

E OLA MAU
THE NATIVE HAWAIIAN HEALTH NEEDS STUDY
MENTAL HEALTH TASK FORCE REPORT

The Native Hawaiian Health Research Consortium

ALU LIKE, INC.

Honolulu, Hawaii

December 1985

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NATIVE HAWAIIAN HEALTH NEEDS STUDY:
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Prepared by:

The Mental Health Task Force
E Ola Mau: Native Hawaiian Health Needs Study
Honolulu, Hawai'i

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E Ola Mau - Perpetuate Life

What sets worlds in motion is the interplay of differences, their attractions and repulsions. Life is plurality, death is uniformity. By suppressing differences and peculiarities, by eliminating different civilizations and cultures, progress weakens life and favors death. The ideal of a single civilization for everyone, implicit in the cult of progress and technique, impoverishes and mutilates us. Every view of the world that becomes extinct, every culture that disappears, diminishes a possibility of life.

- Octavio Paz (1967)
The Labyrinth of Solitude

The traditional Native people hold the key to the reversal of the process of Western civilization which holds the promise of unimaginable future suffering and destruction. Spiritualism is the highest form of political consciousness. And we, the Native Peoples of the Western Hemisphere, are among the world's surviving proprietors of that kind of consciousness. We are here to impart that message.

- Six Nations Position Paper (1977)
Presented to the United Nations, Geneva

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ACKNOWLEDGEMENTS

We wish to thank the following people and agencies for their contributions and support in helping to make this report possible.

ALU LIKE, INC.
BELLA BELL
KEKUNI BLAISDELL
DEPARTMENT OF HEALTH, STATE OF HAWAII
Mental Health Division
Central Administration
Hawaii State Hospital
Windward Community Mental Health Clinic
Wai'anae Mental Health Clinic
Kalihi-Palāma Mental Health Clinic
Makiki Mental Health Clinic
Ethnocultural Task Force
HALE LŌKĀHI
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BRITT ROBILLARD
ST. FRANCIS COMMUNITY HEALTH EDUCATION PROGRAM
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WAIMĀNALO EDUCATIONAL TASK FORCE
PILA WILSON
AMY YAMASHITA
KAREN YANAGISAKO

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Purpose

The purpose of this report is to present the findings and recommendations from a study of the mental health needs of Native Hawaiians residing in the State of Hawaii. The study was conducted by an eight-member task force working under the auspices of ALU LIKE, INC., a Native Hawaiian community action organization. Task force members included a spectrum of service providers and researchers familiar with Native Hawaiian mental health problems. Four members of the task force were Native Hawaiians. The study was conducted over a three-month period from July 15, 1985 to October 15, 1985.

The specific purposes of the study were: (1) to identify existing data bases and reports which addressed the topic of Native Hawaiian mental health, especially those which discussed rates of psychiatric disorders, exposure to psychiatric risks, and service utilization patterns; (2) to assess the validity and reliability of these reports; (3) to collect and generate needed supplemental data; (4) to prepare a culturally relevant context; (5) to prepare an extensive bibliography of relevant English language and Hawaiian language mental health materials; (6) to prepare supplemental materials including glossaries, personal statements, and literary quotations; and (7) to prepare conclusions and recommendations.

Conceptual Orientation

The present report identifies and evaluates available psychiatric and psychosocial research on Native Hawaiian mental health, including current records of psychiatric diagnostic rates, stress profiles, and service utilization patterns; however, discussions of this material were conducted with an explicit awareness of the cultural biases and limitations of the existing research and an awareness of the necessity of recognizing and being responsive to traditional Hawaiian conceptions of health and illness. The report asserts that these conceptions, rather than impose Western conceptions, should provide the basis for assessing Native Hawaiian mental health needs, since it is precisely the imposition of Western values and life styles that has been responsible for much of the cultural dislocation and disintegration leading to the current crises in Native Hawaiian mental health.

The present report asserts that Native Hawaiian mental health needs are a function of a complex pattern of pernicious economic, political, educational, and social circumstances which have deprived the Native Hawaiian of those psychosocial foundations which are necessary for promoting and maintaining a good mental health including: (1) a positive sense of ethnic identity; (2) a positive self-concept and sense of self worth; (3) a culturally consistent set of values and beliefs which are at least partially continuous with historical tradition; (4) a respect for one's ancestry and heritage; (5) a sense of political and economic empowerment; (6) a social formation which supports these characteristics; (7) a health system which provides

accessible and acceptable services; and (8) an opportunity to establish and maintain a strong attachment to the 'āina (land).

In contrast to Western concepts of mental health which frequently separate psychological and somatic functioning, traditional Hawaiian conceptions emphasize the unity of body, mind, and spirit. The harmony of these dimensions emerges from a sense of psychic relationship with the land, the sea, and the spiritual world. The present study found that for many Native Hawaiians, the detachment from traditional beliefs and life styles based on harmonious relationships with nature and the spiritual world has created a felt sense of marginality, helplessness, and alienation. Thus, the present report emphasizes the importance of promoting traditional beliefs and life styles as alternatives to Western ways.

The task force recognizes that although there are many benefits to be derived from increased westernization for Native Hawaiians, there are also many risks, especially if the process of acculturation and assimilation is not buffered by the promotion of Hawaiian culture. Without the latter, there are no roots for socialization and social control, there is no frame of reference to guide morality and relationships, there is no felt sense of continuity with the past and no sense of community. The outcomes of this condition are mental illness, substance abuse, crime, delinquency, anomie, alienation, and a pervasive sense of anger and frustration. For many Native Hawaiians, there is a feeling that they are strangers in their own land, unwelcomed participants in society.

The task force also asserts that traditional Hawaiian values offer Western people an important alternative for finding personal meaning and growth in our contemporary world. Under the constant pressures to achieve personal power and material wealth, Western people also experience alienation and self devaluation and need a belief system and a way of life which can mediate their adjustment. Further, suppression and disdain for minority ways of life can only bring a false sense of superiority to the majority and deny them the opportunity for an honest appraisal of their own worth. The oppressed and the oppressor are both losers in the pursuit of happiness and fulfillment. By devaluing minority ways of life, the majority populations are denied alternatives which may assist them in understanding and describing their world. Westernization is not modernization! Westernization is not progress! Westernization is simply a way of life whose final test, like all ways of life, is its ability to bring its followers peace, harmony, and personal meaning.

Organization of Report

The report consists of five chapters and six appendices. Chapter 1 discusses the background and methods. It also discusses the limitations of the study including the short time available for the completion of the report (three months), the many definitions of "Native Hawaiian," the limited number of Native Hawaiian mental health professionals available for participation in the study, and the serious problems with the existing data bases. Chapter 2 discusses Western and Hawaiian conceptions of mental health and the extensive but unused literature on Hawaiian health concepts and practices.

Chapter 3 discusses the theoretical assumptions that guided the study and relevant socio-demographic data on Native Hawaiians. It also presents the results of analyses of existing data bases and resources. Chapter 4 examines service utilization patterns of Native Hawaiians and the lack of cultural accommodation within the mental health system. The chapter closes with a discussion of the many activist movements and activities of Native Hawaiian people, a fact which the task force believes signals a growing revitalization of Hawaiian culture. Chapter 5 presents the conclusions and the recommendations. The recommendations are divided into those which address program needs and research needs.

The appendices provide valuable supplementary material for the report including coverage of pertinent Hawaiian terms, personal statements of Native Hawaiians testifying to the quality of their life, a compendium of relevant mental health literature, quotes from Hawaiian literature designed to provide insights about the nature of the Native Hawaiian experience, and supplementary tables from statistical reports.

The present report was intentionally structured to provide readers with a comprehensive understanding and appreciation of Native Hawaiian mental health needs by juxtaposing technical material with literary and subjective accounts of the Hawaiian experience. It was felt that this perspective would offer a deeper awareness of the Native Hawaiian condition.

The Native Hawaiian Population

An analysis of current social and demographic data on Native Hawaiians revealed that they constitute approximately 12% to 18% of the state's population, depending upon the definition of "Hawaiian" which is used. Native Hawaiians are, on the average, younger than the state population and live in larger households and families. There are more female household heads among Native Hawaiians. In addition, Native Hawaiians have lower levels of educational attainment and lower average incomes. They are also less likely to be employed in executive, managerial, and professional positions.

The report summarizes the many different definitions of Native Hawaiian which are used by public and private agencies. The variations in these definitions point to a serious problem in identifying the Native Hawaiian population. The report also points out the fact that there are many different patterns of identification with Native Hawaiian life styles. Clearly, Native Hawaiians are not a uniform group. But it is also clear that the largest numbers of Native Hawaiians include those who are disenfranchised from participating in the dominant society and who are forced to live marginal existences caught between a devalued past and unacceptable present and future.

Methods

Within the brief amount of time available for the preparation of this report, the

task force gathered all published and unpublished reports on Native Hawaiian mental health and also conducted brief surveys to supplement the findings. Most of the materials collected and analyzed were reports from state health agencies and from community action groups serving Native Hawaiians. Additional surveys of health officials and workers were conducted to provide data on cultural accommodation to Native Hawaiian life styles and sensitivity to Native Hawaiian problems.

A thorough evaluation of these materials revealed that they were characterized by many methodological problems which limited the validity of the findings. For example, the state health reports are often not standardized by age and they use diagnostic records which are notable for their unreliability. Community surveys are few in number and are not representational of the Native Hawaiian community. As a result, the statistical findings are, at best, a crude index of the Native Hawaiian mental health needs.

General Findings

The study indicated that, in comparison to statewide population estimates, Native Hawaiians have:

1. Higher proportions of social problems with family, people, and children, including higher proportions of assaultive acts and antisocial behavior;
2. Higher proportions of alcohol and narcotics use;
3. Higher proportions of school performance impairment;
4. Higher rates of suicide among young adult and elderly males;
5. Higher rates of child abuse and neglect (second only to Samoan populations);
6. Higher rates of residence in correctional institutions;
7. Higher rates of academic failure and poor school performance; and
8. Higher levels of stress as indexed by leading stress markers including poverty, educational level, single family households, dwelling density, and so forth.

The study also revealed that Native Hawaiians under-utilize mental health services because they are unacceptable as presently structured and delivered because they fail to accommodate Native Hawaiian values and life styles. There is little use of Hawaiian values and norms as treatment goals, there is little use of Hawaiian beliefs to describe problems, there is little awareness of Hawaiian cultural beliefs and practices regarding health, and there is little use of Hawaiian language terms in health care.

Virtually no training in Hawaiian culture is provided to public mental health

workers. Further, there are few Native Hawaiian mental health professionals. There are some examples of successful Hawaiian-based mental health programs such as Hale Ola and the Opele Project, but these are exceptions and even they do not receive the full financial support deserved and required to achieve their goals. The outcome of this indifference and this failure to accommodate Native Hawaiian ways of life is an absence of professional resources for mediating mental health problems and high personal, social, and economic costs to the community.

The study found that there is an extensive history of Hawaiian health beliefs and practices which could be used to provide culturally relevant mental health services. Practices such as ho'oponopono and lomi lomi could easily be included in existing service delivery programs. The former is a potent form of counseling which has proved to be a successful method of intervention throughout the Native Hawaiian community. But what is required in order to implement these health beliefs and practices is a major change in the ideologies and practices of the public mental health system.

Lastly, the study found that there is a growing sense of activism among Native Hawaiians which can be tapped to promote mental health. The report documents an extensive series of organizations and activities which reflect the Native Hawaiian struggle for empowerment, cultural pride, and competence. They demonstrate the potential vitality which is present in the Native Hawaiian — a vitality which could be used as the basis of promoting Native Hawaiian mental health and preventing illness and alienation.

Recommendations

The task force's recommendations are extensive. They include program recommendations and research recommendations. Because of their length, they will not be presented in toto in the present summary. The recommendation section should be read in its totality to fully appreciate the effort that is needed to cope with the mental health needs of Native Hawaiians.

The program recommendations argue for:

1. The renewal and perpetuation of Hawaiian values to assist in the promotion of pride, self confidence, and personal power among Native Hawaiians.
2. The development of autonomous mental services which are community based and controlled by Native Hawaiians and which are committed to Hawaiian culture, history, and language.
3. The development of educational training programs within the school system and within higher education institutions to facilitate an increase in the number of Native Hawaiian mental health professionals.
4. The implementation of cultural sensitivity and awareness programs under continuing education program auspices for mental health service providers. Certification of professional competence for dealing with Native Hawaiians

should be required.

5. The development of political, economic, educational, and social programs to encourage empowerment.
6. The development of more programs to increase the availability of land to Native Hawaiians since it is from a relationship with the 'āina that all mental and spiritual health flows.

The research recommendations proposed by the task force were shaped by the mental health needs which the study revealed and by the following guidelines for conducting relevant research: (1) mental health researchers should be cognizant of and sensitive to Native Hawaiian culture, history, and language (2) research should be directed toward building community competence; and (3) research should involve Native Hawaiian people in the planning, conduct, and interpretation of investigations.

The following research recommendations were proposed:

1. Conduct social epidemiological studies which focus on role expectations, performances, and adjustments rather than psychiatric epidemiological studies, which emphasize rates of severe mental disorders.
2. Conduct studies of natural support systems and networks.
3. Conduct studies of mental health service delivery options and preferences.
4. Conduct translation studies of Hawaiian language materials which involve health beliefs and practices.
5. Conduct evaluation studies of the effectiveness of existing educational programs including both public and private schools and institutions.
6. Conduct studies of ethnocultural identity and develop measures of alternative life styles and their impact on health practices and outcomes.

PREFACE

In compiling this report on the mental health needs of Native Hawaiians, the members of this Task Force have been struck, "haunted" may be a better word, by the similarities to the natives of another land. For nearly a hundred years now, reports such as this have catalogued the extent of "disordered" behavior among Native Americans; attributed the "alienation" of the Native Americans to their culture (of poverty), and, more often, lamented the extent to which Native Americans are "strangers in their own land." The cumulative studies paint a devastating picture of the mental health of Native Americans.

While this report, too, will do its share of cataloguing, attributing, and lamenting, the major contributions are:

- A comparative overview of the differences between Western and Native Hawaiian concepts of mental health. Western concepts are typically employed when people talk about mental health. These concepts are important in understanding how they clash with traditional Native Hawaiian concepts of mental health - a term which is not in the Hawaiian vocabulary.
- A theoretical perspective which views mental health as interdependent on biological, psychosocial, and sociological factors. This perspective guides the analysis of the mental health data.
- An assessment of the sensitivity of mental health services to the cultural background of Native Hawaiians. This assessment includes a historical perspective and an analysis of interviews with mental health practitioners.
- An overview of Native Hawaiian solutions to the needs of the Native Hawaiian

community. This overview present actions which have highlighted the unity and ethnic pride among Native Hawaiians.

- A list of recommendations for a broad range of audiences. These recommendations recognize the need to have impact on all levels of the social system in order for meaningful and lasting changes to occur.

Interspersed throughout this report are quotes from Hawaiian language sources. These quotes provide a glimpse of Hawaiian language writings pertinent to mental health; the quotes also are a poetic balance to the academic nature of this report. Finally, the report contains a series of appendices intended to provide readers with more detail. The appendices include a glossary of Hawaiian terms pertinent to mental health, a copy of the interview guide used to assess cultural sensitivity of mental health practitioners, a personal statement about Native Hawaiian mental health written by Task Force member Betty Ann Rocha, a list of references on mental health of Native Hawaiians, quotations from Native Hawaiian literature, and some tables described in this report.

Chapter 1

INTRODUCTION

INTRODUCTION

In FY1984 the United States Senate Appropriations Committee included a directive in the Supplemental Appropriations Bill for the U.S. Department of Health and Human Services (DHHS) to conduct a comprehensive health needs study of Native Hawaiians. On September 7, 1984 Senator Daniel K. Inouye sent a letter to Dr. Edward Brandt, Jr. (Assistant Secretary for Health) requesting follow-up information on the status of the health care needs study. Dr. Brandt referred the matter to Dr. Sheridan Weinstein of the Department of Human Services (DHHS), Region IX.

Copies of the correspondence between Senator Inouye and Dr. Brandt were sent to interested parties in the community. ALU LIKE decided to pursue the health care needs study further. ALU LIKE is a non-profit community organization assisting the Native Hawaiian community toward economic and social self-sufficiency. In November, ALU LIKE called together a group of University of Hawai'i and community people with interests in the health needs of Native Hawaiians. The Hawaiian Health Research Consortium (HHRC) was formed as a result of this meeting. At a subsequent meeting, HHRC members decided to submit a health care study concept paper to DHHS, Region IX. The concept paper outlined the procedures for conducting the health needs study for DHHS.

Dr. Sheridan Weinstein of Region IX acknowledged receipt of the concept paper, and in March 1985, DHHS decided to pursue the health needs study with HHRC. In June 1985, DHHS provided funds to the Waianae Coast Comprehensive Health Care Center (WCCHCC) to conduct the health needs study. WCCHCC was selected as the prime contractor because the Center had existing ties with DHHS and an established system to

disburse the funds. WCCHCC then subcontracted the study to ALU LIKE for the overall administration of the project.

The contract called for a comprehensive review of existing health data on Native Hawaiians. The entire project was to be completed within a six month time period. In order to accomplish the study within this short time frame, the HHRC decided to organize the project around five task forces. Each task force would be responsible for health data within its assigned area. The five task forces included: Medical Task Force, Culture/History Task Force, Dental and Nutrition Task Force, Strategic Plan Task Force, and the Mental Health Task Force. This document reports on the activities and findings of the Mental Health Task Force.

Purpose

The Mental Health Task Force had the following purpose: (a) to identify existing data bases which may be used to assess the mental health status of Native Hawaiians, (b) to assess the quality of these data, (c) to review the most pertinent data on mental health, (d) to draw substantive conclusions from the data, and (e) to develop recommendations for mental health programs and research for Native Hawaiians.

Eight individuals representing community and research organizations were called together to form the Mental Health Task Force. The Mental Health Task Force became a working unit with each member contributing his/her expertise in the review and analysis of the data and the development of recommendations. Consultants met with the Task Force to provide advice on various issues.

The Mental Health Task Force worked with several important considerations regarding the final report. Task Force members expect the final report to contain narrative descriptions of the mental health data, present some comparisons between

Native Hawaiian and Western conceptions of mental health, and include recommendations which can be implemented by both local and national decision makers. It is important that the report be seen as part of a plan of action rather than a report to satisfy federal requirements.

Limitations

The results of the Mental Health Task Force's effort must be framed within the constraints placed upon this study. The short time available to conduct this study was the severest constraint of all. This time constraint prevented a thorough and comprehensive analysis of mental health data and the scope of the study. Mental health encompasses a wide range of topics including individual psychoses and family violence. The Mental Health Task Force was presented with a major decision: whether to cover a few topics in depth by conducting more analyses on several data sets or whether to cover a range of topics through existing research reports. The short time frame for this project did not make it possible to cover a range of topics in depth. The Mental Health Task Force decided to cover six topics through existing reports. This method allowed statements to be made about a few major topics. In addition, there was no existing mental health data set without severe limitations which would present a comprehensive picture of the mental health status of Native Hawaiians.

The time constraint also required Task Force members to commit a substantial portion of their summer to the completion of the study, and many individuals who were interested in working on the Task Force could not do so because of prior commitments.

A second limitation involves the different definitions of "Hawaiian" used in various research studies (see Table 1). The magnitude of this issue can be seen in the various estimates of the numbers of Hawaiians in the state. The United States

Census used a self-report definition of ethnicity. The Census asked people to select the ethnic group which best described them. The Hawai'i Health Surveillance Survey used a parentage definition - if one or more parents are Hawaiian then the individual is classified as Hawaiian (either Part-Hawaiian or Hawaiian). The U.S. Census estimated that the Hawaiian population in 1980 was 118,251. The Health Surveillance Survey estimated the Hawaiian population at 175,909, a difference of over 50,000 people.

Insert Table 1 about here

The ethnicity issue makes the comparison of studies problematic. When one study uses a self-identification definition of ethnicity and another uses a parentage definition, the results cannot be legitimately compared. The studies are not describing the same population. Comparisons of research studies must be viewed with caution in light of this limitation.

A final limitation is the limited number of mental health professionals who are Native Hawaiians. The absence of Native Hawaiians in the field prevented the Task Force from gaining more representation of Native Hawaiian perspective on mental health. This limitation has been addressed in the recommendations section of the report.

Terms of Reference

In this report, the term "Native Hawaiian" will be used to describe the subject of this study. Native Hawaiian refers to all persons who can trace ancestry to island inhabitants prior to 1778, regardless of blood quantum. This definition is an inclusive definition comprising groups of people who have been typically categorized

Table 1.
Definitions of Native Hawaiians

Agency	Definition Used
State Department of Health	Person having any amount of Hawaiian blood by identifying at least one parent to be Hawaiian or Part-Hawaiian.
The Kamehameha Schools	Person reported to be Hawaiian on their his/her birth certificate and on at least one of his/her parent's birth certificate.
1980 U.S. Census	Person who reports to be Hawaiian (self-report).
Hawaiian Home Lands	Any person who can trace his/her ancestry to pre-Cook (1778) island inhabitants, provided he/she possesses half or more Hawaiian blood.
Office of Hawaiian Affairs	Any person who can trace ancestry to island inhabitants prior to 1778, regardless of blood quantum.

as "Part-Hawaiian" and "Full-Hawaiian" or "Hawaiian." When other research studies reviewed in this report deviate from this definition, this deviation will be noted.

This report includes a number of Hawaiian language terms and agency acronyms which may be unfamiliar to some readers. As an aid, Table 2 includes a few common terms and the definitions pertinent to understanding the mental health discussion and data. A detailed glossary is included in the Appendix. Table 3 displays some agency acronyms used in various sections of this report.

Insert Tables 2 and 3 about here

Table 2.
Hawaiian Language Terms of Reference

Term	Definition
'Āina	Land; spiritual connection for Native Hawaiians
Aloha	Helping, shared love, greetings, affection, mercy, pity, kindness, charity, regards
Kahuna	Priest, expert in any field
Kapu	Religious or social laws concerning behavior
Kōkua	Help, assist, support, cooperation
Kuleana	Right, responsibility, ownership
Kūpuna	Extended family; grandparents, ancestors
Ohana	Family, immediate and extended
Ola	Life, health, recovery from disease

Table 3.
List of Agency Acronyms

Acronym	Agency
DHHS	United States Department of Health and Human Services
DMH	Hawai'i State Department of Health, Division of Mental Health
DOE	Hawai'i State Department of Education
DOH	Hawai'i State Department of Health
DSSH	Hawai'i State Department of Social Services and Housing
OHA	Office of Hawaiian Affairs
QLCC	Queen Lili'uokalani Children's Center
WCCHC	Waialanae Coast Comprehensive Health Center

METHODS

Although there are a number of data sources, technical reports, and research journals which discuss mental health in Hawai'i, there is a paucity of social science resources which directly assess the mental health status of Native Hawaiians. This is not to suggest that resources do not have implications for understanding the mental health of Native Hawaiians. Rather, methodological problems with existing data sources detract from making accurate statements about Native Hawaiian mental health. These methodological problems guided the Task Force in selecting several activities in developing the contents of this report. Before describing the methods for compiling the data, several general limitations with existing sources will be described. In the data analysis section of this report, limitations will be listed for specific data sources.

Two general sources are typically used in providing mental health data: public records and surveys. Examples of some mental health indicators which can be garnered from public records include admissions to mental health clinics, diagnostic information from clinics, referrals at spouse abuse centers, and arrest information from the police. Following are a few critical problems which question the validity and reliability of public record data.

- a) Diagnostic data from public records are limited by diagnostic and interviewer reliability. Often assessments are made by a number of interviewers. Different interviewer assessments create biases especially when the interviewer must rate the client over a number of psychosocial dimensions.

- b) Ethnic identification is problematic in public records, especially when the data are recorded by interviewers. When a client does not provide ethnic information, interviewers will sometimes guess a person's ethnicity by the last name or physical appearance. In some instances, ethnicity information is collected by an agency for reasons unrelated to research (e.g., the police may record a person's ethnicity by physical appearance because they may need to identify the person at a later date).
- c) Mental health indicators from public record data provide a confounded variable: mental health status and service utilization. These data can provide a biased and inaccurate assessment of mental health particularly when equivalent data do not exist for the community as a whole.
- d) Public record data often confuse first time admissions with chronic clients. First time admissions are usually different from chronic clients in terms of background and diagnostic assessments.
- e) Reports generated from public records often do not standardize the data by age. Since the Native Hawaiian population is younger than the state population, the absence of age-standardized rates may create a distorted analysis.

Social surveys present two major problems in assessing the mental health of Native Hawaiians. First, sampling is designed to make generalizations about a certain area like a city, county or state. When this is done, the Native Hawaiian sample is generally representative of the population in the surveyed area. This is a useful strategy when making statistical statements about an area. However, often, the Native Hawaiians sample may be too small to make statistical adjustments by geographic area, social class, gender, and age.

