purposes, as well as the work of Judd that listed 33 la'a'u that were commonly reported by more than one healer. In rank order, the top 12 la'a'u Abbott and Shimazu listed were: kukui, noni, 'ōhi'a ai, pōpolo, koali, kō, 'awa, ki, kalo, 'uhala, 'awapuhi, and ko'oko'olau. The top 12 la'a'u that Judd listed were: pōpolo, 'ōlena, maile hohono, ha'uo'i, 'uhala, kukui, koli, 'laukahi, noni, ki, 'alo'e, and 'alo'ea.

In relation to the 12 most frequently cited la'a'u in the current study, all three investigations reported the use of four la'a'u: kukui, noni, pōpolo, and 'uhala. This resulted in a rate of 33% commonly used la'a'u among the three studies. For the present investigation, 5 of the 12 (42%) la'a'u are also on the Abbott and Shimazu list, while 8 of the 12 (67%) la'a'u are on the list reported by Judd. In light of these findings, there are more commonly used la'a'u between the current study and Judd's work—both conducted in the 1990s—than with the earlier work of pre-20th-century Hawaiian healing by Abbott and Shimazu.

In contemporary times, the biggest danger to the preservation of la'a'u lapa'au is the destruction of the rainforest and lack of access to traditional plants that make up the herbal remedies. Steps are being taken by various Hawaiian organizations to cultivate many of the rare native plants.

Ho'oponopono. Ho'oponopono became a specialty in and of itself in part because master practitioners such as Mary Kawena Pukui trained disciples. There appear to be three major reasons why ho'oponopono became a specialty. First, ho'oponopono was one of the first traditional Hawaiian healing practices described in a major text authored by a respected Hawaiian cultural expert. Second, ho'oponopono is the mechanism used to achieve lōkahī—the core cultural concept of Hawaiian health. Third, ho'oponopono can be practiced within families and groups with little danger of physical or emotional harm, which in turn limits the medical legal risks.

Spirituality and religion. The findings in the areas of culture and spirituality were not straightforward. This research appeared to indicate that the fragmentation and loss of the Hawaiian culture have had a profound impact on how Hawaiian culture and spirituality, which were traditionally associated with healing, have been modified and integrated within contemporary Hawaiian healing modalities. The end result may be a manifestation in contemporary times in what can best be described as a syncretic blend of traditional, assimilated, and newly developed cultural and spiritual beliefs and practices.

However, there remains a fundamental belief in a god-figure and that healing masters empower the Hawaiian health practitioner to heal. Contemporary healing methods continue to follow the protocol of prayers to obtain the attention of the gods and ancestors, ask for forgiveness of the gods for offenses, and invoke the mana of the gods to lead the practitioner in the diagnosis and healing of the client. Prayers of thanks conclude every session. In addition, Hawaiian healing has taken on a decidedly Christian-Hawaiian syncretic blend as many practitioners now pray to Jesus Christ along with the Hawaiian gods, while others pray to one or the other. The anecdotal material on specific case interventions provided by practitioners suggested that clients surrendered or suppressed their own cultural or religious beliefs and embraced both the culture and spirituality of the Hawaiian health practitioner during the healing intervention.

The high incidence of stress-related illnesses such as heart disease and hypertension in the Hawaiian population and the absence of a spiritual component in Western
Clients and reasons for seeing Native Hawaiian health practitioners

Importantly, clients of Hawaiian health practitioners were of various ages and ethnicities, although those who classified themselves as Hawaiian were more numerous. Youth under age 20 were the least likely to see a practitioner, perhaps because they are accustomed to visiting Western-trained pediatricians. This final section recommends eight culturally competent strategies to (a) preserve Hawaiian healing methods, (b) educate allopathic practitioners about the desires people have for complementary medicine, and (c) promote holistic practices of Hawaiian health practitioners in a contemporary society:

1. Provide support to the organization of Master Healers throughout the State of Hawai'i and give them the task and responsibility of setting explicit standards of quality for interventions, training, practice, and professional ethics among Hawaiian health practitioners, as well initiating a study on the efficacy of their treatments.

2. Extend the present study and encourage in-depth research that would include a statewide survey of existing Hawaiian health practitioners (e.g., different kinds of practices, training methodology, motivational behavior, recommendations from practitioners for potential haumana).

3. Support the haumana of Hawaiian health practitioners through incentives or grants, including the exploration of new initiatives through the University of Hawai'i's School of Medicine (e.g., Center for Complementary Medicine, Center for Native Hawaiian Health).

4. Fund additional research on ways both Traditionalists and Adapters can serve as valuable contacts and cultural translators (from Hawaiian to Western health interventions) in an effort to reach high-risk populations (e.g., early screening and detection of diseases, including diabetes and cancer; assessment, treatment, and prevention of particularly sensitive family-centered problems, including obesity, alcoholism, and domestic violence, among others).

5. Continue support for the Native Hawaiian Health Care Systems and community health centers that currently utilize Hawaiian health practitioners in an effort to develop plans to increase utilization of both Hawaiian and Western medicine by populations at risk (e.g.,

Methodological limitations

Although the present study involved semi-structured interviews that culled important information from the Hawaiian health practitioners, several limitations are noteworthy.

Sample. This convenient sample was relatively small (n = 25). However, a 1990 report estimated that there are only approximately 100 practitioners across all of the islands. All 25 practitioners had on-going practices on O'ahu and the results may not be generalizable to practitioners on other islands.

Validity of data. An early translation of the word kahuna is "keeper of the secret." There are secrets that many practitioners feel are not to be shared with outsiders and would be shared with only those chosen to carry on the practice. In addition, although most of the interviews took place in the practitioners' home or office, a few were done in public places with the associated lack of privacy. Further, information regarding clients was estimated from the practitioners' recollections; very few of the practitioners kept any records, and those who did, did not necessarily keep statistics regarding age, gender, and primary illness of the clients. Finally, a high degree of rapport was necessary between the practitioner and researcher; yet, the researcher needed to remain objective in order to evaluate the information, patterns, and themes, including data (e.g., practitioners' extent and quality of training) that could not be verified independently from a single in-depth interview.

Recommended strategies:

...clients who sought help from Hawaiian health practitioners perceived these practitioners as having the expertise and a higher level of spiritual power to enable the client and their families to resolve their psychosocial problems and restore lōkahi.
adolescents with a high incidence of teen pregnancy and the elderly.

6. Fund mental health research through grants from the National Institute of Mental Health that would investigate the role of Hawaiian health practitioners in working with clients with high levels of stress, including Native Hawaiian youths and adults in correctional facilities.

7. Educate allopathic health providers (e.g., physicians, nurses) to be aware of the desire and demand many people have for complementary health care, including Hawaiian healing methods. Encourage Hawaiian practitioner participation in the design, development, and implementation of a culturally competent health care system that offers people high-quality Western, Asian, and Hawaiian healing interventions. Professional organizations, such as E Ola Mau, offer a ready-made conduit for these activities.

8. Educate health care leaders and public policy makers to shape legislation and create public policies that utilize the influence of these practitioners to embrace the traditional Hawaiian cultural belief of lōkahi—the holistic practice of seeking a balanced wellness in clients’ bodies, minds, and spirits.

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**Hili hewa ka mana'o ke 'ole ke kūkākūkā**

Ideas run wild without discussion

**Discussion brings ideas together into a plan**

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