The second problem has to do with the measures used in assessing mental health. Too often, researchers do not test the survey instrument against cultural biases. The surveys are not sensitive to the cultural conceptions of mental health or the way the questions may be interpreted by indigenous or non-Western people. An example may help to illustrate this point. In conducting an evaluation of an educational program, researchers used an instrument which measured self concept. The instrument was administered to project students. The researchers decided to see if the students had any problems with the instrument. They interviewed a project student who was Native Hawaiian and who had a low score on the instrument indicating a low self concept. As they talked with the student, they found that she seemed to have a positive self image and was very engaging in the interview. They asked her why she had answered certain questions like "I do good school work" and "I like myself" by checking a "no." She looked at the researchers and said, "I no like brag." Without the careful screening of the survey instruments, the data may not be useful in assessing the mental health of Native Hawaiians or other non-Western groups.

E noho iho i ke ʻōpū weuweu mai hoʻokiʻekiʻe

Remain among the clumps of grasses and do not elevate yourself.
Don't put on airs, show off, or assume an attitude of supremacy.

- 'Ōlelo No'eau
Mary Puku'i (Translator)

Task Force Methods

Literature pertinent to Native Hawaiian mental health were identified and reviewed. Materials written in English and Hawaiian were considered for review. Time

limitations prevented an exhaustive review, but the literature search represents a range of materials and resources which can be used to discuss Native Hawaiian mental health. The results of this reference search are discussed in Chapter 2.

Several problems were encountered in reviewing Hawaiian language materials. A thorough, scholarly examination of materials was not possible. The Hawaiian language newspapers, oral histories, and other recordings — including Ka Leo Hawai'i radio programs, and interviews with kupuna — all remain unexplored.

The accessibility and retrieval of materials presented a second constraint. The libraries at the Mission House Museum, Bishop Museum, and State Archives contain valuable and unpublished Hawaiian language materials. However, the materials are not systematically catalogued and indexed. It was difficult to determine whether materials were written in the Hawaiian language until they were actually pulled from files. With the revival of the Hawaiian language, better organization and care are recommended for these materials.

A third constraint is the absence of a single Native Hawaiian term for "mental health." While Native Hawaiians were very precise observers of nature and human behavior, they had one primary word (ola) for "life," "health," and recovery from illness. Both "heart" and "mind" were centered in the na'au or intestines. Thus, an educated or enlightened Native Hawaiian had, literally, intestines flooded with light (na'auao); an ignorant person was one whose guts were dark (na'auopō).

The compilation of socio-economic data on Native Hawaiians comprised the second data collection activity. The Hawai'i State Health Surveillance Survey and the 1980 United States Census were used to provide descriptors on the current social and economic position of Native Hawaiians.

The third data collection activity consisted of a review of the mental health

data from published journal articles and government.

Six topics were identified which cover a range of mental health problems: Psychological disorders, suicide, crime and juvenile delinquency, school adjustment, child abuse, and alcohol and substance abuse.

The final data collection activity focused on a series of interviews with mental health practitioners on Oahu. Since this is the principal original data collection activity employed by the Task Force, a detailed description of the method is presented.

Interviews With Mental Health Practitioners

A survey undertaken for the Mental Health Task Force was based upon a research framework previously applied to examine the culture accommodation of psychiatric agencies in several Southeast Asian nations (Higginbotham, 1984). The research objective was to determine the extent to which mental health institutions provide care continuous with culturally patterned health behavior and culturally determined expectations of healing of the clients. Culturally accommodating programs strive to represent these distinct cultural patterns formally and informally in their policies, plans, and operating procedures.

In some fashion, sensitive programs perform a cultural assessment in order to understand how clients and their families interpret the illness experience, conceptualize the problem, and respond to the problem socially and therapeutically. Such programs consider expectations of the community regarding participation in agency policy making, their social atmosphere, cost, and location of caregiving. Accommodation also involves honoring expectations about the treatment staff -- their social backgrounds, life experiences and training, as well as their style of communicating

with clients.

Three levels of positive outcomes are hypothesized from cultural accommodations. First, with regards to structure, the program will be less bureaucratic and less expensive. It will be maximally accessible, attractive, and open to potential users. Second, because it will "fit" comfortably into the surrounding sociocultural environment, the accommodating program will have enhanced acceptability to users, it will not stigmatize its patrons, and it will reinforce existing community competencies for problem solving. Finally, the culturally sensitive service will evoke heightened expectancies of successful healing because of the qualities of the helpers and the therapeutic procedures undertaken. Client and family members will positively evaluate treatment efficacy, gladly reuse the program, and favorably recommend it to other kin, friends, and neighbors.

• Survey Questions Derived from Cultural Accommodation Framework

The cultural accommodation framework suggests three questions to pose in relation to Hawai'i's mental health system:

- a) Generally, how has Hawai'i's mental health system been uniquely fashioned by its evolution within a social and historical environment containing pluralistic influences of Polynesia, America, Europe, and Asia in a location isolated from the U.S. mainland. In particular, in what ways do psychiatric institutions reflect Native Hawaiian patterns of social organization given that these services were heavily used by Native Hawaiians and some were established in an era when Native Hawaiians were dominant in terms of language, government, and population.
- b) What are the specific accommodation procedures, policies, and practices,

either formal and informal, that service providers follow in order to make their treatment especially relevant to the unique needs of Native Hawaiian clients?

- c) What indications are there that the service is acceptable to the Native Hawaiian community and fully utilized by Native Hawaiians who require mental health assistance?

• Survey Method

Subjects and Sites. Tables 4 and 5 present a list of the agencies contacted and the characteristics of the personnel interviewed. The initial strategy was to compile a list of mental health professionals working for the State Division of Mental Health and for non-state agencies and who were known to have extensive experience working with Native Hawaiian clients. Most of these individuals were either Native Hawaiian or had shown a special professional and personal interest in Native Hawaiian mental health concerns. These individuals are knowledgeable spokespersons on this topic and articulate the problems in meeting Native Hawaiian needs both from a professional and personal perspective as participants in the Native Hawaiian community.

Insert Tables 4 and 5 about here

A second strategy was to focus on three mental health catchment areas in which Native Hawaiian clients are heavily concentrated - Waipanae, Windward Oahu, and Kalihi-Palama - and learn about the variety of public and private programs aimed at Native Hawaiian mental health needs in those areas.

In sum, 22 persons with the Division of Mental Health were interviewed; seven of

Table 4.

List of Agencies Contacted for the Cultural
Accommodation Survey

ALU LIKE, INC.

Department of Health, State of Hawai'i
Mental Health Division
Central Administration
Hawai'i State Hospital
Windward Community Mental Health Clinic
Waipanae Mental Health Clinic
Kalihi-Palāma Mental Health Clinic
Makiki Mental Health Clinic
Ethnocultural Task Force

Hale Lōkāhi

Hale Ola o Ho'opākōlea

Hawaiian Language Preschool

Hawai'i Mental Health Association

Office of Hawaiian Affairs

Queen Lili'uokalani Children's Center

St. Francis Community Health Education Program

University of Hawai'i

Anthropology Department
School of Social Work

Waimānalo Educational Task Force

Waimānalo Teen Project

Table 5.
 Characteristics of Persons Contacted for the
 Cultural Accommodation Survey

Organization	M.D.	Psycho- logist	Social Worker	Nurse	Adminis- trator	Other	Total
Government agency	3	6	8	4	2	10	33
Private agency	0	1	8	1	5	0	15
University of Hawaii	0	0	1	0	1	2	4
Total	3	7	17	5	8	12	52

these provided extensive information based on the survey questionnaire. Discussions were also held with another 30 persons in a variety of agencies providing direct services, such as Queen Lili'uokalani Children's Center, Hale Ola, Hale Lōkahi, and the Teen Project. Eight of these key informants provided detailed information based on the survey questionnaire.

• Interview Questionnaire

Appendix B depicts the structured interview schedule administered to agency providers and administrators. The interviews were usually conducted in the subject's office, although a few were conducted over the phone. Each interview lasted from 1-1/2 to 2 hours. The first section requested background information about the agency -- funding source, administrative structure, demographic characteristics of Native Hawaiian users, referral source, and background of the staff. Key questions included the nature of the training to prepare staff to work with Native Hawaiians and whether staff were members of the local community.

The second section of the questionnaire consisted of two open-ended questions about the cultural relevance of services: (1) What are the unique needs and expectations of Native Hawaiian users? and (2) What policies, procedures, or practices are aimed at meeting those unique needs and expectations?

The third section listed 20 specific culture accommodation activities and asked personnel to list agency efforts in these areas. Items included activities such as using Native Hawaiian values in treatment goals, using Native Hawaiian methods of problem solving, involving cultural caregivers, hiring Native Hawaiian staff, following Native Hawaiian rules of communication, providing "one stop" help, and understanding the cultural interpretation of the problem. These items were suggested by

Higginbotham's (1984) studies of cultural accommodation in non-Western settings, the experiences of Hale Ola o Ho'opākōlea staff in designing culture specific counseling for Native Hawaiians in Nānākuli, and ethnographic writings about Native Hawaiian health and healing practices.

The final section asked staff for their perceptions of the acceptability and utilization of services by the Native Hawaiian community and the problems they faced in making services more acceptable and better utilized.

- Summary

This study consisted of reviews of English and Native Hawaiian literature pertinent to mental health, reviews of mental health data bases, selection and analysis of key research studies and documents, the use of secondary data, and a series of interviews with mental health professionals. The time limitations helped to define the nature and extent of the methods employed. Given this constraint, the data collection activities provide different kinds of information from which to describe the mental health status of Native Hawaiians.

Chapter 2

CONCEPTIONS OF MENTAL HEALTH

WESTERN CONCEPTIONS OF MENTAL HEALTH

Historical Foundations

All societies have conceptions of optimal human functioning although these conceptions may vary. In the Western world, there has been a considerable degree of research and commentary about optimum human functioning under the rubric of mental health. Within the Western cultural context, mental health is considered one aspect of overall health.

In the United States, the term "mental health" was derived from the term "mental hygiene." The latter term emerged at the turn of the century when Clifford Beers wrote his famous book, A Mind That Found Itself. In 1909, Beers and others founded the National Committee for Mental Hygiene. By 1917, this committee published the first issue of Mental Hygiene, a quarterly journal devoted to the conservation of mental health and the promotion of studies of mental disorder and mental defects. It was during this time period that the importance of mental life finally began to impact social policy and action. The forward of the first issue of Mental Hygiene stated:

Today . . . a general realization is coming into existence that mental factors underlie not only inability to make a living and the gross disorders of conduct but all the social activities of man. Today we realize that human behavior can neither [be] successfully studied nor effectively directed without taking into account the facts of mental life. (1917, p. 1)

Unfortunately, the facts of mental life were few in number and not widely known at this time with the exception of the clinical observations of Sigmund Freud on the unconscious mind, and the laboratory research of Wilhelm Wundt, Henry Titchner, and other structural psychologists. But, more importantly, a distinction was being formed

between mental life and other aspects of human functioning. This distinction was part of a centuries-old philosophical orientation in the Western world that separated the mind, body, and spirit.

The concept of mental health is uniquely Western in nature and origin, and has little validity for non-Western people. The major reason for this is that non-Western people frequently do not separate physical, mental, and spiritual functioning. Early in the history of Western thought, distinctions were made between the mind and the body that caused people to think of these elements of our functioning as separate and distinct entities which either paralleled one another, were unrelated, or influenced one another via mechanisms such as the pineal body. This latter view was held by thirteenth century scholars in Western Europe but holds no contemporary scientific status.

This orientation resulted in the development of separate scientific disciplines and professions which address different aspects of our functioning. Physicians attend to our body; mental health professionals to our mind; and priests, ministers, and other religious professionals to our spirit. This legacy is displayed in Figure 1.

Insert Figure 1 about here

Yet, even as we speak of mental health, there is a growing discontent with the term. Spurred by the Surgeon General's Report, Healthy People (1979) — which addressed the status of health promotion and disease prevention in the United States and concluded that life styles were critical to healthy human functioning — many researchers and professionals are today acknowledging that mind, body, and spirit

Figure 1.
Orientation of Disciplines and Professions

		Institutional Representations		
		Roles	Facilities	Knowledge
Levels of Human Functioning	Body	Physicians Physical and Biological Scientists Nurses	Hospitals Clinics Laboratories	Medicine Physiology Anatomy Chemistry
	Mind	Mental Health Professionals	Hospitals Clinics Rest Homes Laboratories	Psychology Theology Psychiatry
	Spirit	Priests Ministers Psychics	Churches Temples Shrines	Philosophy Theology Mysticism

Source: Marsella & Higginbotham, 1981

function together, that physical and mental functioning are interdependent and cannot be separated into distinct categories.

The Nature of Mental Health

Although the term "mental health" is a popular term among both lay and professional sectors of our society, it is difficult to define. Hinsie and Campbell (1970), in their highly regarded psychiatric dictionary, define mental health as "psychologic well being or adequate adjustment, particularly as such adjustment conforms to the community standards of what human relations should be." Although this definition appears simple and straightforward, it creates many problems. For example, what is "psychologic well being" and who determines its presence? Further, what does "community standards" mean? Can a person who is a non-conformist be mentally healthy? Kimball (1963) suggests that good mental health actually requires "selective detachment" from one's culture.

According to Scott (1968), mental health refers to a state of human functioning characterized by a number of positive psychological and behavioral criteria including the following: (a) general adaptive capacity, (b) capacity for self gratification, (c) interpersonal competence, (d) intellectual capacity, (e) emotional and motivational control, (f) wholesome attitudes toward people, (g) productivity, (h), autonomy, (i) personality integration and maturity, and (j) favorable attitudes toward the self.

Scott's criteria represent a general summary of those proposed by numerous agencies (e.g., American Mental Health Foundation, Mental Health Materials Center, National Association for Mental Health, National Clearinghouse for Mental Health Information). Clearly, the identification of criteria improves upon simple defini-

tions of mental health because it provides more concrete guidelines for appraisal. However, this does not solve the problem of the cultural relativity of the guidelines. For example, while being autonomous may be mentally healthy in American culture, it is a sign of deviance in many non-Western cultures. In understanding the nature of mental health, it is critical that we acknowledge its relationship to a particular historical and cultural heritage.

How Do We Determine Mental Health?

There are a number of different strategies for determining the presence or absence of mental health. For example, one strategy considers mental health to be the absence of psychiatric symptomatology (e.g., tension, anxiety, depression, hallucinations, etc.). This strategy has long been favored by psychiatric researchers and practitioners and has characterized numerous studies. However, this strategy has several shortcomings: Who determines whether psychiatric symptoms are present? Is there a minimal number of psychiatric symptoms which are acceptable? Does mental health involve a process of tension reduction or does it require a complete absence of tension?

An alternative to the former approach is the strategy of optimum functioning. This approach, favored by many professionals in the human potential movement, considers mental health to be synonymous with self actualization, transcendence, enlightenment, and other states involving the full use of one's potential. Unfortunately, this strategy also has a number of shortcomings. For example, Abraham Maslow, the famous psychologist who spent a lifetime studying self-actualized people, was able to identify only a few self-actualized people in Western history. Given the extreme requirements of this approach, it is unlikely that many people could be defined as

mentally healthy.

Some researchers and professionals have preferred to assess mental health by measuring the extent to which a person can meet various social role responsibilities (i.e., social adjustment). This approach is considered more pragmatic in that it examines whether an individual is functioning well as a parent, employee, spouse, student, friend, etc. The emphasis is on meeting expected role requirements. Because role expectations and performance can be culturally identified, this approach more often accommodates cultural nuances than some of the other approaches. However, it still requires an evaluation by a professional.

Yet another approach to determining mental health involves the appraisal of stress and coping. This approach has gained considerable popularity in recent years. Basically, this approach measures the stressors in an individual's life (e.g., finances, housing, marriage, life change events) and the coping mechanisms the person uses to deal with these stresses.

Is Mental Health an Ethnocentric Concept?

While most cultures appear to have concepts of optimum human functioning and adjustment, the concept of mental health is unique to the Western world. This is because most cultures do not make the mind-body distinctions that are typically made in the Western world. But, regardless of this distinction, there is also the issue of cultural relativity in accepted standards of behavior. Clearly, what may be considered normal, healthy, or even optimum behavior in one culture may not be considered the same in another.

One key to understanding cultural variations in mental health are a culture's assumptions about the nature of personhood, nature, and the unknown. These assump-

tions, which are often implicitly represented in rituals rather than explicitly articulated, help define the goals, values, and prized behavior patterns of a culture's members. Since cultures differ dramatically in these assumptions, it is clear that conceptions of mental health will vary.

In the search for a kahuna equivalent, the Hawaiian may really be searching for Hawaiian qualities in a physician or advisor. He may be searching for a starchless, less-clinical manner. A lack of hurry. A warmth and a welcome. An existing background in Hawaiian ways of speech, of living, of cultural values, and social customs. Perhaps the search is for "one of us" rather than the briskly efficient, success oriented, haole "them."

- Nānā ke Kumu (Vol. 1), p. 165

For example, traditional Hawaiian concepts of health and illness are based on the assumption of an intimate relationship between the person, community, nature, and spirit world. Individuals who violate this delicate relationship with improper behavior or insensitive action were at risk for variety of disorders. The key to health was to maintain the "psychic" relationship and harmony among the various aspects of one's world. Within this context, the concept of mental health for Native Hawaiians is different than that of the Western world. And, as a result, assessing mental health needs of Native Hawaiians becomes a far more complex process than simply tallying the number of admissions to the Hawai'i State Hospital.

NATIVE HAWAIIAN CONCEPTIONS OF MENTAL HEALTH

Native Hawaiians are acutely attuned to the nuances of psychosocial functioning among people as indicated by the works of nā kūpunas, historians, and ethnographers. It is impossible in this section to provide more than a hint of the cosmology constructed by Native Hawaiians to understand this sphere of human experiences (Appendix D, topical reference list). However, a brief overview of Native Hawaiian religious thought will provide a better understanding about the concepts of illness or psychosocial dysfunction.

The Hawaiian View of Nature

● The Psychic Realm

Native Hawaiians held in utmost awe the "imminence of power" wielded by the "invisible presences" in nature. This realm of existence, although physically intangible, is populated by distinct spirit entities. Handy (1971) uses the term "psychic" to denote this supersensory aspect of nature and states that events in a Native Hawaiian's psychic life were as clearcut as those of his/her physical existence. Indeed, psychic life events determined physical behavior; the psychic and physical realms were complementary and inseparable. Handy notes:

The prerequisites for successful worldly enterprise was favorable orientation of the controlling psychic powers Hence it was that rites initiated, accompanied, and ended all important activities The sense that every object and occurrence visible in nature manifested the embodiment or influence of some being or force that was imminent but invisible so filled the native's mind that in every phase of his life his first effort was always devoted to establishing the proper psychic conditions or connections [Because of this interdependence, vitalizing or destructive influences] brought to bear upon the psychic aspects would produce physical effects. (Handy, 1927, p. 6-7)

This reality conditions a distinct approach to knowing and acting upon the world which Handy and Puku'i describe as "The Psychic Phase of Relationship." Phenomena are affectively experienced rather than merely viewed. There is a sequence of internalizing experiences of the external and internal environment which progresses from sensation and emotion to observation, interpretation, and rationalization. Thus, Native Hawaiians carried a deeply personal and affectively vital comprehension of psychic relationships:

A Hawaiian's openness with the living aspect of native phenomena, that is, with spirits and gods and other persons as souls, is not correctly described by the word rapport, and certainly not by such words as sympathy, empathy, abnormal, supernormal, or neurotic; mystical or magical It is just a part of natural consciousness for the normal Hawaiian — a "second sense" . . . [encompassing] every phase of sensory and mental consciousness. (Handy & Puku'i, 1958)

Moreover, all elements of nature are reflections of psychic force and are regarded as conscious and animate. Thus, animate and inanimate are not clearly distinguished; the rock and land are born and grow exactly as people and plants (Handy, 1927). Heighton (1971), working more than 50 years after Handy, observed a continuity with these beliefs. Respondents in a Native Hawaiian community did not distinguish between man and nature, between one's own body and the rest of the environment, or between things living and non-living. For example, a person's soul (kino wailua) could leave the body and wander around at night (Johnson, 1983). Heighton (1971) concluded:

The living world envisioned by Hawaiians is a form of animism which seems to determine to a great extent how Hawaiians act or do not act. Traditionally termed mauli ola, meaning that the essence of life is present in every part of the world, the principle still seems to form a basis for understanding Hawaiian behavior. Each part of nature is considered to have a personality which operates under its own will and is related in some way to human beings. Older individuals were frequently observed talking to trees and plants while working in their gardens and yards. Sometimes the respondents would praise the trees and plants and encourage them to grow and bear fruit. At other times they would scold and threaten them with some form of punishment. (pp. 21-22)

• Dualism and Kapu

The second organizing feature of the Hawai'i cosmology is dualism. Nature is ordered by opposites that balance and complement each other to make up a unit. Positive aspects of dualism included: the nature superior; the sacred and divine; the psychic; the superior power (mana); the male principle; light; life; and so forth. The negative side of dualism included: the nature inferior; the common and unsacred; the physical; the passive, receptive female principle; darkness; destructive influences; and death (Handy, 1927). The sharp separation of the universe according to the male and female principle is still evident. Heighton (1971) observed that young boys are separated from girls and participate in gangs of the same sex; older men tend to sit together and away from women. Some Hawaiian words, kinship terms, and all the objects of the natural and supernatural world are distinguished by sexual characteristics (Heighton, 1971).

Dualism is evident in Hawaiian reverence of mana, supernatural power of sacred spiritual beings, and the effort to prevent pollution (haumia) and reattain a state of purity (ma'ema'e) if one is polluted. Heighton (1971) reports that some

Hawaiians still believed that anything which came from inside the human body was highly charged with mana and with the personality of the individual. Such things as feces, urine, spittle, discharges from the nose, and menses are polluting. Traditionally people disposed of them carefully because they were the best bait for sorcerers to use. (p. 26)

Derived from the principle of dualism were sacred laws or kapu that controlled all aspects of individual and community life. According to Handy (1927), kapu signified that which was psychically dangerous and hence needed to be set apart and avoided. Divine elements needed to be separated from the common and corrupt to preserve their mana; the corrupt required isolation to safeguard the divine and the

common. The common realm — the ground of humans and natural objects — provided the setting where the superior and inferior united in a balance. Any disturbance of this equilibrium in an individual, either by a surcharge of mana or by a loss of the natural endowment of mana, could affect the individual disastrously (Handy, 1927). Thus, kapu and secular law arose to inhibit the negative transference or loss of available and necessary mana (Johnson, 1983). In addition, humans who came in contact with sacredness or corruption required restoration to the normal psychic balance before mingling with others. This required the removal of kapu to break intimate contact with the sacred. Purification to remove defilment by physical contact with such things as a corpse was conducted through rituals of fire and water (Handy, 1927).

Illness Arising From the Psychic Realm

Native Hawaiians developed an acute psychic sensitivity to detect discord in their relationship with the spirit realm and thereby protect themselves from disaster. In this way, illness, serious accidents, psychosocial abnormalities, and death not readily attributable to physical causes were deemed the intervention of psychic forces. Serious ailments arose from psychic conditions emanating from within (ma loko) and outside (ma waho) the victim. Psychic methods to discover the cause of the problem included dreaming (moe 'uhane), clairvoyance in trance (hihi'o), divination (ho'ailona), and the practice of spirit mediumship (haka) (Handy, Puku'i, & Livermore, 1934). The causes of suffering from within the victim included the victim's own hate or jealousy, or failed observance of a kapu. Disregard for the sacred laws was an infringement (hale) of nature's order that opened the person and close associates to all the evil influences of nature. One way or another the offended gods would bring about the violator's death through sickness, war, accident

or in some other way (Handy, 1927). Handy, Puku'i and Livermore (1934) enumerate possible diagnoses of outside causes:

Malevolent influence working from without may be simply concentrated spite (mana'o 'ino), hate (mainaina), or jealousy (lili) in the heart of another person working directly and telepathically; it may be a disgruntled ghost (lapu), an offended nature spirit (kupua), a spirit guardian ('aumākua) or ancestor (kupuna, 'uhane); it may be a malevolent demonic spirit agent . . . sent by its keeper (kahu), who has been hired to kill; or it may be the withering, burning, or soul-extinguishing power of concentrated suggestion emanating from someone who practices the black art ('ana'ana) for pay. (p. 6)

Values to Preserve Harmony and Balance

Naturally, the consequence of this world view was a profound desire to preserve harmonious ties with the spirit realm. Particular attention was toward respect and observance of kapu. Kapu was linked with the 'aumākua, ancestral guardian gods, who protected the family from harm and answered trouble calls from family patrons (Johnson, 1983). Harmony with other humans was also critical; offenses might lead others to an evil manipulation of the psychic realm using sorcery and curse to bring about misfortune, sickness, and even death. Therefore, an intricate system of safeguards existed to minimize offensive behavior (things that were wrong or hewa), and helped insure the expression of correct, dutiful, just, and righteous action (pono maoli). These safeguards are the web of Hawaiian values emphasizing psychosocial balance through kindness and responsibility toward family and non-kin.

E wehe i ka umauma i akea

Open out the chest that it may be spacious.
Be generous and kind to all.

- 'Ōlelo No'eau
Mary Puku'i (Translator)

The list of positive virtues emphasize sensitivity to the environment, willingness to fit into one's surroundings, and sincere giving of oneself to others. Rocha (1975, 1985) describes the sharing and caring concepts basic to sustaining relationships. Lōkāhi denotes seeking ways to live in unity or at peace with one's self, the family, the gods, and the land (āina). It means group commitment and teamwork, assisting each other, fitting in, overlooking minor conflict and working toward achieving group goals rather than personal goals. Lōkāhi applies to conservation and protection of the land which sustains life and careful attention to the sensory and supersensory cues of the natural environment. A prayer (pule) often proceeds important undertakings to promote feelings of unity among people, nature, and gods, and sets the tone for things to come.

Aloha is the sharing of affection and the open acceptance of others. Such feelings come from the "heart" (na'au) without restriction. 'Oia'i'o means to be sincere, honest, and open with another; to be sensitive to people's wants and needs; and to respond congruently to their request. Kōkua is help given sincerely and willingly, and is often offered without being asked. Laulima is group cooperation to accomplish a project where all join in graciously until the task is completed. Hospitality (ho'okipa) is prized and etiquette requires that a warm welcome along with generous food and refreshment are always offered to visiting relatives and non-kin. Similarly, a mature Hawaiian (kanaka makua) adopts a humble style of interaction (ha'aha'a), is modest about his/her accomplishments, and seeks to be polite, courteous, and kind (olu'olu). Thoughtfulness in returning goods and services received (reciprocity) is also expected.

In contrast, inappropriate behavior and emotion is that which upsets the psycho-

social balance; it threatens family and group unity, and disregards psychic phase relationships. Jealousy (lili) is seen as one of the most destructive feelings. It causes much interpersonal conflict and prompts the use of sorcery by those who covet another's status, possessions, or personal qualities. The ideal is for even punalua, two spouses married to the same man or woman, to live harmoniously without spite or malice in their hearts toward each other (Handy & Puku'i, 1958). Holding on to a grudge (ho'omauihala) is deemed wrong and results in illness for the grudge-holder when he/she does not forgive a sincerely offered apology. Group unity is at risk also when someone is waha (all talk and no action) or brags (ha'anui), is haughty (ho'okano), or tries to show off (hō'o'ō).

Of particular grave consequence is malicious gossip, sarcasm, rudeness, teasing, and even negative thoughts toward others. Each of these breaches can result in "retributive comeback," where such negative and insincere actions, verbalizations, or thoughts "come back to you" in the form of illness, misfortune, or even death (Ito, 1982). Respect of personal space was encouraged through sanctions against being nīele (nosey) and maha 'oi (bold, nervy or brazen).

The Native Hawaiians were extremely careful observers of psychosocial functioning and they composed an extensive lexicon to distinguish among different expressions of inappropriate behavior and its severity. Rocha and Wight (see Appendix 2) compiled a listing of these concepts. Many terms emphasize branches of social graces: hewhewa — odd, eccentric, fault, error, wicked, incorrect, sinful; 'a'aka — surly, cranky, complaining; 'a'alaloa — a wild, demented person, uncivilized; huhū — angry, offended, wrathful; kūlaloa — to act as an idiot.

One expression for delusions and mania caused by spirit possession (akua noho or ma'i kipa) is 'uluāhewa. On the other hand, to be out of one's mind because of

sickness or intense excitement is olaulau. Pupule or extreme lawlessness and wildness, including self-mutilation, occurred when a mourner was overcome with grief at the death of a loved ali'i; its modern use is a general term for "crazy."

Certain terms capture the nuances of feeling states: loha (sullen, spiritless, wilting, unsociable); kaumaha (depressed, bent down as with a weight); ulukū (disturbed, nervous, agitated); lu'ulu'u (guilt, immersed in sorrow); inaina (rage, hatred, malice); kanihia (lovesick); loku (extreme mental or physical pain).

The severity of a disturbance was also distinguished. Less severe conditions included: 'ōpulepule (sometimes used for stressed or "freaked out," slightly or temporarily crazed); ho'omulemule (to show the first symptoms of insanity); 'ūlala (harmlessly deranged, silly). More profound disorders were: ma'i 'ōhewahewa (delirious, incoherent, as a drunkard); 'olohewa (demented, deranged); nahoa (intensive mental agony); hehena (insane, raving mad, possessed, maniac). In addition, reduced psychological performance was recognized through such expressions as: 'ā'ā (dumbness, an inability to speak intelligibly); kukule (debility, imbecility); lōlō (palsied); lolo po'o (disorder of the brain); and 'e'epa (epileptic, mentally retarded, slow).

Contemporary Hawaiian Personhood

Contemporary ethnographic descriptions of Native Hawaiian communities (Helgton, 1971; Howard, 1974; Ito, 1982; Linnekin, 1985; Peterson, 1975) and the reports of Native Hawaiian social workers (Puku'i, Haertig, & Lee, 1972, 1979) suggest that the world view conditioned by traditional Hawaiian cosmology persists along with the network of social mores constructed to maintain a balanced relationship with the psychic realm. Ito (1985) casts an image of Native Hawaiian personhood today that reveals its direct connection with historical thought:

For Hawaiians, the Self is intimately linked to the affective quality of one's relationships with Others. [Note: In addition to humans, Others include natural and supernatural objects since Native Hawaiians will deal interpersonally with elements of their natural world (Ito, 1978).] The affective quality of a person's relationships will determine how others view him or her and how they will interact with and respond to that person. Self is a socially interactive concept tied to correct social behavior (hana pono) between Self and Other. Correct social behavior is based on the Hawaiian ideal of extending one's Self in generous, sincere aloha to cooperate with and mutually aid, kōkua, Others. The negation of this ideal, and a transgression of affect, is found in greedy, jealous behavior which is self-centered and retentive. (p. 30)

MENTAL HEALTH LITERATURE ON NATIVE HAWAIIANS

English Citations

● General Overview

The Task Force compiled an extensive bibliography of written materials related to Native Hawaiian mental health issues. Appendix D contains three lists of these citations. An alphabetical list of materials written in English comprises the first reference list. The second list organizes these materials into subject areas. Many of these citations were found in the University of Hawai'i Hamilton Library Hawaiian Collection. The third list contains citations of written resources available in the Hawaiian language. Some of these latter citations are available in the Hawai'i State Archives and in Mary Puku'i's personal files at the Bishop Museum. A discussion of these materials is presented later in this chapter.

● Mental Health Citations

The literature pertaining to Native Hawaiian mental health is organized into six major sections in the List of Topics (Appendix D). The first section contains many of the classic historical and ethnographic accounts of Native Hawaiian society. Of particular significance are Handy's (1927) early account of Hawaiian religion, Handy and Puku'i's (1971) record of family life and values in Ka'u, and the more recent community descriptions of Nānākuli by Gallimore, Boggs and Jordan (1974), and Gallimore, and Howard (1968). More recent ethnographic work of note was completed by Linnekin (1985) in Ke'anae, Maui (social exchange and land use), Ito (1985) in urban Honolulu (personhood), and Newton (1978) in Miloli'i (interpersonal conflict).

Section 2 lists noteworthy studies of Native Hawaiian conceptions of health, mental health, and healing. The key sourcebooks on this topic are two books by Puku'i, Haertig and Lee (1979, 1985) produced through the Queen Lili'uokalani Cultural Committee. The work of Handy, Puku'i and Livermore (1934) overviews traditional physical therapeutics and health terms (see also Gutmanis, 1977; Mitchell, ____). Contemporary ethnographic studies of illness beliefs are by Heighton (1971) (Nanaku-ii), and Snyder (1979) and Ito (1985) (Honolulu). Accounts of Native Hawaiian family therapy (Ho'oponopono) based upon Puku'i's teachings, and the experience of staff at Queen Lili'uokalani Children's Center, are found in articles by Paglinawan (1972) and Shook (1981), while descriptions of community practices of "coming together" are offered by anthropologists Mays (1973), Peterson (1975), and Boggs (in press). Werner and others (1971, 1977, 1981) undertook longitudinal studies of health and adjustment difficulties of children growing up in Kaua'i and notes which factors promote "invincibility."

Section 3 covers studies of specific mental health problems. Included are reports of alcohol/drug abuse, child abuse, crime and delinquency, psychotic disorders, school adjustment, and suicide. Research on anxiety, personality disorders, and spouse abuse were more difficult to locate. Exceptionally thorough accounts of these problems are in the works by Kassebaum (1981), the Native Hawaiian Educational Assessment Project (1983), Werner and Smith (1977, 1981), and Chiu (1979).

The fourth section contains needs assessment surveys conducted in Hawai'i involving door-to-door interviewing and analysis of clinic use patterns. ALU LIKE completed comprehensive studies of Native Hawaiian needs in 1977 and 1980 while the Office of Hawaiian Affairs did so in 1985. The Hawai'i State Department of Health and the School of Public Health carried out a community assessment of mental health problems

and alcohol/drug use that included Native Hawaiians. Hale Ola o Ho'opākōlea (1982) surveyed Waiānae residents regarding their expressed service needs, while White and Landis (1982) and Ostrowski (1982) analyzed Mental Health Division Registry data to characterize service use by Native Hawaiians.

Section 5 presents some of the governmental reports that address Native Hawaiian needs. The Native Hawaiians Study Commission is a vast compendium that includes information about Hawaiian history, language and religion, and human services offered Native Hawaiians. Of similar value is the Ethnocultural Task Force Report which recommends avenues to make mental health care in Hawai'i more sensitive to client cultural requirements.

The final major section draws together reports about Hawai'i's mental health system. Significant patterns in the historical evolution of this system can be distilled from Catton (1940), Chung (1955), Ebaugh (1937), and the Hawai'i State Department of Health (1965). The aspirations of Hawai'i's first and only cultural healing center for Native Hawaiians are expressed in reports by ALU LIKE and Hale Ola o Ho'opākōlea.

Native Hawaiian Citations

• Motivations of Early Writers

The Hawaiian Bible was first printed in 1832, after which Native Hawaiian adults went to school to learn to read and write their language. Native Hawaiians largely taught each other since so many wanted to learn. The missionaries could not keep up with the demand for Bibles and primers. By the 1850s and 1860s, Hawai'i was a literate nation, a rare boast for any country at that time.

Some of the greatest of the Native Hawaiian historians, like Malo and Kamakau,

began as native informants to the missionary teachers at Lahainaluna on Maui, like those Native Hawaiians who helped to translate the Bible. The missionaries' Calvinist viewpoint and New England ethnocentrism blinded them to much that is beautiful in the Native Hawaiian culture, especially the psychological aspects of religion and medicine. What to a Native Hawaiian was a result of "sorcery" might be "psychosomatic" illness to a twentieth century psychologist, but early Native Hawaiian converts labeled it the "work of the devil." Despite this attitude, there is authentic detail which can be sifted from the writings of Kepelino, Malo, and others which make the earliest Native Hawaiian writings priceless.

How, then, did Native Hawaiian writers view the world during the last century when they began to record the old religion, medicines, and legends? Many of them looked back not only with the blinders of Christianity, but also with a cultural elitism acquired through their new religion. They were witnesses to the deaths of thousands of Native Hawaiians who succumbed to foreign diseases like measles, venereal diseases, and leprosy. For much of the 19th century, the death of the Native Hawaiian race was not some vague fear, but a current event. Some surely must have felt that the old gods were wrecking vengeance for the breaking of the kapus. Native Hawaiian culture was changing because one key arc in the circle of relationships had been destroyed - the connection to the gods. Many must have been motivated by a sense of loss, by being part of a dying language and culture. Several medical kahunas comment that they were making note of traditional herbal medicines and practices so that the new generation would not forget the old ways. Many must have also suffered a profound inner turmoil, depression, and the alienation that is broadcast when the majority culture envelops and consumes the minority culture, like the famous chanter Ka'ehu who caught leprosy and whose exile to Molokai was also a death sentence (see insert).

MELE A KA-'EHU KA HAKU MELE

SONG OF THE CHANTER KA-'EHU

E aha 'ia ana o Hawai'i
I nei ma'i o ka lēpela,
Ma'i ho'okae a ka lehulehu
A ka 'ili 'ula 'ula 'ili
'oke'o?

'Ano 'e mai ana nā hoa hui
Like 'ole ka pīlina mamua.
He 'āhiu ke 'ike mai,
Ne'e a kāhi 'e noho mai,
Kuhikuhi mai ho'i ka lima,
He ma'i Pākē ko 'ia la.

Kūlou au a hō'oiā'io,
Komo ka hilahila i ka houpo.

Lohe ana kauka aupuni,
Ho'oūna ke koa māka'i.
Hopuhopu 'ia mai kohu moa,
Alaka'i i ke ala kohu pipi.
Ku ana imua o ka Papa Ola,
Papa ola 'ole o nei ma'i.
Ki'ei wale mai nā kauka,
Hālō ma 'ō, ma'ane'i,

Kuhi a'e na lima i Lē'ahi,
"Hele 'oe ma Kalawao."

Lālau nā koa Aupuni,
Halihali iā kai ka uwapo.
Ho'ili nā pio a pau,
Ka luahi i ka ma'i lēpela.
Hiki ke aloha kaumaha nō
Ika 'ike 'ole i ka 'ohana.
Ka waimaka ho'i ka 'elo'elo,
Ho'opulu i ka pāpālina,
Pau ka 'ikena i ka 'āina
I ka wehiwehi o ke kaona.

Hao wikiwiki iā lilo ho'i,
Kū ka huelo i ke kia mua,
E nonoho lua 'o Keoni Pulu,
Kīpū i ka hoe mahope,
Ho'ohū ka helena o ke kai,
A he pipi'i wale mai nō.
'Ike iā Moloka'i mamua
Ua pōwehiwehi i ka noe.

Ha'ina mai ka puana
No nei ma'i o ka lēpela.

What will become of Hawai'i?
What will leprosy do to our land —
disease of the despised, dreaded alike
by white or brown or darker-skinned?

Strange when a man's neighbors
becomes less than acquaintances.
Seeing me they drew away.
They moved to sit elsewhere, whispering,
and a friend pointed a finger:
"He is a leper."

I bowed my head,
I knew it was true.
In my heart I hugged my shame.

Word reached the medical authorities.
The doctors sent the military to fetch us.
We were caught like chickens, like cattle herded
along the roadway and country lane.
Then they paraded us before the Board of Health
but there was no health in that Board for such as
we
Examining doctors eyed us, squinted this way and
that.

More fingers pointed Diamond Head way:
"You go to Kala-wao!"

Again the militia took over.
Soldiers escorted us to the wharf for farewell.
Prisoners, we were marched aboard,
victims of leprosy, branded for exile.
Abandoned, cut off from family and dear ones,
we were left alone with our grief, with our love.
Rain of tears streamed from leper eyes.
Lepre cheeks glistened with raindrops in the sun.
Never again would we look upon this land of ours,
this lovely harbor town.

Quickly the sails were hoisted.
Ropes dangled from the foremast,
tails of wild animals writhing,
whipping in the channel breeze.
The John Bull drew anchor.
In the stern the rudder turned.
So sailed we forth to dim Moloka'i Island,
enshrouded in fog.

So ends my song and this refrain.
What will leprosy do to my people?
What will become of our land?

• The Concept of Mental Health

Health for the Native Hawaiian meant an acknowledgement, not a separateness, of close relationships to family, including 'aumākua (ancestral spirits), the land, the ocean, and the myriad of lesser or greater gods that personified the forces of nature. Lōkahi (harmony or unity), first within the family, then with nature and the gods, was the ideal and required much doing: keeping kapu or religious rules, offering correct prayers before each task was begun, keeping the psychic connection to the 'aumākua and the alii, the ancestors and the chiefs, sharing food or products with others, and greeting others properly. These activities maintained one's spiritual force (mana). If a Native Hawaiian became ill, she or he first examined the inner self to determine if he/she had erred in any relationship which may have caused loss of mana. After this inner examination, the sick person asked a family member to help propitiate the gods and gather herbs appropriate to the illness. The medical priest or kahuna was called in only when all individual and family efforts failed. The kahuna's first step was always "ho'oponopono" to clear up any tensions within the family and clear the way for the psychic powers of the gods, for restoration of mana, and for healing. Medicine and religion were not separate, but one needed to effect a cure. In searching for Native Hawaiian language materials, religion and medicine materials were first explored.

• Religion

Kamakau, Malo, Pi, and Kepelino are the best known of the early historians writing in Hawaiian. They all present overviews of traditional culture, dealing briefly with many different aspects of religion, medicine, arts, and so forth. Gods of health are listed, since in requesting spiritual help to aid in healing, it is

essential to contact the correct one of many gods.

These authors list prayers, since prayers had potency if addressed in the right form to the right god. Several distinct kinds of sorcery are listed including sorcery to entice wandering spirits back into the body (if a person's spirit wandered too long while asleep, the person could die). It is clear that much of the effectiveness of sorcery depends on the intended victim knowing about the sorcery. John Young, an Englishman who helped Kamehameha I conquer the islands, aroused jealousy among chiefs of lesser rank. While being "prayed to death" by a kahuna, Young reversed the effect by imitating everything the kahuna did. The kahuna soon died.

Kamakau tells of a kahuna who repelled sorcery by acting "crazy":

When all other methods of healing had failed, the kahuna sought to cure his patient by acting "insanely" (imi ke ola me ka hihia). There were several ways of doing this. He would eat with relish all manner of harmful things, drink potions of 'auhuhu, ipu 'awa'awa and 'akia, and eat 'opihi, 'awa limpets and kumimi crabs, or he would go naked, exposing his private parts; or go naked in a circuit around the house, and on out onto the highway; or he would sleep at the crossroads of a highway at night. He would concentrate bitter thoughts (ho'owahia) against the other - the enemy who had sent the evil - on the highway, and at the crossroads, and at the enemy's house. (Kamakau, no date, Ka Po'e Kahiko, translated by Puku'i, p. 140)

The description of this behavior gives us some clue of what "crazy" may have been in old Hawai'i, that is unregulated behavior, not following kapu.

The medical practitioner was first and foremost a priest, for "like all kahuna his most important role would be that of liaison between the people and the great gods (akua), the family guardian ('aumākua) and a multitude of other gods" (Gutmanis, 1977, p. 35). Part of healing was proper offerings presented to the gods, another area in which the spiritual psychic connection was acknowledged, as reflected in the ritual words used in daily feeding the gods: "Ō ke aha kā 'oukou, e ke akua - 'o ka 'i'o kā mākou" (the essence of the feast is yours, o gods, the substance ours). Puku'i

(no date, Bishop Museum) comments that "man then ate the food and drank 'awa, with a feeling that the gods ate and drank with him." This statement again acknowledges the interdependence and interaction of human and spiritual worlds.

• Medicine

Dr. Donald Mitchell's Resource Units in Hawaiian Culture offers an introduction to Native Hawaiian mental and physical health. Mitchell notes that ritual mental health cleansing always took place as a part of treatment because "it was understood that the body could not be healed until the spirit was cured" (p. 233).

Gutmanis' book Kahuna Lā'au Lapa'au (1977) treats Native Hawaiian medical training and knowledge in depth and pulls together many scattered threads of information, including a kahuna's notebook and a story which is a thorough illustration of a traditional healing in an early 20th century setting.

The early kahuna had given her no medication of any kind. His diagnosis was simple. She had allowed a great evil to take possession of her mind. That possession occurred when she quarrelled with her independent son. She had done wrong, she was suffering the consequences. The evil racked her head with pain. It pinched her throat and cut off the air she breathed. His treatment so far had been to encourage her to make a full confession in the presence of himself and the protecting circle of her family. He had then assured her of a cure with the assistance of the gods. (Clarice Taylor, Kahuna lā'au lapa'au, p. 20)

The most extensive of the unpublished Hawaiian language materials relating to health that the Task Force discovered were medical kahuna notebooks. Many are simply a listing of diseases and appropriate herbal remedies, sometimes including prayers to be used or names of gods associated with the disease. Occasionally casebooks with diagnoses and treatment of individual patients were found.

Although there is very little description of symptoms, "derangement" and "insanity" are listed among a variety of physical ailments and kinds of sorcery. The belief in sorcery as a potent cause of disease is a strong indication of cultural recognition

of mental and emotional stress. What is an inexplicable illness must be sent from ma waho (outside the family). Lono McGuire's notebook, translated by Puku'i (no date), lists herbs for "nervousness" and among others, sorcery and "strange gleam in the eye."

A few of the treatments for psychological problems may seem odd today, such as McGuire's cure for "disease caused by a mo'o spirit." The treatment description begins with "sprinkle the scrapings of a dog's tooth on the patient, rub over him the slime of an eel's body and also lizard's eggs" (McGuire, translated by Puku'i, no date, p. 1158). These writings and the glossary of terms in the appendix provide ethnographic evidence that Native Hawaiians did recognize and give name to a variety of psychological problems.

• Literature

Hawaiian was an oral language for hundreds of years before the missionaries arrived in 1820. Chiefly genealogy was proof of rank and rank dictated protocol. When unfamiliar ali'i met, out of the retinue of each could step kahunas who specialized in memorizing the thousand or more lines of poetry relating their chief to Wakea and Papa, the first ancestral beings who gave birth to the cosmos. Only after the genealogy chants were recited did the two ali'i know who had the higher rank and was to be deferred to. As the first chanter ran out of breath, a second or third took up succeeding lines. A memory lapse, lengthy pause, or mispronunciation was sufficient cause for the kahuna to be put to death - so powerful was the spoken word: "I ka 'ōlelo nō ka make, i ka 'ōlelo nō ke ola" (In the word is death, in the word is life).

Certain words were never used in composing chants, for fear that an unintended

connotation would cause harm to the chief one wished to honor. Perhaps, for a similar reason, certain aspects of illness or treatment were never described. This may be one reason — along with the sacred nature of the spoken word which could literally cause death — why some references in kahuna notebooks are so cryptic, simply listing diseases and herbs for treatment.

Some Hawaiian literature was surveyed and found rich in expressing emotions in an indirect way. These emotions were often expressed as metaphor from nature, often involving play on words. A raging temper might be described as: (a) "He makani kona, ke ku la ke a'e i ka moana" (it is the Kona wind, for the sprays are flying at sea) (Puku'i, 'Ōlelo No'eau); (b) "Hōpoe na 'ale o Hōpoe i ka 'ino" (the billows of Hōpoe rise in the storm - His anger is mounting. Hopoe, Puna, has notoriously high seas) (Puku'i, 'Ōlelo No'eau); or (3) "Hō'ū ka makani, ha'u'e ke onaona, pili i ka mau'u" (when the wind puffs the fragrant blossoms fall upon the grass. When there is an explosion of wrath, people quail before it) (Puku'i, 'Ōlelo No'eau).

The legend of Halemano from Fornander's collection is a fine example of traditional ways of expressing grief, through chants full of natural images and plays on words. For example, the word "Hilo" denoting the place as well as "twisted and crooked" a symbol of the twisted relationship between Halemano and his wife. Halemano calls his wife a "Ko'olau woman" and by that one word represents their relationship as being like the Ko'olau or Windward side of the island - difficult because it is rainy, stormy, full of little cliffs, and hard to travel through.

As Theodore Kelsey notes, Hawaiian plays on words and metaphors were subtle and complex:

Evidently the whole spirit and purpose of Hawaiian composition is missed by literal rendering All the deep, hidden meaning, all the beautiful imagery, all the poetic thought - and the Hawaiians are a race of poets - is

lacking. (Kelsey, no date, Hawaiian faith healing, State Archives)

Whether in the lengthy, episodic retelling of the legend of La'ieikawai or the short and pithy fables of Folk Tales From Hawai'i, Native Hawaiians expressed their feelings fully, but consistently in culturally appropriate ways.

• Summary

This brief overview of Hawaiian language materials reveals that there is a vast amount of information on Hawaiian religion (kahuna training, prayers and rituals, gods and offerings) and medicine (gathering of plants and preparing potions, lists of diagnoses and treatment, lists of illness including emotional stresses embodied for the Native Hawaiian in sorcery) that relate to mental health. From reading between the lines of Hawaiian literature it is obvious that emotions are expressed in a variety of beautiful imagery; many of the words for winds or rains have a figurative emotional meaning. A glance through the glossary indicates that the Native Hawaiian world did not begin or end with the physical self, but, guided by the 'aumākua, extended mauka and makai, from the mountains to the sea, and included the spiritual and psychic forces that flowed between individuals and between gods and man. The Native Hawaiian's sense connection to nature and the gods was so integrated that self could not be separated from 'ohana, 'ohana from 'āina, 'āina from akua. So forceful, so strong is the Native Hawaiian holistic concept of health that looking back we can only imagine with wonder what centeredness, what sense of place and meaning and self-worth, the Native Hawaiians had.

Chapter 3

NATIVE HAWAIIAN MENTAL HEALTH NEEDS

THEORETICAL ISSUES

Prior to discussing qualitative and quantitative data regarding the status of Native Hawaiian mental health, this section presents a theoretical framework consisting of five basic theoretical assumptions: (a) interactional perspective, (b) hierarchical model, (c) multiple causality, (d) Westernization versus modernization, and (e) historical considerations. The topic of Native Hawaiian mental health uses a conceptual perspective (interactional) which acknowledges the interdependence of person and setting, and a hierarchical model of human behavior which assumes linkages across biological, psychological, and social levels of functioning. This section also includes a discussion of Native Hawaiian mental health within the framework of multi-causality in which distinctions among different types of causes are endorsed and identified (e.g., formative, precipitative, exacerbative, and maintenance causes). A distinction is made between Westernization and modernization since many aspects of the Native Hawaiian way of life are equally as adaptive as the Western way of life for contemporary times. Finally, the mental health of Native Hawaiians in society must be seen within the context of historical events.

Assumption 1: Native Hawaiian Mental Health is a Function of Person and Contextual Forces

In preparing this report, it was important to present a conceptual framework that acknowledges the spectrum of forces that determine human behavior. Specifically, Native Hawaiian mental health is a function of biological, psychological, sociocultural, and environmental forces. These forces are in continual interaction and determine the state of the Native Hawaiian person. However, as is the case for all

human beings, a Native Hawaiian's mental health is also a function of his/her context. It is the simultaneous interaction between person and contextual forces that is the final determinant of mental health.

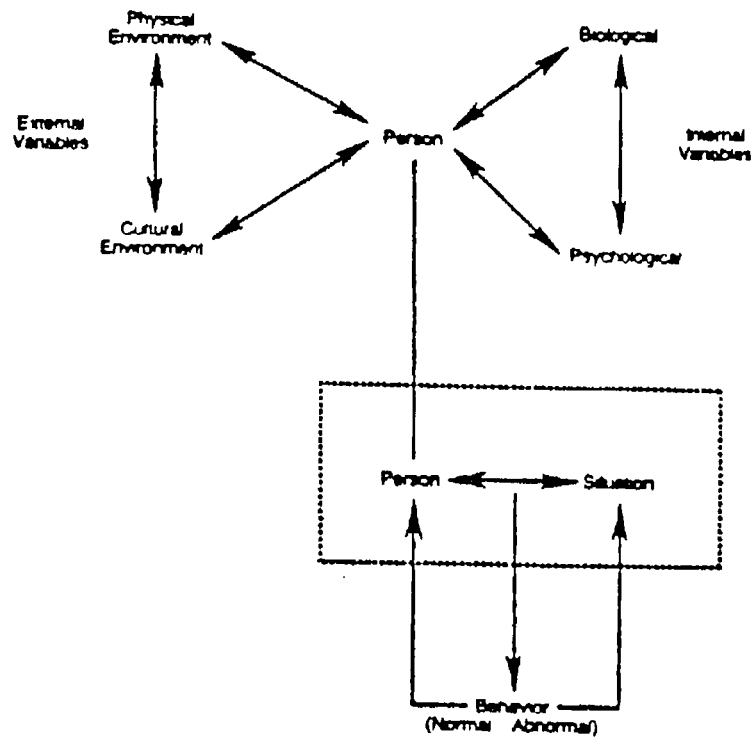
This perspective, which is presented in Figure 2, can be contrasted to more popular views in the medical and social sciences which tend to emphasize the independence of these behavioral determinants. The latter view has led to competition among biological, psychological, and social hypotheses regarding human behavior. As a result, biological theorists consider biological factors to be the major determinants of mental health while psychological or sociological theorists tend to favor psychological or sociological factors, respectively. Further, theories of mental health have often been polarized around theories which emphasize that the determinants reside in the organism (e.g., psychoanalysis) versus those who consider the determinants to reside in the setting (e.g., behaviorism).

Insert Figure 2 about here

The non-interactional views ignore the simple fact that mental health is complexly and hierarchically determined. This fact is apparent in studying the mental health of Native Hawaiians, a group whose cultural history and contemporary psychosocial condition provides unambiguous testimony to the interrelationships of biological, psychosocial, and social forces in human behavior.

Both the successes and failures in contemporary adjustment and adaptation among the Native Hawaiian people are inextricably linked to the current sociopolitical situation in Hawai'i. The major societal determinants of their behavior (e.g., social structure, political disenfranchisement) have critical consequences for their psycho-

Figure 2.
Interactional Framework



Source: Marsella, 1979

logical and biological functioning.

Assumption 2: Native Hawaiian Mental Health is a Function
of Hierarchically Ordered Macrosocial, Microsocial,
Psychosocial and Biopsychosocial Determinants

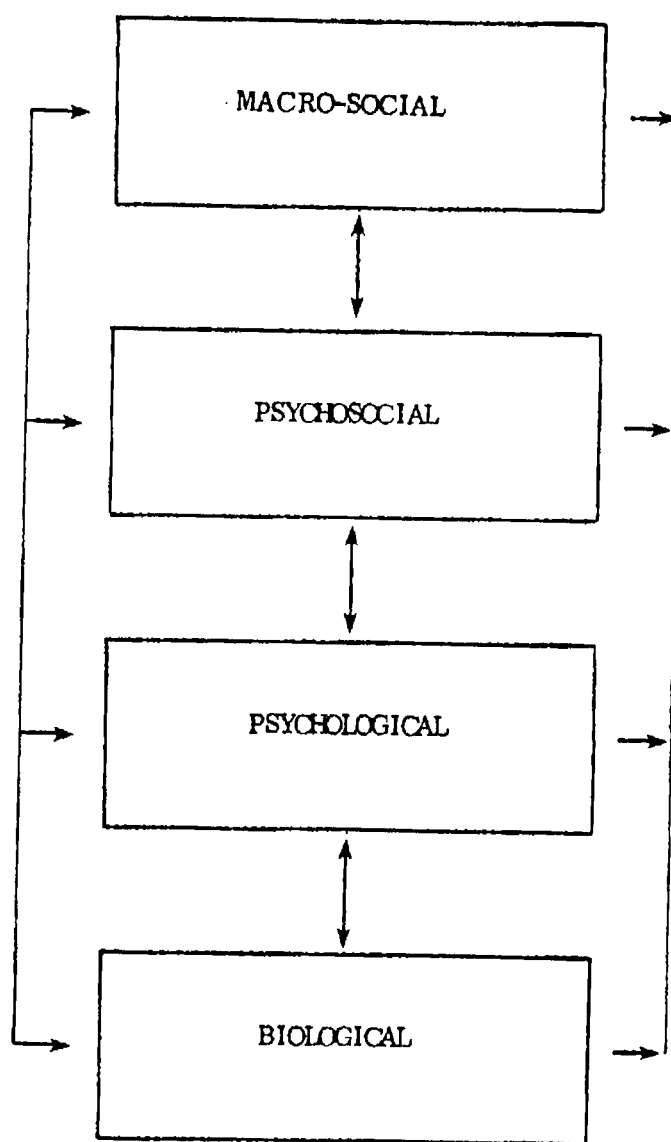
A complete and full understanding of the contents of this report requires a grasp of a hierarchical view of mental health because the authors have chosen to construe and discuss Native Hawaiian mental health needs within a conceptual framework that views biological, psychological, and social functioning as a continuous and inter-related phenomena. Within this perspective, biological functioning (e.g., hormonal changes, neurotransmitter concentrations) is believed to be inextricably linked to psychological and social functioning. This is true for the simplest behavior to those complex states of human experience that are called mental health and disease.

Events at the macrosocial level of functioning (e.g., social structure, social change, distribution of wealth, political power) influence events at the microsocial level (e.g., family relations, social network and support systems, work relations). In turn, the microsocial level closely influences the psychosocial level of functioning (e.g., personal values, coping behaviors, stress levels) which, in turn, influences biopsychosocial levels of functioning (e.g., neurotransmitter concentrations). The interdependency of forces at the different levels is presented in Figure 3.

Insert Figure 3 about here

Contemporary Native Hawaiian mental health is a function of a broad spectrum of forces that include both historical and current psychosocial and biological factors. As other sections of the E Ola Mau Study document, Native Hawaiians had a well

Figure 3.
Hierarchical Model



developed and highly complex society which flourished for more than 500 years prior to the arrival of the first Western people in the form of British sailors under Captain James Cook in 1778.

Although efforts to romanticize the pre-Cook Hawaiian culture are unwarranted, it is clear that the arrival of Captain Cook signalled the beginning of a massive social changes for the Native Hawaiians, a process that has continued until the present times. The rapid exposure to Western culture that followed Captain Cook's arrival resulted in a dramatic cultural dislocation accompanied by an enormous loss in population. It has been estimated that in the 150 years after Cook, the Native Hawaiian population dropped by more than 90% as a result of disease, social disintegration, and spiritual alienation.

The interaction of psyche and soma, mind-emotions and body, was recognized, though the recognition came in a spiritual-supernatural context. The well versed kahuna looked for such ailments as ma'i ho'opa'ipa'i, the punishment sickness; for ma'i hua 'ōlelo, the sickness that came by breaking a promise; for ma'i ho'okuli, the sickness that resulted because the patient made himself kuli (deaf) and did not obey instructions his 'aumakua gave him in a dream. Sickness that followed a wrong action was, to the Hawaiian, not a matter of unconscious disturbance finding functional bodily expression; it was a punishment administered and translated into physical-functional way by the 'aumākua.

- Nānā I Ke Kumu (Vol. 1), p. 155

For this historical reason alone, any discussion of contemporary Native Hawaiian mental health must attend to events at the macro-, micro-, psycho-, and biosocial levels of functioning. Yet, it is also clear that present day events are yielding equally pernicious results. Today, Native Hawaiians rank among the highest for

virtually all major psychosocial indicators of mental distress including poverty, crime, illiteracy, disease, and familial disintegration. The assault on the cultural integrity and the mental health of the Native Hawaiians has continued, unabated, for more than 200 years with devastating consequences.

Assumption 3: Native Hawaiian Mental Health is a Function of Formative, Precipitative, Exacerbative, and Maintenance Causes

Even today, as the basic foundations for a renaissance in Native Hawaiian culture are beginning to emerge, the Native Hawaiians are faced with critical problems which promise to destroy the seeds of future cultural growth and development. Powerful forces in the form of rapid social and technical change are both directly and insidiously undermining those foundations necessary for mental health including a sense of rootedness, identity, relatedness, and competence — all of which Erich Fromm, the famous psychoanalyst and social critic, termed as basic human needs.

As will be demonstrated, the evidence suggests that Native Hawaiians are highly vulnerable to many mental health problems including mental disorder, substance abuse, criminal behavior, and family violence. But, understanding this state of affairs is not simple. Mental health and disease are functions of many forces. In some instances, factors may be formative to the problem while others may precipitate, exacerbate, or maintain the problem.

For example, most Native Hawaiians are forced to live in a highly Westernized world in which their particular values are demeaned or denied. As a result, they frequently have a sense of ambivalence and conflict regarding their identity. This often results in low self-esteem, alienation, tension, minimal self-confidence, and powerlessness. All of these can be considered formative influences which are simply

awaiting a precipitative event for their emergence in the form of a mental health problem.

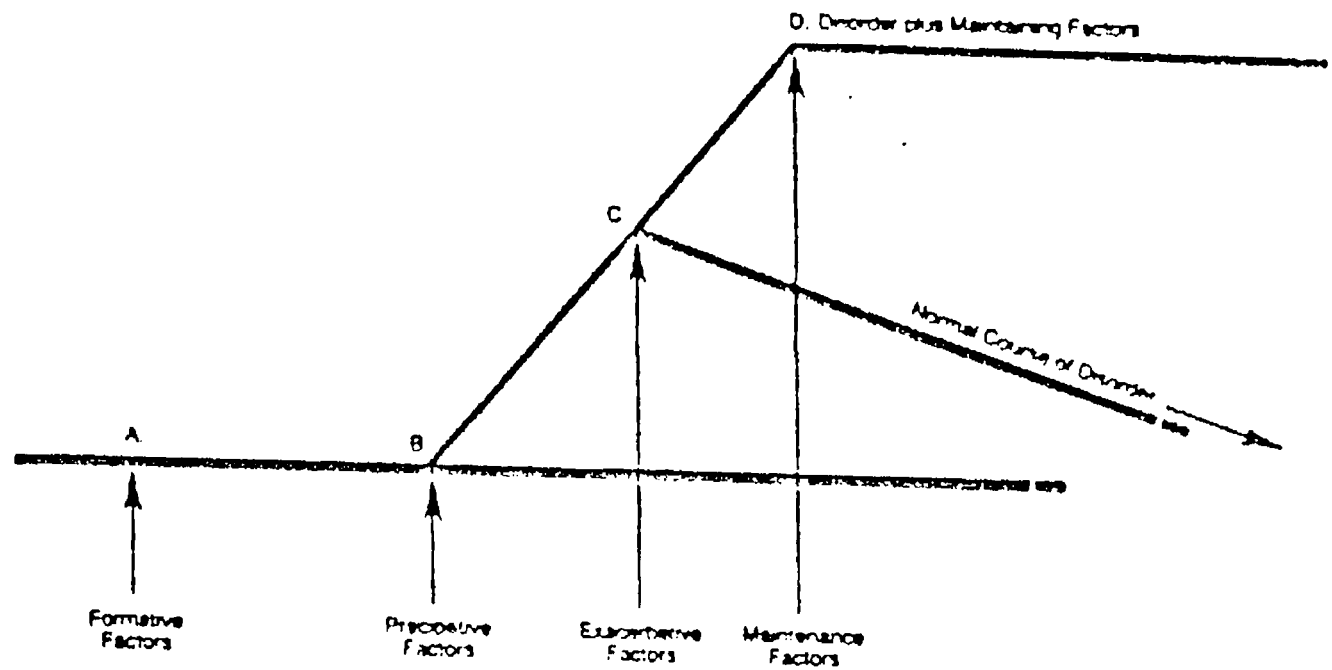
In this state of affairs, the loss of job or a failure at school can trigger a sizeable stress reaction that can completely disable the individual, resulting in withdrawal, anger, and confusion. At this point, mental and physical health may suffer. Under these conditions, biological changes begin to occur. Muscle tension increases, blood pressure rises, digestion problems develop, and metabolism alters. Frequently, the condition is exacerbated by attending problems such as poor housing, low educational levels, poor coping skills, and so forth. The problems, rather than being ameliorated, are simply raised to new levels and maintained there for long periods of time. This particular model of causality is presented in Figure 4. Although the model is a general one, it can be applied to the specific problem of Native Hawaiian mental health.

Insert Figure 4 about here

Assumption 4: Westernization is Not Modernization
for Native Hawaiians

Native Hawaiians represent a culturally and genetically heterogeneous population. There are Native Hawaiians whose lifestyles are no different from Mainland Americans who embrace traditional American values. There are also Native Hawaiians whose lifestyle is similar to that of their ancestors in 19th century Hawai'i. The choice of lifestyles for the contemporary Native Hawaiian is a function of social rather than genetic determinants. That is to say, the proportion of Hawaiian blood in an individual is less important than the particular social strata he/she entered by

Figure 4.
Causal Models



Source: Marsella & Higginbotham, 1983

birth or the physical location of their residence. There are Native Hawaiians living in Honolulu who belong to country clubs, hold positions of leadership in the business and professional world, and travel regularly throughout the world. This number, however, is very small. There are also Native Hawaiians living in the secluded valleys of Moloka'i and Maui who have little contact with mainstream society and who still practice the old Hawaiian way of life. This number, as well, is very small. Most Native Hawaiians are represented in the mass of people living in urban or semi-urban lives in Honolulu. They are, for the most part, members of the lower and lower-middle socioeconomic classes.

Ka 'Ike a ka makua he hei na ke keiki

The knowledge of the parent is [unconsciously] absorbed
by the child.

- 'Ōlelo No'eau
Mary Puku'i (Translator)

However, many Native Hawaiians, regardless of their socioeconomic position, have a sense of marginality, and a sense that they do not belong in the mainstream of contemporary American life. They are subjected to pervasive Western values and economic demands that dominate modern Hawai'i. Yet, many of the traditions of ancient Hawai'i remain as active determinants of their life. The contrasts between the traditional and the Western ways of life have provoked numerous acculturation stresses for Native Hawaiians.

It has been difficult to reconcile the Western emphasis on individuality with the

Native Hawaiian emphasis on group welfare. It has been difficult to reconcile the Western emphasis on individual achievement and competition with the Native Hawaiian emphasis on group achievement and social harmony. It has been difficult to reconcile the Western emphasis on an autonomous self structure and psyche with the Native Hawaiian emphasis on an unindividuated self which seeks meaning and purpose from harmonious relationships with the social and physical environment and the spiritual sphere.

The price of this discontinuity between the old and new ways has been high for the Native Hawaiians. Accommodation and adaptation have been difficult as all of the social and health indicators reveal. For some Native Hawaiians, there is a continual sense of frustration and anger. Access to valued socioeconomic and personal status is denied them by virtue of their traditional Hawaiian values and social stratum. At the same time, the traditional Hawaiian way is denigrated and devalued across institutions such as health, education, social welfare, management, and the mass media.

Ka lei ha'ule'ole, he keiki

A lei that is never cast aside is one's child.

- 'Ōlelo No'eau
Mary Puku'i (Translator)

For many Native Hawaiians, withdrawal represents the only alternative. In these circumstances, depression, resignation, passivity, and helplessness assume life style proportions. For others, anger and resentment build beyond the capacity to cope and violence and aggression emerge with unbridled fury. In both cases, alcohol and drug

use may become escapes. In both cases, mental and physical health suffers and opportunities for health human growth and development are denied.

The problem of acculturation stress is not unique to Native Hawaiians. Throughout history, minority groups have experienced acculturation stress and it would be easy to conclude that the Native Hawaiians would be better off if they simply entered the modern world by accepting Western life styles and values. But, such a conclusion would fail to recognize the important distinction that must be made between Westernization and modernization.

Westernization is not modernization. Modernization refers to the forces and processes that are associated with an individual or group changing a traditional life style to adapt to the demands of a contemporary situation. Westernization refers to a configuration of forces and processes that promote individuality including individual effort, identity, and mastery. Westernization is a secular force but is, like all cultural forces, transmitted by a variety of religious, educational, political, economic, and health related institutions. For example, Westernization is visible in capitalistic economic systems, educational systems that promote individual achievement and competition, athletic events that promote win-lose situations, legal systems which assert individual responsibility for offenses, and so forth.

It is beyond the scope of the present report to trace the historical roots of Westernization since this would require a detailed analysis and interpretation of cultural origins that would ultimately be controversial. However, regardless of the origins, it is clear that Westernization represents a dramatic contrast to traditional Hawaiian ways which stress harmony across biological, psychological, social, and spiritual levels of functioning. The distinction between modernization and Westernization is important to maintain as mental health data and recommendations are pre-

sented in this report.

Assumption 5: The Mental Health Status of Native Hawaiians Must Be Seen Within the Context of Historical Events

The events of the past can explain much of the present mental health status of Native Hawaiians. One example can be seen in events related to the 'āina (land). The unification of the islands under Kamehameha extracted a toll on native cultural stability as many ali'i families were destroyed and their lands dispersed through conquest, the make'āinana displaced from their kuleana lands. There was no period of recovery and restoration after those wars. After the death of Kamehameha I, the cultural system began to disintegrate with the overthrow of the kapu system. Under the old makahiki system goods were collected in taxation, distributed through ali'i and filtered down to commoners; the same goods were not shared under the new system. Chiefs began to demand that commoners harvest the precious sandalwood. The sandalwood trade with China brought vast wealth to a few chiefs and haole traders, and had a disastrous effect on most of the commoners. The work was so arduous that the strongest men were needed and often their health was ruined. Sometimes women were left to raise 'uala and kalo, and to fish as well as raise the family. Famine began to haunt the once well provisioned land.

The Mahele of 1848, with its Western legal concept of private land ownership and haole pressure for capitalist agriculture, uprooted Native Hawaiian make'ainana from their lands. By the 1860s, the Hawaiian food chain been had altered and the water system changed. The sandalwood trade, famine, and foreign disease claimed huge tolls on the native population, and the occupation of the Native Hawaiian commoner changed from a subsistence farmer/fisherman to a wage earner. "Arbitrary and oppressive laws"

restricted or prohibited the Native Hawaiian from practicing his religion, dancing the hula, drinking 'awa, and using traditional healers and their medicines. These same laws supported Western religion, medicine, and drinking (King, 1985).

The Native Hawaiian had a deep sense of emotional rootedness and spiritual attachment to the land:

The old Hawaiians were in the midst of spirits, supernatural beings, ghosts inhabiting or frequenting the mountains, woodlands, shore, and the sea, entering into objects and living things, birds, sharks, human beings, images of stone or wood. (Emory)

The Native Hawaiian's strong sense of being provided for allowed him to supply food and drink to strangers and this generosity, based on the ability to provide, became a cultural obligation.

'O ke aloha ke kuleana o kahi malihini. Love is the host in strange lands. In old Hawai'i, every passerby was greeted and offered food, whether he was an acquaintance or stranger.

- 'Ōlelo No'eau
Mary Puku'i

The extension of aloha and help to strangers embodied in this saying now applied to the waves of immigrants which swept the islands from 1868 to 1890. Native Hawaiians often gave large amounts of food and other supplies, and helped the newcomer settle, sometimes marrying one of the new nationality. Undoubtedly, the tolerance and generosity of the Native Hawaiians were catalysts for the remarkable degree of transcultural harmony that prevailed among the diverse new nationalities. However, each group which successfully acculturated into the now predominant Western system only further displaced the Native Hawaiian population.

Westernization and the evolution of the state of Hawai'i into a link in global economy has radically changed the Native Hawaiian relationship with the land. Many Native Hawaiians feel a sense of detachment from the land. This detachment may help to explain some psychosocial problems in the Native Hawaiian community. Few scholars have adequately explored how this issue has shaped Native Hawaiian consciousness today.

In preparing this report, the members of the Mental Health Task Force were guided by these five theoretical issues. They represent biases but they are biases which afford a valuable opportunity for understanding the current status of Native Hawaiian mental health — and perhaps the mental health of other ethnocultural groups.

A SOCIO-DEMOGRAPHIC PROFILE OF NATIVE HAWAIIANS

A profile description of Native Hawaiians and their relative position in Hawai'i's society will provide a context for understanding the mental health status of Native Hawaiians. The 1980 United States Decennial Census provide comprehensive information on the socio-economic status of Native Hawaiians, information which can be used to assess the quality of life of Native Hawaiians. As previously mentioned in another section, the Census count of Native Hawaiians is far less than the estimate using the Statewide Health Surveillance Survey conducted annually by the Hawai'i State Department of Health. However, the Census does provide more detailed socio-economic data than the Health Surveillance Survey for a socio-demographic profile. Rather than confuse this description by using two data sources, the Census will be used to provide data for the Native Hawaiian socio-economic profile. The reader should be cautioned about the discrepancies between the data sources.

In very ancient times many people observed the rules of the art of healing ('oihana kahuna lapa'au), but in later times most of them abandoned medical practices because there was not much sickness within the race. Foreigners (malihini) had not yet come from other lands; there were no fatal disease (luku), no epidemics (ahulau), no contagious diseases (ma'i lele), no diseases that eat away the body (ma'i 'a'ai), no venereal diseases (ma'i pala a me ke kaokao).

- S. M. Kamakau
Ka Po'e Kahiko, p. 140

The following description presents a narrative of the Native Hawaiian census

data. Actual figures referenced in this section are appended to this report.

General Characteristics

According to the 1980 Census, the resident population in the State of Hawai'i was 964,691. This total consisted of all persons living in the state at the time of the Census including residents, military personnel, and persons in institutions. The Native Hawaiian population totaled 118,251 which was 12% of the state population. When the Health Surveillance Survey data is used, the Native Hawaiian population was 175,909 or 18% of the state population.

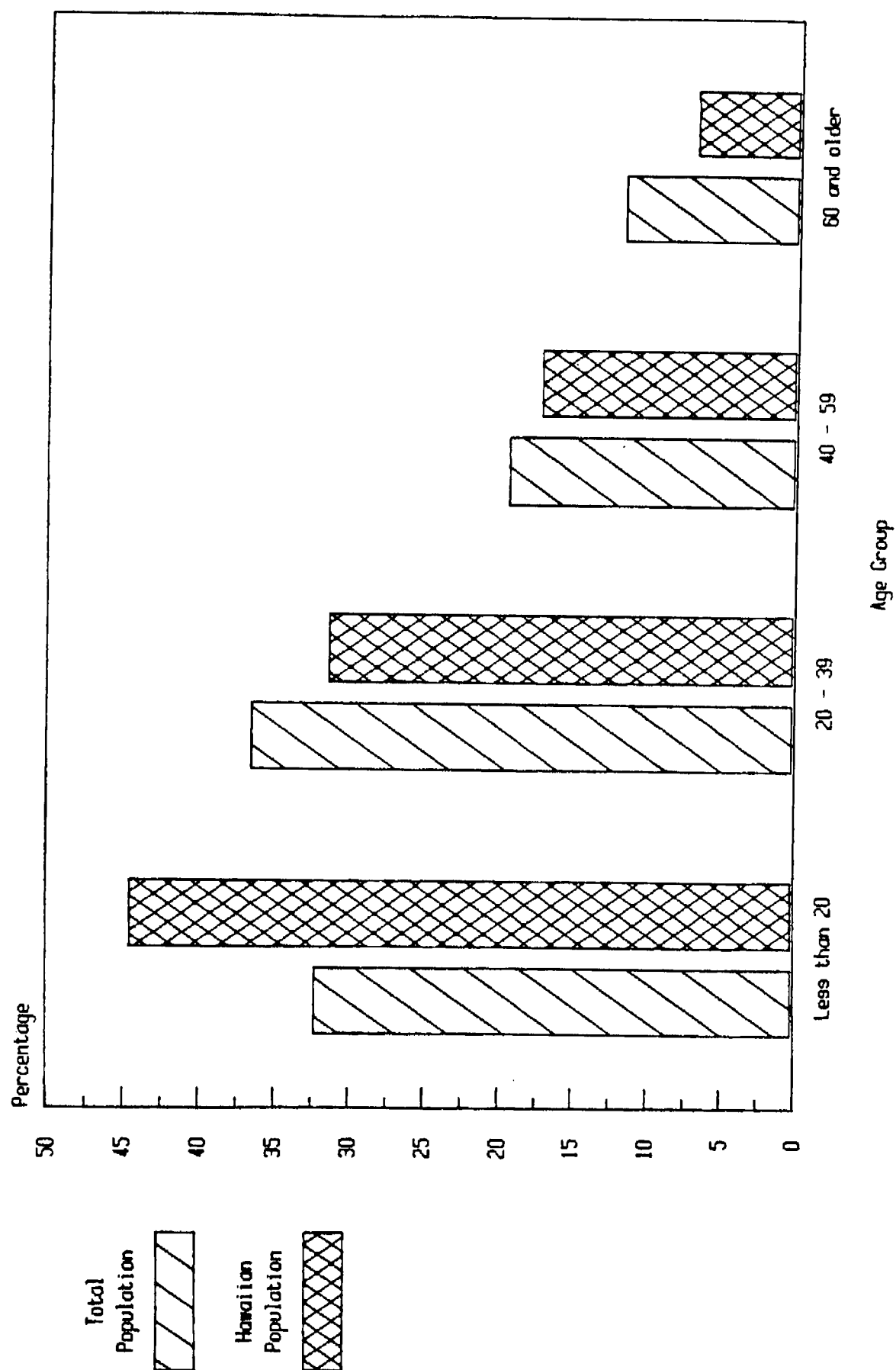
The sex distribution for the state population and the Native Hawaiian population were slightly different. There were slightly more males than females in the total population while the Native Hawaiian population had slightly more females than males. The sex distribution in the Native Hawaiian population resembled the state distribution when the Health Surveillance data are used.

The age distribution provides a contrast between the state distribution and the Native Hawaiian population. About 32% of the state population was under the age of 20 years compared to 45% of the Native Hawaiian population. There were also more people who were 60 years and older in the state population than in the Native Hawaiian population (Figure 5).

Insert Figure 5 about here

Households refer to persons occupying the same housing unit. There were 294,934 households in the state and 10% of this total were Native Hawaiian households. Native Hawaiian households were larger than the households in the state; 33% of the Native

Figure 5.
Age Group Comparison Between the Hawaii State and Native Hawaiian Population



Hawaiian households had five or more persons compared to 20% of the state's households in the same category.

Families refer to two or more related persons who live in the same household. The number of families in 1980 totaled 227,974; 11% of this total were Native Hawaiian families. As in households, the Native Hawaiian families were larger than other families in the state. For example, nearly a fourth of the families in the state had five or more persons compared to over a third in the same category for Native Hawaiian families.

Family type also provides an interesting contrast between the Native Hawaiian and state populations. The difference was in the percentage of families with a female householder and no husband present. Approximately 13% of the state's families had this type of family unit; nearly 22% of the Native Hawaiian families were in this category (Figure 6).

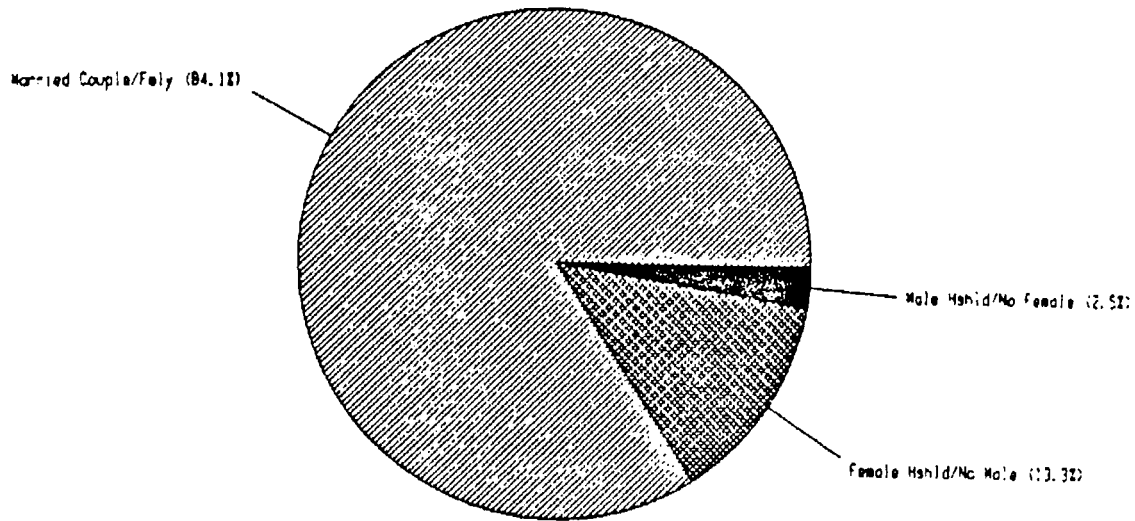
Insert Figure 6 about here

A description of residency patterns provides an example of the residential mobility of the Native Hawaiian population. The Census asked people to give their residence in 1980 and their residence in 1975. The purpose was to determine whether people remained in the same housing unit, same county, or same state during the five year span. About half of the people in the state were in the same residential unit five years before the Census compared to nearly 60% of the Native Hawaiians.

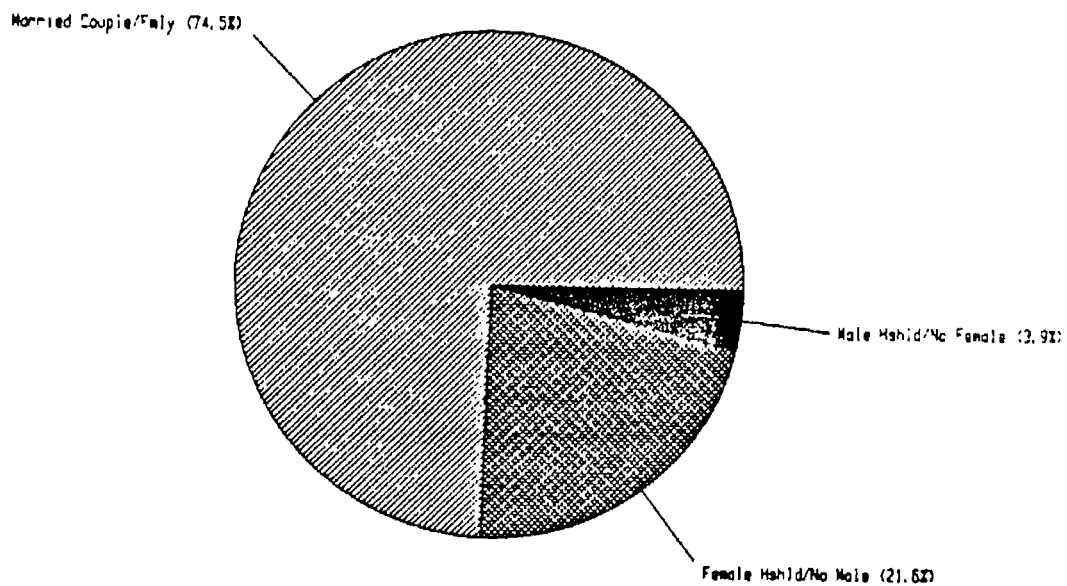
The Census provided information on the school enrollment of persons residing in the state. Approximately 28% of the state population over the age of three years were enrolled in some educational institution. A majority were in elementary school

Family Type Comparison Between the Hawaii State and Native Hawaiian Population

Percentage of Total Population



Percentage of Hawaiian Population



(Grades 1-8) and high school (Grades 9-12). Most (83%) of the youth who were enrolled in elementary and high school were in public schools. Conversely, 17% of the state's school-aged youth were in private schools, a higher percentage than the national average.

There were more Native Hawaiians enrolled in an educational institution than in the state total. This was due to the younger age distribution of the Native Hawaiian population. Nearly 80% of the Native Hawaiians who were in an educational institution were enrolled in an elementary or high school. A slightly lower percentage of Native Hawaiian youth were enrolled in private schools.

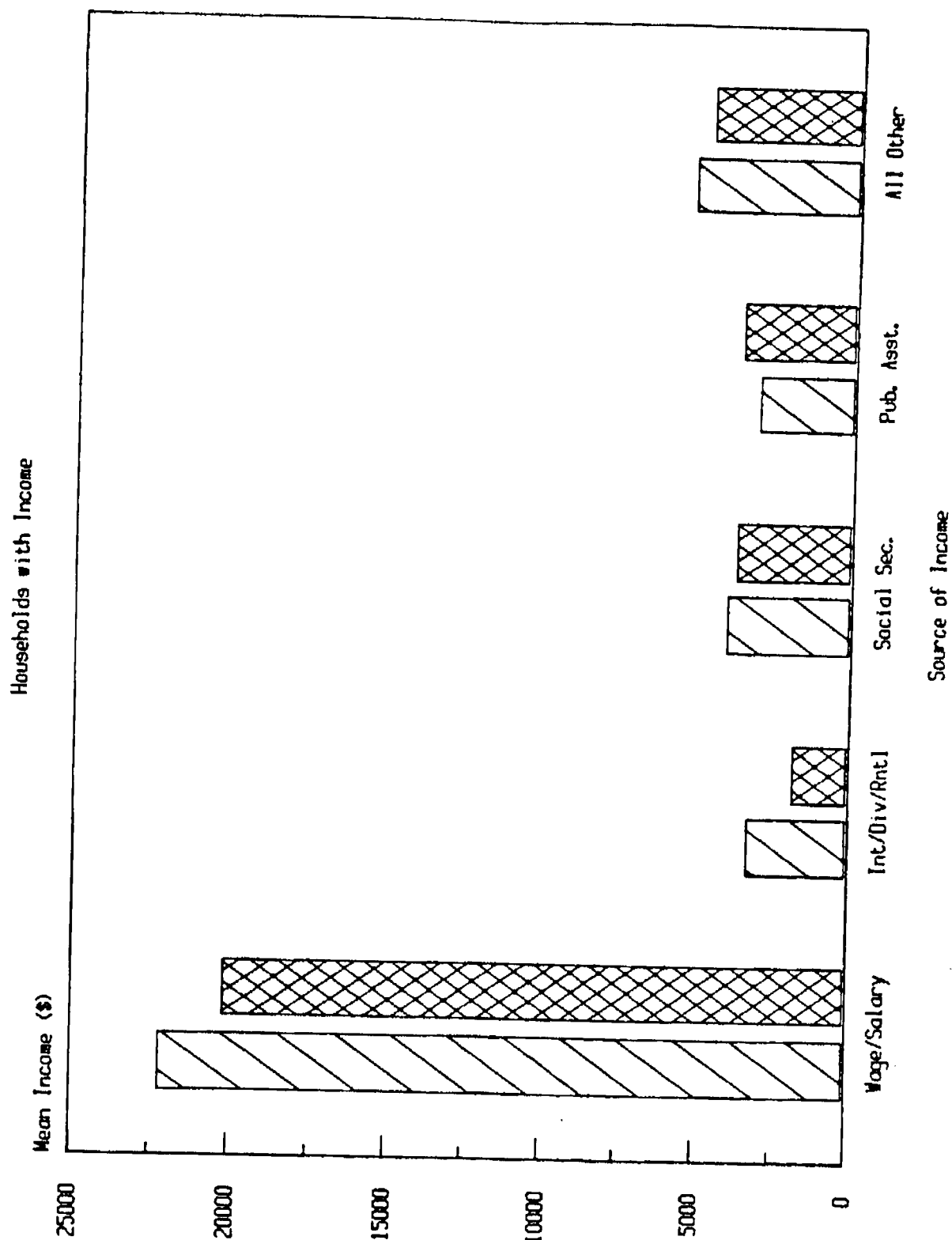
When median educational attainment levels were compared, the Native Hawaiian population had a slightly lower level of attainment. This pattern persisted when age groups and sex were compared. Among Native Hawaiians educational attainment was fairly stable between the age groups and sexes.

Economic Profile

Data for source of income in the Census were categorized into five general groups: earnings, interest and dividends, Social Security, public assistance, and other sources. The mean earnings for the state population was \$22,129. For Native Hawaiians, the mean income was \$20,177. The Native Hawaiians had lower means than the state average in the categories of interest and dividends, Social Security, and other sources. However, Native Hawaiians had a higher average income from public assistance than the state household average (Figure 7).

Insert Figure 7 about here

Figure 7.
Household Income Comparison Between the Hawaii State and Native Hawaiian Population



When the age of the householder was considered, mean earnings in the state increased until the age range of 45-54, then gradually decreased with age. This pattern was the same for Native Hawaiians, however, for each age group Native Hawaiians reported lower mean incomes.

The number of workers in the household accounted for some of the differences in household income. As one would expect, household income increased as the number of workers in the household increased. When no workers were present, the mean household income in the state was \$11,914. With an increase of one worker, income rose between \$8,000 to \$12,000. Again, the data for Native Hawaiians followed this trend, but at a lower increase in income. When no workers were present, the income for Native Hawaiians was \$7,649. The increase of an additional worker amounted to an increase in earnings from \$8,000 to \$10,000.

The median personal income was also available from the Census. The annual personal income for the state population was \$7,026. When age and sex were considered, males had a higher personal income than females for both age groups (15-64 and 65 and older). Native Hawaiians had a different pattern of personal income. Native Hawaiian males in the 15-64 age group had a higher personal income than females in the same age category (\$8,977 compared to \$5,324). However, elderly Native Hawaiian females reported higher personal incomes than elderly Native Hawaiian males.

A comparison of per capita income showed the differences in income between Native Hawaiians and the state population. The data are displayed in three categories: all persons, persons in households, and persons in group quarters. For all Native Hawaiians, the per capita income was \$7,740; for Native Hawaiians in households, the per capita income as \$7,834; and for Native Hawaiians in group quarters, the per capita income was \$5,543. The state per capita income was more than \$2,400

higher in each of the respective categories (Figure 8).

Insert Figure 8 about here

Poverty status also provided an interesting comparison between Native Hawaiians and the state population. Slightly over 7% of the state families had incomes below the poverty level, compared to approximately 15% of the Native Hawaiian families.

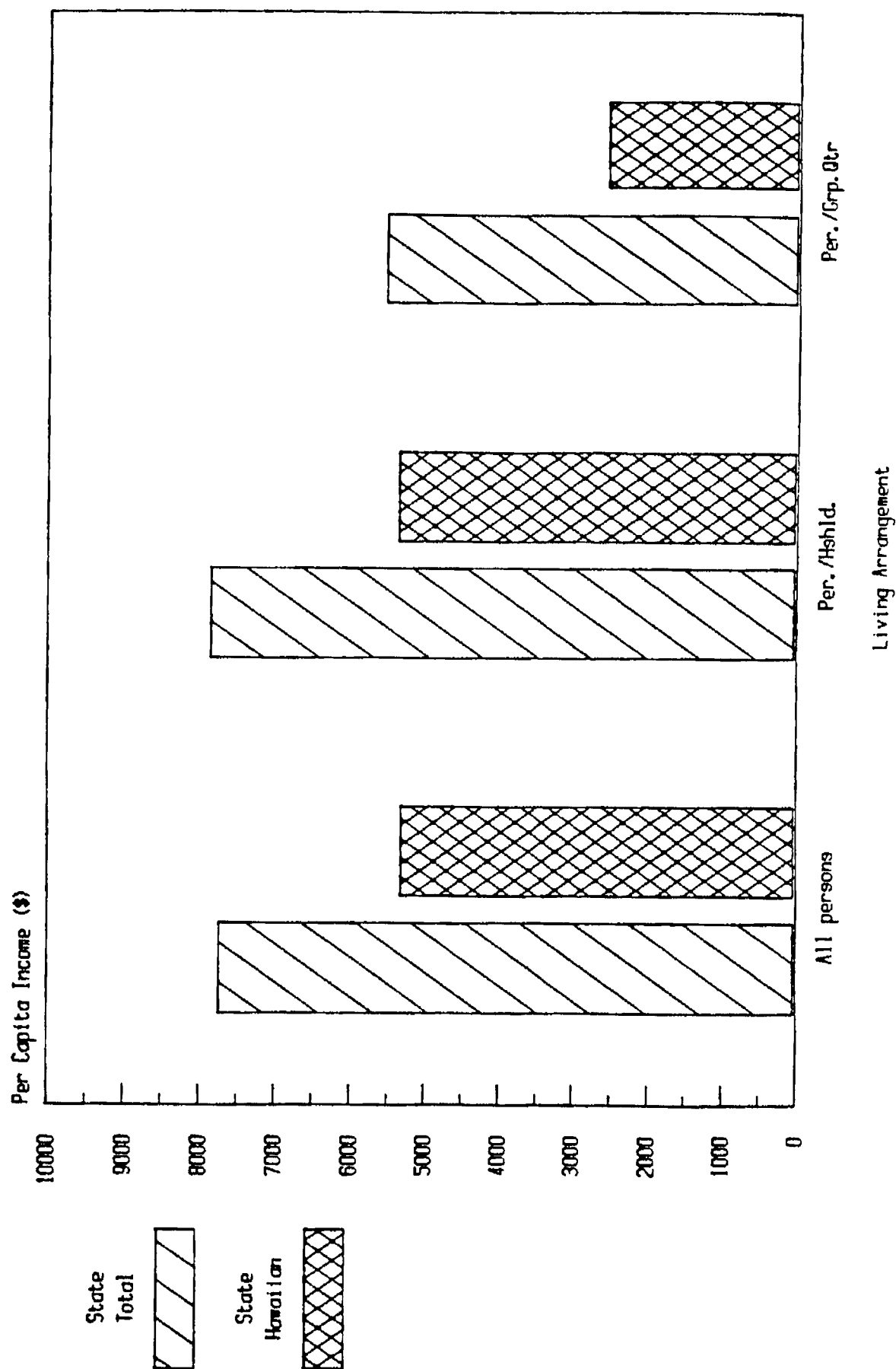
Occupational Information

The Census had information on the labor force status of persons in the state. In the state, more than three-fourths of all workers were employed in private companies. In other industries, there was little difference between males and females in employment patterns except that families had a slightly higher proportion of unpaid family workers. Native Hawaiians were also employed by private companies (84%). Among Native Hawaiians, there was a higher percentage of females in the self-employed category.

A larger percentage of those in the labor force were employed in service occupations with about an equal number employed in managerial, professional, technical, repair, and labor occupations. Men tend to be employed in service, repair, and labor occupations; women tend to be employed in technical, administrative support, and service occupations.

There were differences between Native Hawaiians and the state population in occupations. There were fewer Native Hawaiians employed in managerial, specialty, technical, sales, and administrative support occupations. Native Hawaiians were more prominent in service, operators, fabricators, and laborer occupations (Figure 9).

Figure 8.
Per Capita Income Comparison Between the Hawaii State and Native Hawaiian Population



Insert Figure 9 about here

Owner-occupied households and renter-occupied households had about an equal number of persons in the household (3.12 to 3.15). However, Native Hawaiian owner-occupied and renter-occupied households reported more persons in each unit than the state average.

The median number of rooms per household unit in the state was 4.6 rooms. Owner occupied households had 5.4 rooms per unit while renter-occupied households had 3.7 rooms per unit. Native Hawaiian households had a similar average number of rooms as the state average.

The state rental average per household was \$270 compared to the Native Hawaiian rental average of \$258. Native Hawaiians also had a lower mortgage rate for owner-occupied household units: \$385 to the state average of \$463.

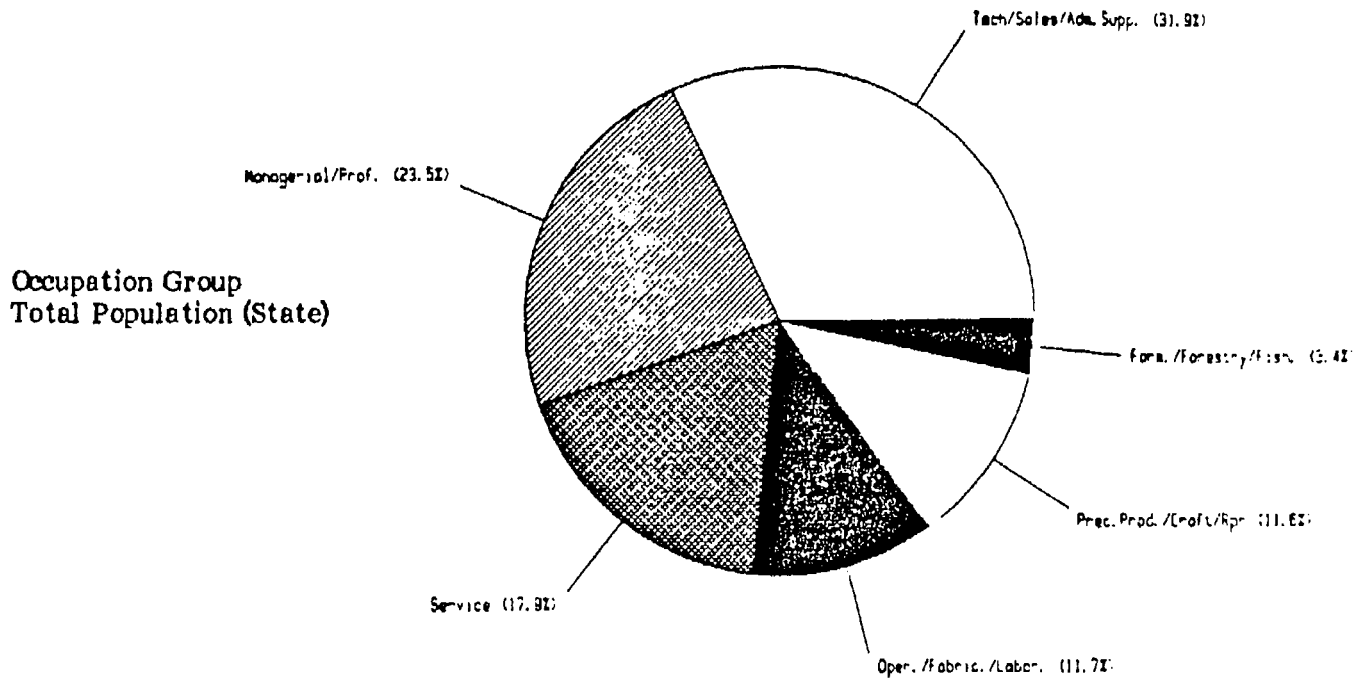
Summary

This description of Native Hawaiians presents some comparisons between the Native Hawaiian population with the state population. Following is a summary of the data presented in this section. After this summary, a more indepth analysis is presented of the Native Hawaiian socio-economic position in Hawai'i's society. This indepth analysis demonstrates that the Native Hawaiian socio-economic indices place them at "high risk" for mental health problems.

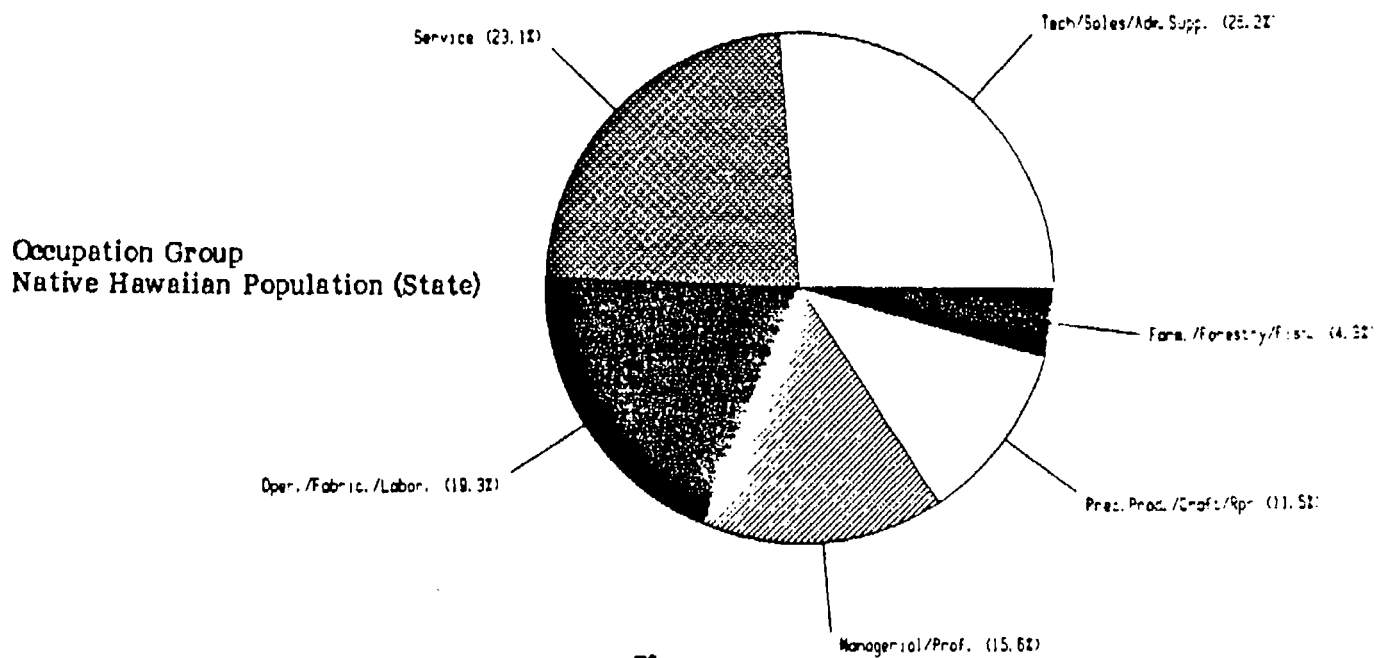
- The Census reported that there were 118,251 Native Hawaiians (or 12% of the state's population) in 1980. The Health Surveillance estimates the total Native Hawaiian population was 175,909. If this figure is used, the Native

Occupational Group Comparison Between the Hawaii State and Native Hawaiian Population

Employed Persons 16 Years and Older



Employed Persons 16 Years and Older



Hawaiian population was 18% of the state population.

- The Native Hawaiian population was younger than the state population.
- More people live in Native Hawaiian households than the state average.
- Native Hawaiian families were larger than other families in the state.
- There were more Native Hawaiian families with a female householder and no male present than the state average.
- Native Hawaiians had a lower educational attainment compared to the state total.
- In general, Native Hawaiians had a lower average income than the state average. The per capita income for Native Hawaiians was lower than the state average in three categories. Native Hawaiians also had a higher percentage of families whose income fell below the poverty level.
- Native Hawaiians were less likely than the state population to be employed in executive and managerial positions, professional occupations, and technical sales occupations.
- Native Hawaiian owner-occupied and renter-occupied households had a lower median income than the state average.
- Native Hawaiians had a lower rental and lower mortgage rate for their households than the state average.

ARE NATIVE HAWAIIANS AT RISK?

The population data given in the previous section indicate that Native Hawaiians are, for the most part, concentrated in distinct geographic areas — with low income, low formal educational achievement, low socio-economic status, and a very youthful age structure suggesting they are, indeed, a stressed population.

In a larger study of the mental health needs of Native Hawaiians, White and Landis (1982) utilized a small set of family, socio-economic, and education related indicators to measure the stressful social circumstances impinging upon the Native Hawaiian population, reasoning that different levels of stress yield varying levels of mental disorder and varying needs for mental health and related services. This reasoning is, of course, quite consistent with much of the literature on the role of stress as a risk factor in mental disorder (Dohrenwend & Dohrenwend, 1974; Moos, 1974; Levine, 1970).

What is particularly important about the White and Landis study, however, is the level of quantification achieved and the systematic nature of their presentation. For example, after discussing their assumptions and conceptual framework, they define their basic stress indicators and proceed via various comparisons to characterize the stress rates among key populations:

- They compare the stress rates between the state's Native Hawaiians and non-Hawaiians to document relative stress levels in these populations (see pages 79 to 80 below).
- They compare the stress rates between Native Hawaiians and non-Hawaiian mental health service clientele to document the relative stress levels in

these populations (see pages 79 to 80 below).

- They compare the stress rates among Native Hawaiians within the state's mental health catchment areas to determine the relative "risk" for mental disorder in each area.

Indeed, the White and Landis report (1982) does more than this . . . or less. It does more in that it analyzes Native Hawaiian versus non-Hawaiian client differences in each catchment area and it systematically analyzes Native Hawaiian versus non-Hawaiian client utilization patterns within the state's mental health system. It does less, however, in that the stress indicators it uses varies somewhat from section to section. For example, sometimes "percent of population working" is the indicator; at other times it's "percent of population not working." Key comparisons, too, are sometimes missing. For example, data on "household size of seven or more," "female head of household," and "working status," etc. are not provided for the non-Hawaiian population. In sum, these problems are far outweighed by the study's contribution to the development of quantifiable indicators for qualitative distress (see additional comments in the Recommendations Section, page 165).

In the remainder of this section, the White and Landis (1982) conceptual framework is briefly sketched, their major stress indicators are described, and selected findings are summarized for the period 1973-77 and selected updates for the period 1979-83.

The Conceptual Framework

In the socio-cultural model proposed by White and Landis (1982), Native Hawaiians are seen as subject to three major societal processes that are at once sources of

change, sources of opportunity, and demands for adjustment in their lives. These demographic, socio-economic, and cultural processes are described below.¹

- The Demographic Process

The demographic process consists of activities of marriage (and divorce), procreation and birth, maturation and aging, and death. Any set of individuals in specified settings can be examined in terms of group trends in population size, marriage patterns, birth rates, age-cohort structure and "maturation," and death rates. Comparison of different groups in these terms allows the researchers to determine the relative biologic vitality as well as some likely social dynamics of any particular group. For example, population groups with high birth rates and low infant mortality will be young in character, have large numbers of individuals in early age levels, with relatively low per capita income, etc.

- The Socio-Economic Process

The socio-economic process consists of three main types of activities carried on by individuals: social development, household formation and development, and community involvement.

Social Development involves socialization, career development, and occupational development. Native Hawaiians are regarded as placing great emphasis on group-oriented socialization and role preparation of youth, with much less emphasis placed on formal occupation and career preparation and advancement.

Household Formation and Development involves marriage and ensuring family formation patterns. Among Native Hawaiians, household formation often occurs early

¹ This section is adapted from White and Landis (1982), p. 36-40.

and develops within an extended family network which provides material as well as parental support on a continuing basis.

Community Involvement involves physical mobility patterns, residential selection, and community and civic participation. Among Native Hawaiians, community involvement on an informal basis is highly valued and resultant social commitments are long lasting. Consequently, residential moves would appear to be more disruptive for Native Hawaiians and location away from home communities may lead to social isolation.

- The Cultural Process

The cultural process can be viewed as a set of activities which maintains the uniqueness of a particular group of people. While anecdotal accounts and broad life-history comparisons often elicit a general awareness of major cultural distinctions, the influence of culture or cultural affiliation on an individual basis is difficult to quantify. Add to that the gradual changes in cultural patterns of behaviors over time and the difficulty multiplies. In the White and Landis study (1982), cultural process is not indexed by direct "cultural behaviors," but "is a pattern of value and behavior inferences in those individuals who identify themselves, or are identified by others, as belonging to a particular cultural group" (p. 40).

- Summary of Conceptual Framework

In brief, the White and Landis socio-cultural model holds that certain demographics, socio-economic and cultural processes which affect Native Hawaiians (and non-Hawaiians) yield varying and possibly differential levels of social stress and mental disorder in these two groups. Specific indicators were developed to study this issue.

The Stress Indicators

Essentially, each of the three processes identified above is regarded as having the potential for stress in individuals and in groups, stress which might lead to emotional and/or mental disturbance. White and Landis (1982) are careful to point out that, in their view, the essential source of social stress lies in the divergence between desired lifestyles and availability of an access to material or other resources to enable such lifestyles to be achieved and maintained. This general source is not amenable to direct measurement, however, so the White and Landis measures focus on the observed conditions ("manifestations") that are perceived in themselves to be stressful. The particular "observed conditions" (indicators) chose by White and Landis fall into three groups: family relations, socio-economic, and education.

• Family Related Stress Indicators

The family related indicators are: household size of four or fewer; household size of seven or more, "uncoupled" marital status, and household headed by female.

Household Size of Four or Fewer. Households of this small to average size would require fewer resources to maintain, fewer (young and/or unemployed) children would mean fewer "non-productive" members (in a strictly economic sense).

Household Size of Seven or More. Unless economic resources are plentiful and/or a good number of the members are productive (i.e., employed), the drain on the family resources of a large family can be severe and stressful. Rising costs and a paucity of well-paying jobs can make a psychologically (and sometimes socially) desirable large family a source of great (economics) stress. Not to deny the gratifications of a large family, but the stressors, particularly in an urban environment, can be unrelenting.

"Uncoupled" Marital Status. Divorced, widowed, and separated individuals are more vulnerable to emotional disorder than are married individuals (see Bachrach, 1975; Crayo, 1972; Redick & Johnson, 1974). Combining the former categories of marital status (i.e., divorced, widowed, and separated) yields a single count of the number of individuals who are "uncoupled."

Household Headed by Female. Household most often found to be financially burdened are those in which families are in the sole care of the mother. It is particularly difficult for female headed families to properly care for children and make a living, since women are paid appreciably less than men are for similar jobs (about a third less, overall). Add to that the fact that most traditional "women's" jobs (teachers, nurses, secretaries, etc.) are not well paid in the first place. At any rate, a count of female headed families is utilized to indicate a major social burden leading to stress.

• Socio-Economic Stress Indicators

The socio-economic indicators are: working status, working class, and family incomes less than \$500/month.

Working Status. Working, in general, is associated with less stress than not working. The smaller the working population, the more stressors (economic, social stigma, etc.) assumed by prevail. This particular indicator (and the "not working" indicator to be discussed below) apparently comes from the Hawaiian Health Surveillance Survey "Usual Activity" item (i.e., "usual activity in the past six months") and is not a "current employment" item per se.²

² This latter point is made clearly in White and Landis (1982, p. 65).

Working Class. Service workers, skilled workers, and laborers, in general, are more prone to economic and related stressors than are managers and professionals, for instance. The skilled worker or labor/service occupations are combined here as an operational definition and measure of "working class."

- Education Related Stress Indicators

Only one education related stress indicator was used by White and Landis (1982): less than high school education. In an increasingly technical society, where both education and credentials are more and more required for proportionally less and less advancement, to be without "education" is to be locked out of the mainstream and locked into a stream of stressors. The population of persons 25 years of age or older who have not completed a high school education was the education related stress indicator chosen by White and Landis.

- Summary of Stressors

The socio-economic data indicates that Native Hawaiians are under stress. Three differences between Native Hawaiians and non-Hawaiians are diminishing. While more analyses of these data will be conducted in the near future, there are some analytical problems which detract from these findings.

- There may be differences in the computation of stress indicators between the two time periods in question.
- The indicators are only indirect measures of socio-economic stress. This type of analysis was conducted because there is no adequate mental health data set currently available on Native Hawaiians.
- The composition of the Native Hawaiian population may be different in the two time periods.

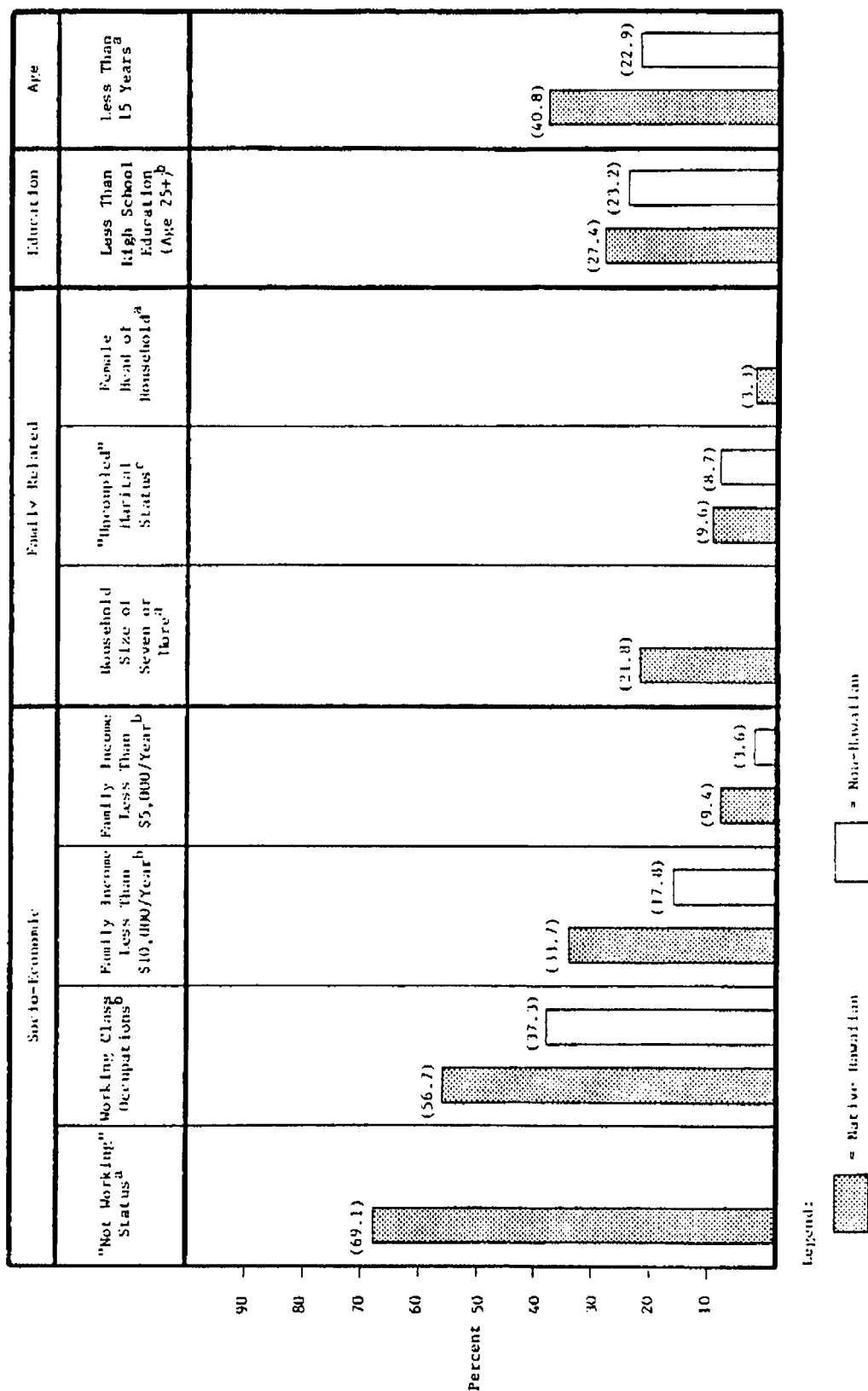
- The composition of the non-Hawaiian population may be different and include groups which are under great social and economic stress (eg., immigrants, refugees, homeless).

- The stress indicators do not adequately represent the Native Hawaiian conception of social and economic stress. A more indepth study will need to consider variables which is sensitive to the cultural factors in defining social and economic stress.

Insert Figures 10-13 and Tables 6-7

Figure 10.

Selected Stress Indicator Percentages for Hawai'i's Native Hawaiian
and Non-Hawaiian Populations



^a 1973-1978 averaged data

^b 1977 data

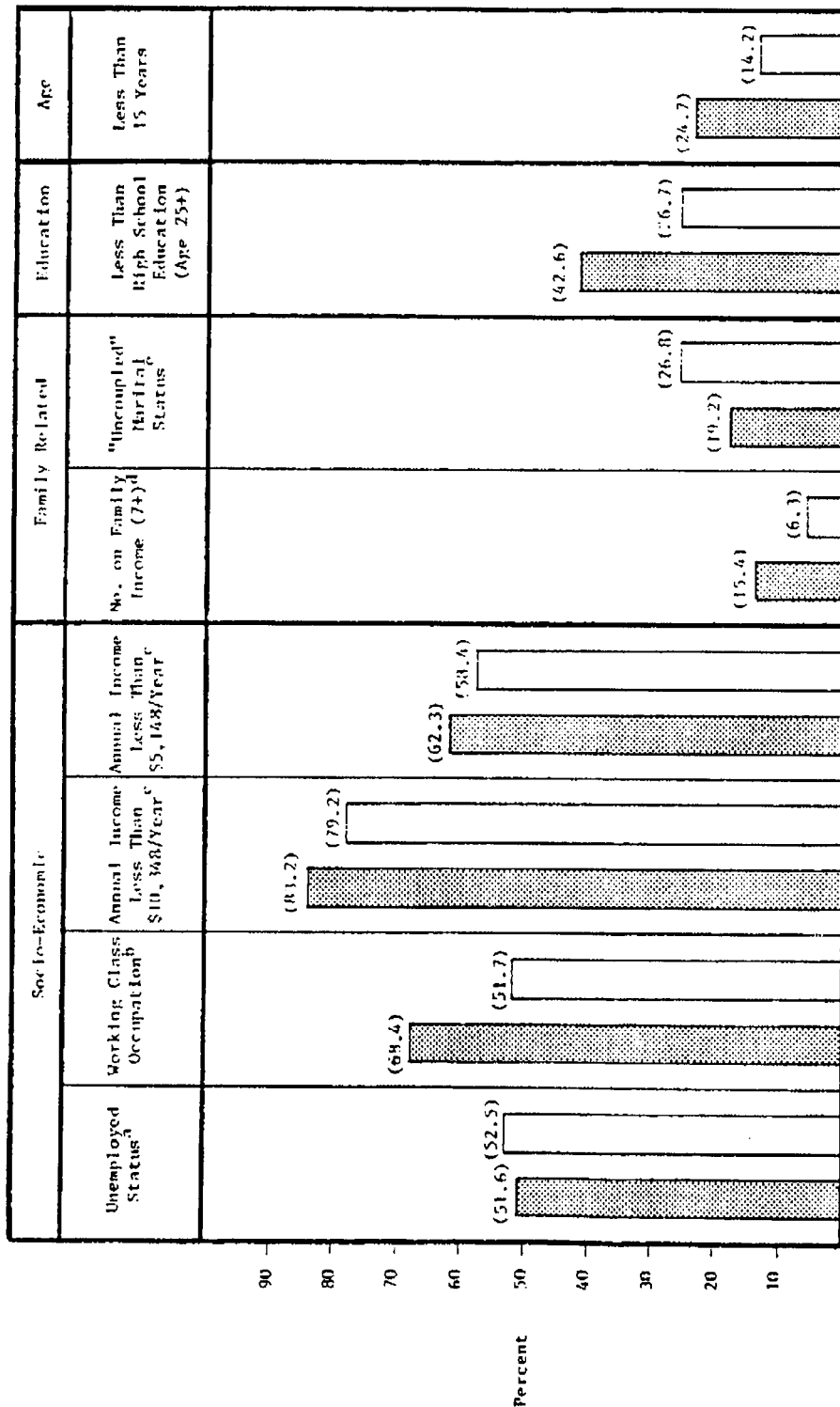
^c 1978 data

Source: White & Daniels (1982)

Figure 11.

Selected Stress Indicator Percentages for Native Hawaiian and Non-Hawaiian Mental Health Service Clients

(Source: White & Landis, 1982)



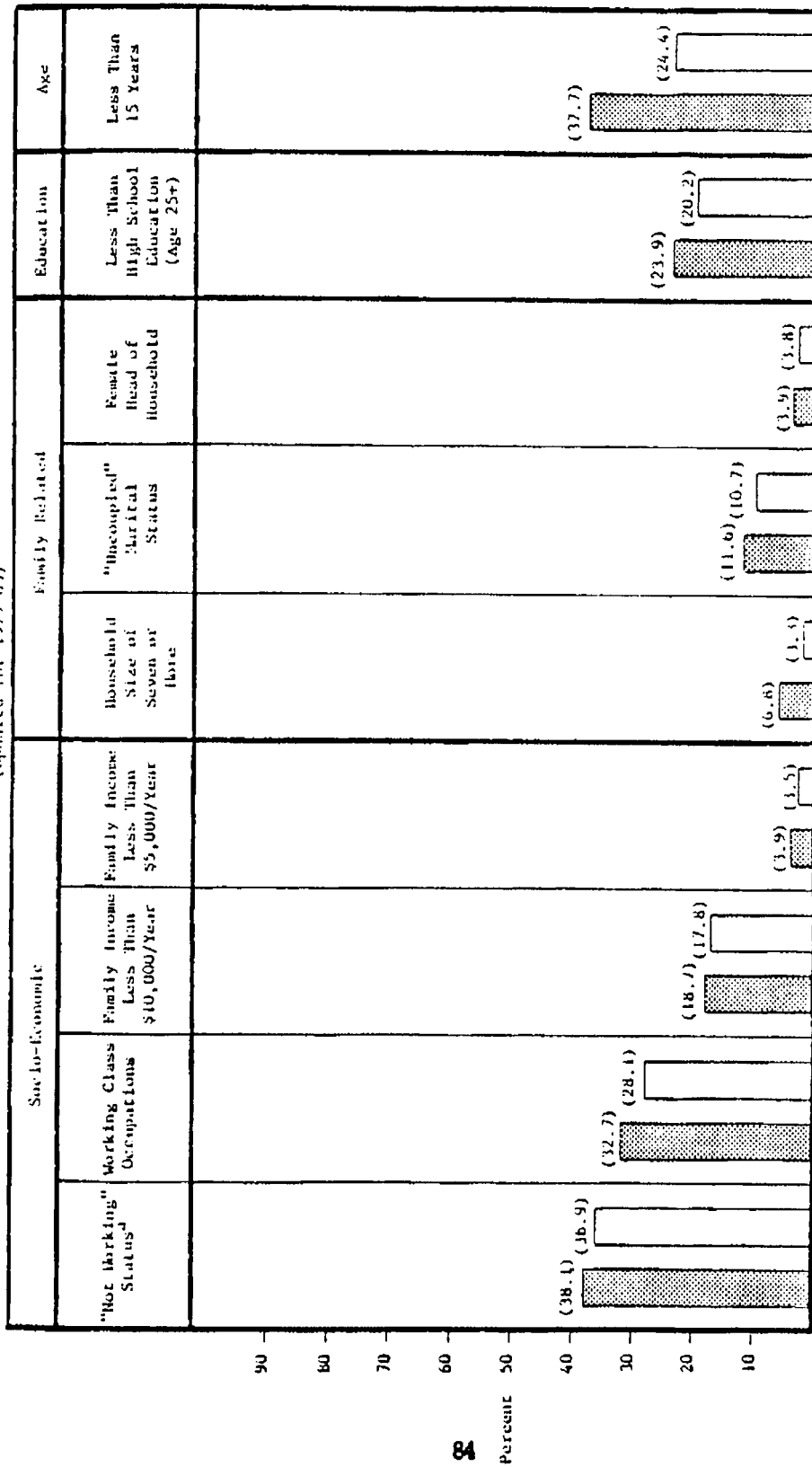
Legend:

■ = Native Hawaiian
□ = Non-Hawaiian

- "Unemployed" refers to members of the labor force, ages 16 and over, who are actively seeking work but who are not working. The term is narrower than those "not working," which includes persons not directly generating income (e.g., children, housewives, etc.).
- Only employed labor force, persons 16 years or over, are included.
- Annual income categories are based on weekly income intervals and thus are not standard intervals. In excess of 50% of the annual income data are missing/indicated as.
- The closest approximation to the "household size of 7+" indicator. Approximately 40% of data missing/indicated as.

Figure 12.

Selected Stress Indicator Percentages: Non-Hispanic Native
Hawaiian and Non-Hispanic Populations
(Updated for 1979-85)^a



Legend:



= Native Hawaiian



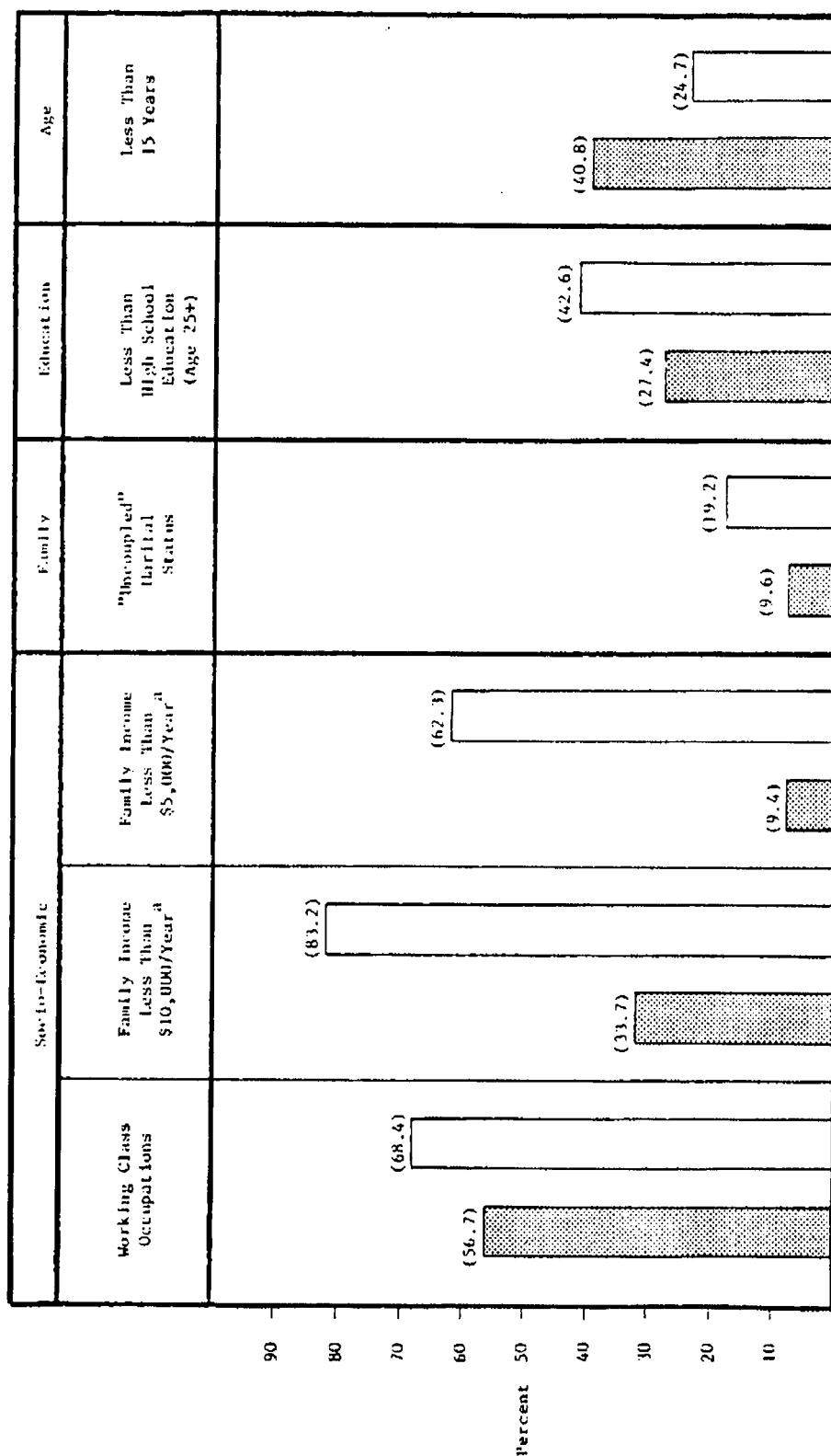
= Non-Hispanic

^a 1983 data

Source: Hawaii Health Surveillance Program (August 1985)

Figure 13.

Selected Stress Indicator Percentages for Native Hawaiian General
and Dental Health Service Clientele Populations



Legend:

■ = Native Hawaiian

□ = Dental Health Service Clientele

a. The Dental Health Clientele Service data, income categories are based on weekly intervals and are not standard intervals (e.g., \$10,368; \$5,148). The percentages of missing data, too, are quite high -- approximately 10%.

Source: White & Landis (1982). (original source: State Department of Health Registry and Dental Health Surveillance Program, 1971-1979 data.)

Table 6.

Maximum and Minimum Estimates of Native Hawaiian Population at Risk with
Compound Stress Based on Selected Indicators
(1979-1983 Update of White & Landis 1973-1977 Data)

Risk Indicators and Estimates for Native Hawaiian Population	Diamond Head	Kalihi- Palama	Central Oahu	Leeward Oahu	Windward Oahu	Hawaii	Maui	Kauai
Percent income less than \$10,000 (Line 1)	17.9%	24.7%	15.3%	19.8%	13.9%	24.0%	17.9%	14.7%
Percent household size 7 or more (Line 2)	3.0%	5.4%	9.7%	9.3%	8.1%	6.9%	8.1%	6.4%
Maximum estimated proportion with compound stress (Line 3 = Line 2)	3.0%	5.4%	9.7%	9.3%	8.1%	6.9%	8.1%	6.4%
Minimum estimated proportion with compound stress (Line 4 = Line 1 X Line 2)	0.5%	1.3%	1.4%	1.8%	1.1%	1.6%	1.4%	0.9%
Native Hawaiian population average for 1979-83 (Line 5)	26,886	19,017	21,794	26,642	29,847	27,977	19,109	8,439
Maximum estimated population with compound stress (Line 6 = Line 3 X Line 5)	807	1,027	2,114	2,478	2,418	1,930	1,548	540
Minimum estimated population with compound stress (Line 7 = Line 4 X Line 6)	40	13	30	44	27	30	21	5
Area rank based on MAXIMUM estimate (Line 8 = Rank Line 6)	7	6	3	1	2	4	5	8

Source: Hawai'i Health Surveillance Report (August 1985)

Table 7.

Percentage Values of Stress Indicators and Catchment Ranks
(Updated for 1979-83)

Risk Indicator	All Areas %	Diamond Head % Rank	Kalihi- Palama % Rank	Central Oahu % Rank	Leeward Oahu % Rank	Windward Oahu % Rank	Hawaii % Rank	Maui % Rank	Kauai % Rank
Uncoupled	11.6	14.7 (2)	21.3 (1)	9.2 (7)	10.0 (6)	10.9 (4)	11.2 (3)	10.5 (5)	9.1 (8)
Income less than \$5,000	3.9	4.3 (5)	5.0 (2)	3.8 (6)	0.4 (8)	4.4 (4)	9.4 (1)	4.6 (3)	3.0 (7)
Income \$5,000 - \$9,999	14.8	13.5 (4)	19.6 (1)	11.5 (7)	19.3 (2)	9.4 (8)	18.0 (3)	13.2 (5)	11.9 (6)
Less than high school graduate	23.9	16.9 (8)	28.7 (2)	22.6 (6)	31.0 (1)	21.3 (7)	24.3 (5)	27.3 (3)	25.7 (4)
Not working	38.1	30.6 (8)	36.3 (6)	42.7 (2)	45.0 (1)	36.4 (5)	40.1 (3)	39.9 (4)	35.7 (7)
Household size 7 or more	6.8	3.0 (8)	5.4 (6)	4.9 (7)	9.3 (1)	7.4 (3)	6.9 (4)	8.1 (2)	6.3 (5)
Female headed household	3.9	5.2 (1)	5.1 (2)	3.0 (7)	4.3 (3)	3.3 (5)	3.2 (6)	3.7 (4)	2.4 (8)
Working class	32.7	31.5 (7)	36.3 (2)	31.7 (6)	35.3 (3)	28.6 (8)	32.9 (5)	33.4 (4)	40.3 (1)
Sum of Catchment Areas		43	22	48	25	44	30	30	46
Overall Catchment Rank		5	1	8	2	6	3.5	3.5	7

Source: Hawai'i Health Surveillance Report (August, 1985)

ANALYSIS OF SELECTED MENTAL HEALTH INDICATORS

Data on the incidence of mental health problems (as defined by Western mental health concepts of mental health) will be reviewed in this section. There are a number of indicators which can be used, but time constraints shaped the extent to which these data could be explored. To compensate for the limited time, six types of indicators encompassing the biopsychological, psychosocial, and social dimensions of mental health were used:

- Psychological disorders
- Suicide
- Child abuse
- Alcohol and substance use
- Crime and delinquency
- School adjustment problems

This approach is consistent with the overall theoretical position of this report (multidimensional) and it provides a overall picture of the problems rather than an exploration of a few psychological problems like schizophrenia or depression. This section reviews a few important studies and data sets. There have been many research studies on the six indicators and some have been discussed quite extensively. However, it is important to limit this review to the data sets which are most pertinent to an assessment of Native Hawaiian mental health needs.

There are two important limitations to this review. In most instances, this review relied exclusively on published research articles and technical reports. There was little time to do more extensive analysis or to verify findings. The second

limitation had to do with the focus of this section. Since this is an assessment of mental health problems, it may present a distorted picture of the Native Hawaiian community. This section should be viewed in light of a previous section (Native Hawaiian conceptions of mental health) and a future section (Native Hawaiian solutions).

This review is organized as follows: For each mental health indicator, a description of the research study or data set is presented, followed by a listing of the limitations in assessing Native Hawaiian mental health. The findings from the data analysis are then summarized.

Psychological Problems

- Data Source and Major Limitations.

The Hawaii State Department of Health Statistical Report provides information on admissions in 1983 to State facilities. There are several limitations in using the data. Following are some of the more prominent ones:

- a) Rates are not standardized by age. Age standardizations would yield more accurate risk levels since the Native Hawaiian population is much younger than the state as a whole.
- b) Diagnoses and definition of mental health problems are made by a large number of professionals with varying training and biases. The reliability of the diagnostic data is questionable.
- c) The data is more accurate as a service utilization measure since it is actually an indicator of an ethnic group's willingness to use the state mental health facilities. Indeed, as will be discussed in a latter section, there are definite differences between the way ethnic groups are referred to

the mental health facilities.

● Findings

The data are reported for unduplicated clients diagnosed at admission. Two general categories of diagnoses are presented:

Social Problems

- social problems with mate
- social problems with family
- social problems with people
- social problems with children
- assaultive acts
- antisocial behavior

Individual Problems

- alcohol abuse
- narcotics and other substance abuse
- job impairment
- school impairment
- housekeeping impairment
- anxiety phobia
- depression
- suicidal gestures

Table 8 displays diagnostic information for four ethnic groups: Caucasians, Filipinos, Japanese, and Native Hawaiians. Problems with mates and other people were the most frequently diagnosed social problems. Native Hawaiian admissions showed a similar pattern; although Native Hawaiians had more than 20% of its admissions diagnosed in the other four categories. A higher percentage of Native Hawaiians had social problems with children, assaultive acts, and antisocial behaviors when

compared to the other ethnic groups.

Insert Table 8 about here

New admissions were more likely have the following individual problems: depression, job impairment, or anxiety phobias. Native Hawaiians also had large proportions with these individual problems and also had a high percentage with school impairments. When compared to other ethnic groups, Native Hawaiians had a high percentage with narcotics problem and school impairment. Native Hawaiians were less likely to have anxiety and depression diagnoses than other ethnic groups.

There were some definite gender differences (Table 9). Men were more likely to have social problems with other people, assaultive behavior, antisocial behavior, alcohol abuse, narcotic use, job impairment and school impairment. Women, on the other hand, were more likely to be diagnosed with social problems with mate, home-making impairments, anxiety phobia, and depression. Gender differences among Native Hawaiian admissions followed this general pattern.

Insert Table 9 about here

Native Hawaiian men were more likely to be admitted to the mental health facilities for assaultive acts, antisocial behavior, alcohol abuse, narcotics, and school impairment than males in the other ethnic groups. Native Hawaiian women had a higher percentage diagnosed with social problems with children.

In summary, Native Hawaiians did show a similar pattern of diagnosed social and individual problems as other ethnic groups. However, Native Hawaiians were more

Table 8.

Distribution of Psychological Disorders Among New Admissions
to the State Mental Health Facilities by Ethnicity
(1983)

Diagnoses	Total State	Caucasian	Fillipino	Japanese	Native Hawaiian
<u>Social Problems</u>					
Social problems with mate	38	37	42	31	38
Social problems with family	18	14	20	9	21
Social problems with people	41	41	36	43	41
Social problems with children	18	14	20	16	25
Assaultive acts	15	9	18	13	20
Antisocial behavior	18	13	16	14	23
<u>Personal</u>					
Alcohol abuse	15	18	10	9	17
Narcotics	12	10	9	7	15
Job impairment	35	36	31	35	35
School impairment	15	10	15	11	22
Housekeeping impairment	10	10	11	11	11
Anxiety phobias	28	37	25	29	21
Depression	43	51	43	39	36
Suicidal gestures	7	7	8	6	6
Total (N)	4112	1430	343	423	611

Source: State of Hawai'i Department of Health, Statistical Report, 1983.

Note: Hawaiian combined with Part-Hawaiian due to small number. Percents do not add to 100% because each admission may have more than one diagnosis. Total column is for all ethnic groups in the state.

Table 9.

Distribution of Psychological Disorders Among New Admissions
to the State Mental Health Facilities by Ethnicity
and Gender (1983)

Diagnoses	Percentage Distribution									
	State Total		Caucasian		Filipino		Japanese		Native Hawaiian	
	M	F	M	F	M	F	M	F	M	F
Social problems										
Social problem with mate	34	43	33	41	36	50	30	32	36	43
Social problem with family	17	18	13	15	19	21	20	17	22	21
Social problem with people	47	33	46	35	41	29	49	35	47	30
Social problem with children	16	20	13	16	18	21	13	20	23	29
Assaultive acts	21	7	13	4	26	8	17	7	26	9
Antisocial behavior	26	8	19	6	23	7	18	8	33	5
Personal										
Alcohol abuse	20	8	22	14	15	2	13	2	23	5
Narcotics	17	5	14	6	13	3	11	1	21	4
Job impairment	38	29	40	31	34	26	41	28	41	25
School impairment	18	10	14	6	18	11	13	8	26	14
Housework impairment	7	15	6	14	5	19	8	15	8	18
Anxiety phobia	21	38	29	46	18	35	20	42	16	31
Depression	34	56	42	62	32	58	31	50	28	50
Suicide gesture	5	8	6	9	7	8	5	8	6	6
Total (N)	2436	1676	779	651	198	145	245	178	397	214

Source: Hawai'i State Department of Health, Statistical Report, 1983

Note: 1. State total includes other ethnic groups not included in the table.

2. Percentages will not add to 100% because each admission may have more than one diagnosis.

3. Hawaiian category was combined with the Part-Hawaiian category because of small N.

likely to have diagnoses that reflect a violence and abusive acts (assaultive acts, and antisocial behavior). They were less likely to have anxiety and depression diagnoses.

Suicides

- Data Source and Major Limitations

The suicide data come from two reports prepared by the Hawai'i State Department of Health (Chiu, 1977; Hawaii State Department of Health, 1985). These reports present data on suicide for the periods 1908 to 1982 from the DOH vital statistics. The major limitations of the data are:

- a) The definition and assessment of suicides vary over the years. The comparability of the data is problematic.
- b) The data are for deaths classified as suicides. A number of factors contribute to defining deaths as suicides. The extent of deaths which are classified as accidents but in fact are suicides is not known.
- c) The definition of ethnicity is problematic because it relies on the report of the suicide's next of kin, close associate, or other estimate (for example, the last name).

- Findings

Table 10 displays the crude suicide rates (not standardized by age) for six ethnic groups. Suicides rates are higher for males in all ethnic groups. Native Hawaiian males have the second highest crude suicide rate (next to Korean males). Previous to 1968, the suicide rates for Native Hawaiians was the lowest among the ethnic groups. In the period 1958-1962, the suicide rate was 10.5 suicides per 100,000 population. This ranked them last among the six ethnic groups. In the period

1978-82, the suicide rate had risen to 25.5 suicides per 100,000 population, the second highest of the six ethnic groups. The rate of increase was tremendous (more than 130%); the other ethnic groups did not show such a large increase (the rate of Koreans could not be computed).

Insert Table 10 about here

Since the suicide rates for females did not reach the proportions of males, data in this table are presented only for males (Table 11). This standardization provides a more accurate picture of suicides since the age distributions for the various ethnic groups are quite different. The age standardized suicide rates for Native Hawaiians were the largest among the six ethnic groups. The historical pattern shown with the crude suicide rates were present for the standardized rates. It is quite clear from these data, that suicides are quite prominent among Native Hawaiian males and the problem has become more severe in recent years.

Insert Table 11 about here

The suicide rates for Native Hawaiian males were high for all age groups except for males under 15 years old (Table 12). Young Native Hawaiian males between the ages of 20 to 34 were among the highest at risk for suicides. Elderly Native Hawaiian males had the highest suicide rate (41.7 suicides per 100,000 population). While Native Hawaiian females did not show a high crude suicide rate, there were several age categories where females appear to be at risk. Native Hawaiian females in the age categories 15-19, 55-64, and 75 years and older appear to be more at risk for suicides

Table 10.

Crude Suicide Rates by Ethnicity and Gender (1908-1982)
(Suicides Per 100,000 Population)

Ethnicity	1908-12	1918-22	1928-32	1938-42	1948-52	1958-62	1968-72	1978-82
Male								
Caucasian	14.5	35.4	24.2	28.5	16.8	12.0	12.6	19.2
Native Hawaiian	8.1	15.2	10.2	13.7	8.8	10.9	19.4	25.5
Chinese	26.8	51.8	43.4	32.2	10.5	12.2	10.5	9.3
Filipino	9.3	18.9	6.0	14.7	12.8	13.9	14.8	10.6
Japanese	17.1	38.6	32.0	21.4	18.2	13.9	13.5	15.7
Korean	20.3	102.9	85.0	136.1	20.7	N.A.	4.4	26.7
Female								
Caucasian	3.1	3.3	8.8	9.1	5.2	3.1	5.9	6.9
Native Hawaiian	---	5.7	7.0	5.5	0.9	2.7	3.8	5.1
Chinese	4.4	2.7	16.9	9.4	2.6	1.0	3.8	7.0
Filipino	---	---	5.7	---	4.5	---	3.8	1.9
Japanese	10.4	20.5	12.3	9.3	9.6	6.3	7.4	5.2
Korean	---	13.7	24.3	13.8	6.2	N.A.	15.6	17.2

Source: Hawai'i State Department of Health, Report to the Thirteenth Legislature on Suicide in Hawai'i, 1985.

Table 11.

Age Standardized Rates by Ethnicity for Males Only (1908-1982)
(Suicides Per 100,000 Population)

Ethnicity	1908-12	1918-22	1928-32	1938-42	1948-52	1958-62	1968-72	1978-82
Caucasian	16.8	40.4	27.5	31.1	17.1	13.6	13.8	18.5
Native Hawaiian	9.0	18.2	14.2	20.4	13.7	16.1	22.5	29.2
Chinese	19.6	36.4	34.4	26.3	9.0	11.0	8.8	7.1
Filipino	N.A.	23.3	7.2	14.4	10.6	10.2	11.9	8.7
Japanese	18.6	42.1	37.9	23.5	17.6	12.7	10.7	11.7
Korean	19.1	54.3	67.5	N.A.	N.A.	N.A.	3.9	24.4

Source: Hawai'i State Department of Health, Report to the Thirteenth Legislature on Suicide, 1985.

than other age categories.

Insert Table 12 about here

Child Abuse

- Data Source and Major Limitations

Starbuck, Krantzler, Forbes, and Barnes (1984) provide the child abuse data for this discussion. In their research study, Starbuck et al. used the reports of confirmed child abuse and neglect cases made to the Department of Social Services and Housing (DSSH) during the periods 1977 to 1979. While the DSSH has more recent data on child abuse in their 1982 report, the data does not separate the civilian and military populations. Since there are some clear differences between the two populations, the findings will be tainted. In addition to the DSSH data set, Starbuck et al. also collected detailed information on a sample of 100 abuse cases and 100 matched controls. These data provided information on four risk factors: marital status, birth weight, maternal age, and socioeconomic status.

Following are a list of the major limitations with the DSSH data set:

- a) The ethnicity data is questionable since it relies on a number of parties: self report, the DSSH case worker, police, and others.
- b) It is not clear what factors affect the confirmation of a case as abuse or neglect. There may be apparent biases among case workers in the determination of abuse or neglect.
- c) Follow up data on the cases are not available. While many cases are referred to the Family Court, there is no data on the outcome of any intervention.

Table 12.
Crude Suicide Rates by Gender and Age for Native Hawaiians Only (1908-1982)
(Suicides Per 100,000 Population)

Age	1908-12	1918-22	1928-32	1938-42	1948-52	1958-62	1968-72	1978-82
Male								
0 - 14 Years	2.1	1.7	---	0.6	0.5	0.4	0.2	0.5
15 - 19 Years	5.1	22.5	3.1	12.1	6.8	1.9	10.7	18.0
20 - 24 Years	8.8	44.5	10.7	16.9	8.7	15.1	10.8	24.0
25 - 34 Years	21.0	39.1	23.5	25.1	14.3	15.9	18.4	25.0
35 - 44 Years	21.7	42.9	37.1	31.7	18.7	14.2	24.4	18.4
45 - 54 Years	32.9	65.9	58.8	36.7	32.2	19.2	21.5	16.9
55 - 64 Years	44.5	93.7	101.3	85.2	34.8	30.4	21.2	19.4
65 - 74 Years	24.4	111.8	111.9	97.5	60.2	37.9	24.9	15.9
75+ Years	---	89.8	107.6	133.9	74.9	120.1	53.7	41.7
All Ages	16.4	35.8	23.5	23.7	14.8	12.7	13.5	16.5
Female								
0 - 14 Years	0.7	2.2	0.3	---	---	---	---	---
15 - 19 Years	6.9	28.6	18.4	3.6	2.9	0.8	2.9	3.4
20 - 24 Years	3.1	18.1	30.9	12.6	4.4	4.9	2.8	9.4
25 - 34 Years	8.9	15.9	18.6	12.6	5.1	2.9	8.6	5.5
35 - 44 Years	9.1	21.9	14.9	11.9	8.5	4.6	7.5	4.7
45 - 54 Years	10.2	8.9	9.9	14.8	9.9	4.9	11.6	8.1
55 - 64 Years	12.8	---	36.6	21.0	25.1	12.4	7.8	9.8
65 - 74 Years	---	---	12.6	35.9	24.3	19.8	12.7	6.1
75+ Years	---	---	30.7	19.8	52.6	45.9	41.3	18.9
All Ages	4.9	11.5	10.8	7.8	5.8	3.9	5.9	5.4

Source: Hawai'i State Department of Health, Report to the Thirteenth State Legislature, 1985.

- Findings

Before presenting the child abuse data, some definitions are in order. Abuse or neglect refers to physical injury, psychological abuse, sexual abuse, negligent treatment, or maltreatment of a child under the age of 18 years; circumstances where the health and welfare of a minor's health is harmed or threatened. When a report is made to DSSH, a case worker is assigned to make an investigation. After this investigation, the case worker determines whether there is evidence of trauma or neglect. The case worker investigation may include an evaluation by professionals, direct observations of the child, interview with the child, admission from the perpetrator or testimony from witnesses.

Rates for child abuse and neglect during the 1977-1979 are displayed in Table 13. The table presents the estimated population at risk, the percent of population at risk, the mean number of abuse and neglect cases each year, and the rate of abuse per 100,000 population. The data are presented for five ethnic groups: Samoan, Part-Hawaiian, Caucasian, Filipino, and Japanese.

Insert Table 13 about here

Native Hawaiians had the second highest child abuse and neglect rate among the ethnic groups with a rate of 354 per 100,000. Samoans had the highest rate (818). Taking the other data into consideration, it is apparent that child abuse among Native Hawaiian is pervasive. Native Hawaiians had a larger population at risk than Samoans (57,796 to 5,859) - this at risk population comprised 30.2% of the Native Hawaiian population compared to only 3.2% of the Samoan population.

Table 13.
Rates of Child Abuse and Neglect for Oahu, 1977-1979
Per 100,000 Population a Year

Ethnicity	Population at Risk (<18 years)	% of Population at Risk	Mean Cases a Year (77-79)	Rate of Abuse a Year
Samoan	5,659	3.2	46.3	818
Part-Hawaiian	52,796	30.2	187.0	354
Caucasian	25,962	14.8	77.6	298
Filipino	21,802	12.5	22.3	102
Japanese	25,708	14.7	14.3	56

Source: Starbuck et al. (1984). Child abuse and neglect on Oahu, Hawai'i: Description and analysis of four purported risk factors. Developmental and Behavioral Pediatrics, 5, 55-59.

Starbuck et al.'s (1984) study of four risk factors help to explain some reasons for the ethnic differences. Among the four risk factors (marital status, birth weight, maternal age, and socioeconomic status), young maternal age and low socioeconomic status were important determinants in identifying high risk cases. In previous sections, Native Hawaiians had a low socioeconomic status when compared to others in the state. Child abuse and neglect may be one indicator of the deleterious effect of poor socioeconomic conditions.

Starbuck and his associates also make the case for considering abuse and neglect within a cultural context. Different cultures have child rearing practices which may be at odds with the accepted Western methods of child rearing. In some cases, some child rearing practices may seem abusive and harmful to Western professionals and the lay public. They argue that child rearing practices which depart from normal standards of a particular culture or which result in actual harm or affects a child's well being should be considered abuse and neglect. Their approach is supported by Dubanoski and Snyder (1980).

Alcohol and Substance Abuse

- Data Sources and Major Limitations

a) The Hawai'i Substance Abuse Survey was conducted in 1979. Face-to-face interviews were conducted with 3,127 individuals 12 years and older in the state. The survey collected information on the use of alcohol and other substances. The survey data was supplemented with data collected from the Department of Health alcohol and drug treatment programs. The major limitations include the following:

- The data are not standardized by age.
- There is no indication that the instrument was tested for cultural interpre-

tation of the questionnaire items.

- It is not clear how the alcohol and drug service utilization data were collected and the reliability of this procedure.

b) The Epidemiological Survey was conducted in 1982 by the School of Public Health and the Department of Health. A minimum of 300 persons for each of the mental health catchment areas were interviewed resulting in a statewide sample of 2,503 persons. The survey was limited to adults 18 years and older. The interview included a number of mental health indicators. The alcohol and substance abuse data were taken from Murakami (1985). The major limitations with the study include the following:

- The data are not adjusted for the population distribution in each mental health catchment area. Without these adjustments, the data will unrepresentative of the total statewide sample.
- The data are not standardized by age.
- There is no indication that the questionnaire was tested for cultural biases.

● Findings

In 1979, an alcohol abuse index was used to establish the number of ounces of pure ethanol consumed on a daily basis. Three types of rates were computed: lifetime prevalence rate, current alcohol use (use in the last month), estimated number of abusers (2 or more ounces of ethanol per day). At the time of the survey, it was estimated that 79% of the state had tried alcohol at least once in their lives. This figure was less than the lifetime prevalence rate on the Mainland (90%). Fifty-five percent of the interviewees had used alcohol in the past month. Caucasians had the highest current use rate (78%); Native Hawaiians had a similar rate as the Portuguese

(53%). Table 14 presents the usage data.

Insert Table 14 about here

Table 15 displays the estimated number of alcohol abusers in 1979. Caucasians were overrepresented in the abuser population. Native Hawaiians were also overrepresented. When the estimates of alcohol abusers were compared with the numbers in the alcohol treatment facilities, Native Hawaiians were underrepresented in alcohol treatment facilities and Caucasians were overrepresented (see Table 16).

Insert Tables 15 and 16 about here

The 1982 epidemiological survey used an ethanol consumption measure computed in different manner. Native Hawaiians and Caucasians had much higher alcohol consumption rates than Japanese or Filipinos. More Native Hawaiians and Caucasians were classified as "moderate" or "heavy" drinkers (see Table 17). There were gender variations - men of all ethnic groups were more likely to be classified as moderate or heavy drinkers.

Insert Table 17 about here

In 1979, a drug abuse index was used to assess the number of heavy users. A scale was developed measuring the use of heavy drugs (i.e., marijuana, heroin, cocaine, inhalants, hallucinogens). When this scale was used, Native Hawaiians and Caucasians were overrepresented in the drug abuser population estimates (see Table

Table 14.
Alcohol Usage Rates by Ethnicity, 1979
(Percent)

Ethnicity	Lifetime Use	Current Users	New Users
Caucasian	91.4	77.7	1.0
Chinese	72.5	40.5	2.6
Filipino	52.8	36.1	2.3
Hawaiian	80.8	52.8	4.3
Japanese	77.6	44.6	4.3
Portuguese	86.5	52.6	6.6
Other	76.4	51.3	3.2

Source: State of Hawaii Department of Health, 1979

Table 15.
Alcohol Abusers by Ethnicity, 1979
(Percent)

Ethnicity	Percent of Abusing Population	Percent of Group Population
Filipino	8.8	6.6
Chinese	2.2	3.2
Caucasian	40.6	11.1
Japanese	11.4	3.7
Hawaiian	19.4	9.4
Portuguese	1.7	5.9
Other	16.0	7.8

Source: State of Hawaii Department of Health, 1979

Table 16.
Alcohol Abusers in Alcohol Treatment Facilities, 1979
(Percent)

<u>Ethnicity</u>	<u>Alcohol Abusers</u>	<u>Alcohol Treatment</u>
Filipino	8.8	2.3
Chinese	2.2	0.2
Caucasian	40.6	70.8
Japanese	11.4	3.7
Hawaiian	19.4	10.2
Portuguese	1.7	1.7
Other	16.0	10.8

Source: State of Hawaii Department of Health, 1979

Table 17.
Alcohol Usage Rates by Ethnicity, 1982

Ethnicity	Non-Drinkers	Light	Moderate	Heavy	N
Caucasians	31.0	29.0	26.4	13.6	713
Filipino	53.0	25.3	15.1	6.7	285
Japanese	58.5	22.8	13.5	5.2	540
Native Hawaiians	40.7	27.7	20.6	11.0	472

Source: Murakami, 1985

18). A comparison of the abuser estimates with the population in drug treatment facilities showed that Native Hawaiians were overrepresented in the facilities (Table 19). This finding is different from the finding on alcohol abuse. The reason for this discrepancy may be due to the different ways alcohol abusers and drug users are referred to treatment facilities: drug abusers tend to be referred under more coercive circumstances. This interpretation is with the tendency for Native Hawaiians to be referred to other mental health services by court order than other ethnic groups (see Mental Health Service Utilization section). Estimates on drug use was not presented in a similar manner in the 1982 survey.

Insert Tables 18 and 19 about here

Crime

• Data Source and Major Limitations

Kassebaum's (1981) study provides a thorough assessment of crime and court related data pertinent to Native Hawaiians. Kassebaum used several data sources for his research which has relevance in this section: 1979 police arrest data, a ten percent random sample of cases beginning with an arrest in 1975 and leading to a disposition in District or Circuit Court, and an ethnicity profile of cases in correctional institutions and on parole in 1979-80. The major limitations with the data include the following:

- a) The definition of ethnicity varied from agency to agency. In addition, police sometimes used ethnicity to classify an individual's appearance rather than as an indicator of cultural background.
- b) Public record data have the problem of missing information.

Table 18.
Drug Abusers by Ethnicity, 1979
(Percent)

<u>Ethnicity</u>	<u>Abusing Population</u>	<u>Group Population</u>
Filipino	5.5	2.9
Chinese	2.4	2.6
Caucasian	49.1	9.5
Japanese	5.7	1.3
Hawaiian	22.3	7.6
Portuguese	2.4	6.0
Other	12.0	4.1

Source: State of Hawaii Department of Health, 1979

Table 19.
Drug Abusers in Drug Treatment Facilities, 1979
(Percent)

Ethnicity	Drug Abusers	Drug Treatment*
Filipino	5.5	4.6
Chinese	2.4	2.4
Caucasian	49.1	24.6
Japanese	5.7	7.1
Hawaiian	22.3	44.4
Portuguese	2.4	3.0
Other	12.0	14.0

*CODAP FY 1979-80. The treatment population represents an unduplicated (first admission) count within each drug clinic. As individuals may transfer between clinics, duplication may occur when clinic data are aggregated.

Source: State of Hawaii Department of Health, 1979

- c) There may be problems in interpreting case record data especially when the case worker is not available to interpret the case information.

- Findings

Since Kassebaum's study is written specifically about Native Hawaiians, a summary will suffice here. Native Hawaiians were not overrepresented in 1979 police arrests. To assess the events after arrest, Kassebaum collected data on a sample of arrests and followed them through the court system. At the point of sentencing, a higher proportion of Native Hawaiians were sentenced to prison or jail. When the number and levels of prior convictions were controlled, this discrepancy in court outcomes could not be accounted for. Native Hawaiians also were predominant in the correctional institutions and parole populations. This finding may be attributed to the differences in offense and prior convictions. Kassebaum concludes his report by stating that differences in crime, court, and institutionalization rates may be attributed to both institutional racism and ethnic correlates.

School Adjustment

- Data Sources and Major Limitations

- a) The Native Hawaiian Educational Assessment Project (1983) reviewed a number of data pertinent to the educational status of Native Hawaiians. This study is important and should be read in its entirety. In this section, some general conclusions from the study related to mental health will be presented. In addition, test score and absentee data will be described to provide indicators of the adjustment of Native Hawaiians to school life. The major limitation of the Native Hawaiian Educational Assessment Project was the use of a number of data sources which had varying definitions of Native Hawaiians. This made the comparison of research studies difficult.

b) Kamehameha Schools (1985) provided data on excessive absences in the Hawai'i State Department of Education. The data are reported for school years 1981-82 and 1983-84. Students with excessive absences have been absent without excuse for more than 20 school days. These data are an up-date of the data presented in the Native Hawaiian Education Assessment Project. Two major limitations are evident in these data. Again, the ethnicity issue is problematic. Second, not all schools participated in the study. The data do not represent all schools in the DOE.

- Findings

The Native Hawaiian Educational Assessment Project concluded that Native Hawaiians did score below parity with national norms on standardized tests. Native Hawaiian males scored consistently lower in the tests compared to Native Hawaiian females. When the scores of Native Hawaiians in private schools were assessed, Native Hawaiians were at or above the national norms. The problem in Hawai'i public schools are most evident when the test scores are compared with other local ethnic groups (see Table 20). Native Hawaiians scored below national norms for all grade levels. Some ethnic groups had a higher proportion scoring below the national norm than Native Hawaiians, but these groups had a large number of students who were recent migrants.

Insert Table 20 about here

Table 21 displays the proportion of students with excessive absences. For the state and for all school districts, Native Hawaiians had a higher proportion of students with excessive absences than non-Hawaiians. The problem is most acute in the Leeward and Honolulu School Districts.

Insert Table 21 about here

Summary

This section presented six general mental health indicators. The data sources used for this review had a number of limitations; the data should be viewed in light of these limitations.

Table 22 displays a summary of the indicators, data sources, the limitations, and major findings.

Insert Table 22 about here

Table 21.
Excessive Absences in Public Schools by Ethnicity, 1983

District	Enrollment		Students with Excessive Absences	
	Number	Hawaiian (%)	Number	Hawaiian (%) Non-Hawaiian (%)
State	43,559	20.5	11,769	27.7 72.3
Honolulu	12,012	14.0	4,129	20.4 79.6
Central	7,910	10.1	7,111	17.3 82.7
Leeward	11,243	26.0	8,320	34.7 65.3
Windward	8,821	28.1	6,392	34.9 65.1
Hawai'i	2,079	30.2	1,452	36.1 63.9
Mau	1,424	27.2	1,036	35.6 64.4

Source: Kanehaneha Schools (1985). Excessive absences and Hawaiian students in the Hawai'i State Department of Education.

Table 22
Summary of Findings

Indicator	Data Source	Limitations	Key Findings
Psychological problems	Hawaii DOH admissions to state facilities	• Rates are not standardized • Rater variability • More a measure of utilization	Native Hawaiians more likely to be admitted for violent and abusive acts
Suicides	DOH vital statistics	• Suicide data varies over years • A number of factors contribute to deaths being classified as suicides	Young Native Hawaiian males were most at risk for suicides. Elderly Native Hawaiian females were at risk.
Child abuse	DSSH case files	• Ethnicity data is a problem • Biases may be involved in confirming child abuse cases	Native Hawaiians had the second highest rate of child abuse and neglect
Alcohol/Drug abuse	1979 and 1982 surveys	• Rates are not standardized • Instruments not tested for cultural biases	Native Hawaiians were high consumers of alcohol and substances; under-represented in alcohol treatment programs; and over-represented in drug treatment programs.
Crime	Police and court records	• Ethnicity data is a problem • Much missing information	Native Hawaiians were more likely to be sentenced to prison or jail than other ethnic groups.
School adjustment	DOE test and absence records	• Ethnicity data is a problem • Variation in school data	Native Hawaiians score low on standardized tests and had a high proportion with excessive absences.

Chapter 4

CULTURAL ACCOMMODATIONS OF MENTAL HEALTH SERVICES

CULTURAL ACCOMMODATIONS OF MENTAL HEALTH SERVICES

This section will discuss two questions regarding cultural accommodation of mental health services: (a) How has the social environment of Hawai'i shaped the character of local psychiatric agencies? (b) Are present clinical practices sensitive to Native Hawaiian needs?

The History of Culture Accommodation

It is reasonable to assume that mental health programs would reflect elements of Hawaiian culture given that they were established in a society isolated from the American mainland at a time when the Hawaiian monarchy reigned. Then, the Native Hawaiians outnumbered other ethnic groups by at least fourfold. Yet, nothing could be further from reality. It took 119 years after the establishment of the O'ahu Asylum for the Insane in 1866 for there to emerge the first center designed to be culturally compatible with Native Hawaiians — the Hale Ola o Ho'opākōleā. Why is there this apparently complete alienation of treatment modality from the sociocultural context? The answer probably lies in the ideology of those managing the health bureaucracy and a core assertion: "We treat mental illness, we don't treat Hawaiians." In other words, cultural background is irrelevant since the disease is the same for all peoples and the cure is a universally applied medical procedure.

• Initial Mental Health Agencies in Hawai'i

Perhaps it is simply the case that Native Hawaiians wisely shunned these non-Hawaiian institutions administered by non-Hawaiian professionals and that these institutions were set up to serve the foreign missionary and merchant communities. In

part this may be true. Catton's (1959) history of social services in Hawai'i reports that the Stranger's Friend Society, Hawai'i's first charitable society, began in 1852 by "ladies" of Honolulu to aid sick and destitute strangers, many of whom were seamen. On the other hand, the Insane Asylum of O'ahu, in the first four decades of existence, always had a majority of Native Hawaiian residents (Garcia, 1972), commensurate with their numbers in the general population. This trend, whereby the percentage of Native Hawaiians in the population matched the percentage of Native Hawaiians under the care of the Mental Health Division, persists today (Ostrowski, 1982). Moreover, two other home-grown child social welfare agencies had heavy or exclusive Native Hawaiian client caseloads. Yet, the Humane Society, established in 1883, and the Queen Lili'uokalani Trust, which started operations in 1935, could not be characterized as promoting a distinctly Hawaiian cultural agenda in their structure and style of services. While these agencies were often managed and staffed by Native Hawaiians, their evolution was toward a style of professional casework consistent with social work practice on the American mainland and in step with the expanding court, public welfare, boarding house, education, and health bureaucracies with which they interlocked.

Our proposition, that professional ideology forced the separation of treatment from sociocultural context, is supported by an analysis of how Hawai'i's mental hygiene movement progressed during the 1920s and 1930s (see Catton, 1940, 1959; Chung, 1955). An identical strategy of action was used with each significant innovation in psychiatric care. These included the employment of the first medical and psychiatric social workers; the first psychiatrist and psychologist; and the organization of the Psychological and Psychopathic Clinic at the University in 1922, the Hawai'i Mental Health Clinic at Queens Hospital in 1938, and the Bureau of Mental Hygiene in 1939.

In each instance, a small number of mainland-educated professionals living in Hawai'i lobbied local business, medical, and political leaders to support the recruitment of other mainland-educated psychiatric professionals. These experts would then arrive in Hawai'i and reproduce institutional structures with practices, procedures, and philosophical assumptions identical to those from where they originated.

This pattern, whereby indigenous professionals forge ties with mainstream psychiatric experts and then use these connections to recreate American style institutions in the local setting, is the same pattern of Third World countries that import Western psychiatry (Higginbotham, 1984). The end product is the same: The development of treatment methods which are culturally insensitive to and isolated from the healing customs and beliefs of the general population. The range of appropriate and accessible services is narrowly restricted to urban elite or, in the case of Hawai'i, to a single ethnic group whose values more fully overlap those of the professional culture.

• Planning for Comprehensive Mental Health Care

The blindness of psychiatric ideology to culture-specific mental health needs persisted into the 1960s. In 1963 Hawai'i became eligible for \$50,000 federal grant-in-aid to begin planning for a statewide comprehensive community mental health system. Over 375 lay and professional volunteers had the opportunity to shape the character of Hawai'i's system for future generations, following general federal guidelines. These volunteers crafted some 288 recommendations working through the State Planning Committee, County Steering Committees, and 55 special task forces, and under the sponsorship of Dr. Leo Bernstein, the state's Director of Health. Nowhere in the report were ethno-cultural considerations mentioned in sections dealing with

training, consultation, diagnosis, treatment, rehabilitation, facilities development, or special programs. Finally, under the section on Research and Studies, the lowest priority was assigned to a recommendation that the University of Hawai'i assumed leadership in investigating the problems of hānai children (Hawaiian style adoption) and Part-Hawaiians, and how socio-cultural factors affect island children.

• Ethno-Cultural Challenge to the Department of Health

Eventually, in the late 1970s, two events sharply focused the attention of the health bureaucracy on culture-specific needs. First, a class action suit filed in 1976 by Mangrobang charged that limited English speakers had inadequate access to health services. A federal judge, overruling a state judge's decision, agreed with the plaintiff. A compromise was reached in which the Health Department agreed to study the use of bilingual services and implement recommendations made by a committee for improving the Department's bilingual capabilities. It is noteworthy that the Department refused to consider the committee's recommendations as binding, even after a subsequent court decision ordered compliance. The committee's recommendations have still to be implemented.

Against the backdrop of this effort to use civil rights and affirmative action concepts to improve the Department of Health's linguistic and cultural sensitivity, an Ethno-Cultural Task Force began meeting in September 1978. Its mission was to provide the Mental Health Division (MHD) leadership with information relating to the concerns of Hawai'i's multi-ethnic population and make recommendations for the delivery of more culturally appropriate services. The human service workers, educators, and other professionals who comprised the Task Force represented 12 ethnic groups. After meeting bi-monthly for over a year, the membership submitted a set of culture general

and culture specific recommendations. They argued:

No matter how much we cling to the ideas that most people in Hawai'i are American citizens . . . and that speaking of a "western" and "non-western" approach is a myth, the fact that a low percentage of non-whites utilize the services of the Mental Health Centers should be of great concern to the taxpayers and professionals in the human services field who have a social conscience. Hopefully, our community will become more sensitive to ethno-cultural differences and the Mental Health Division can play an active and vigorous role in providing a new kind of community where mental health services can be delivered on the basis of people's cultural needs, and not on the basis of what is convenient for the institution and the service providers. [Emphasis provided] (Mental Health Division, 1979)

Their general recommendations asked the Mental Health Division to take action to maintain linguistic and culturally competent staff, develop alternative service models to meet the needs of ethno-cultural populations, address the issue of racism as it affects mental health services, and develop culturally appropriate evaluation tools for judging the worth of services for minorities. The two Native Hawaiian representatives made specific recommendations about the need to use Hawaiian style family therapy (ho'oponopono) as a means of correcting, restoring, and preventing Hawaiian family disharmony. They were also concerned about the possible over-prescription of psychotropic drugs to control Native Hawaiian patients and recommended that other alternatives to reduce stress be considered before prescribing drugs.

In calling for reforms based on cultural considerations, the Task Force implicitly challenged the supremacy of current administrative and professional criteria guiding treatment practices. Instead, a partnership is implied in which culture experts, ethnic leadership, and the wider community participates in defining mental health needs and organizing resources to meet the needs. This partnership implies power sharing, resource redistribution, and de-professionalizing the delivery system. Entrenched bureaucratic and professional interests would never willingly support such changes. Thus, it is no surprise that only very minor action has followed the

Mangrobang lawsuit and the Ethno-Cultural Task Force report.

For example, the Mental Health Division Office of Ethno-Cultural Affairs is "not active at the moment," but does plan to become involved in coordinating cultural training, identifying needs of the mental health centers, and compiling written materials that inform workers about ethnicity and how to speak some common phrases in different languages. The Mental Health Division does not now offer cultural awareness training of its personnel. In 1979, this became the purview of the Health Department's Affirmative Action Office. New staff are required to attend a two-day experiential workshop that focuses on issues of cultural understanding and misunderstanding (the Ho'omalua I Ola Kākou Program). In addition, this office disseminates information through the Speaker's Brown Bag Series that invites culture experts and researchers to lecture personnel at a lunch time forum.

- Initiation of Culture Sensitive Training and Care for Native Hawaiians

In contrast to the health bureaucracy's indifference to Hawaiian cultural requirements, three other organizations made efforts to understand Hawaiian concepts of illness, train Native Hawaiian workers to provide sensitive care, and offer counseling in a grassroots Hawaiian style.

In the mid-1960s, social workers at the Queen Lili'uokalani Children's Center expressed their discomfort when confronted by deeply held Hawaiian beliefs that they could not understand, but felt were implicated in family conflicts. Thus, the Hawaiian Cultural Committee was formed and met weekly with Mary Kawena Pukui, the Bishop Museum's widely respected language and culture expert. Through the discussion of casework experiences over a period of years, the Committee produced two source books for professionals who work with Native Hawaiians. These volumes seek to

clarify distorted beliefs, suggest the rationale behind Hawaiian ritual, and convey some of the poetic imagery of ancient rites and their underlying concepts (Puku'i, Haertig, & Lee, 1972, p. x). The Culture Committee's work appears to have affected the agency's style of service delivery. Guidelines, written by the Committee Chairperson, Betty Ann Rocha, are now available which inform workers on how to foster a positive relationship with Native Hawaiian families. Grace Oness, another Committee member, drafted a conceptual framework describing how Native Hawaiian values and practices can mesh with social work values and practices. She also contributed a family and child assessment protocol which asks the intake worker to learn about the family's Hawaiian identity (Hawaiian, bi-cultural, Non-Hawaiian) and family unity (operating 'ohana, non-functional, or malfunctioning 'ohana).

During the last years of the Culture Committee, some of its life force was transferred to a program within the University of Hawai'i School of Social Work. Key Native Hawaiian social workers, active in the Culture Committee, saw a need to recruit Native Hawaiians into their field. The Hawaiian Learning Program was established within the School of Social Work in 1974 and a year later received a five-year grant from the National Institute of Mental Health. The program operated for six years, graduated 48 master's students, and sought:

To develop methods of training Hawaiian social work students to understand and to have a balance between the Hawaiian and non-Hawaiian (dominant) culture in order to help Hawaiian clients to resolve conflict between the cultures and to survive without losing the positives of the Hawaiian culture. (Hawaiian Learning Program, Report of the First Year, September 1974-May 1975)

In addition to the standard university curriculum, these students received intensive Hawaiian culture training aimed at building their personal identity as Native Hawaiians, and were placed in practicum sites devoted to Native Hawaiian clients (e.g., Hawaiian Home Lands Department, Lunalilo Home, Queen Lili'uokalani Children's Center,

ALU LIKE, INC.). Students completed research projects which focused on Hawaiian social issues; their ability to apply Hawaiian cultural concepts in social work practice was evaluated along with their acquisition of general Hawaiian knowledge (see Apoliona & Keanu, 1976). This intense experience was formative for many of the students who have subsequently moved on to professional roles within the state. A number of persons associated with the Hawaiian Learning Program were later able to support Hale Ola O Ho'opākōlea, the first Hawaiian style counseling center.

Ironically, funding from outside Hawai'i were again essential to foster local innovation, as both the Learning Program and Hale Ola depended on federal funds for their survival. Given historical trends, the significance of Hale Ola's creation as a grassroots healing center for Native Hawaiians cannot be over-emphasized. None of the six counselors have professional degrees; all but one counselor live in the surrounding coastal community (Waipanae) and were trained in the early months of the program's operation. Yet, Hale Ola has withstood gracefully the test of constant official scrutiny and formal evaluation. It receives excellent ratings in accomplishing performance objectives such as effective and cost efficient service delivery, integration with professional and non-professional care givers, and client satisfaction (MPAC, Inc., 1984).

A confluence of forces merged to create Hale Ola. To the extent that some of these remain active, the promise persists that this alternative care model will survive, achieve self-sufficiency, and be duplicated in other Native Hawaiian settings. The idea of a culture-specific counseling clinic originated within the transcultural psychiatry group at the University of Hawai'i. The Minority Mental Health Program at the National Institute of Mental Health responded favorably to the Hale Ola concept, but saw the value in modifying the administrative framework to make

it community rather than university administered. A three year grant for the service project was awarded in 1981 to ALU LIKE, INC., a private non-profit organization created in 1974 to assist Native Hawaiian community development. The center's viability, however, was dependent upon two additional interrelated forces. First, the critical assistance of the University of Hawai'i psychiatrist in charge of the Wai'anae Mental Health Center and several of his co-workers. Second, Wai'anae community advocates who were struggling through local advisory committees to reform the inadequate state mental health clinic in their midst.

• Conclusion

In conclusion, Hawai'i's mental health system evolved under the influence of ethnocentric professional ideology and the natural movement of the health bureaucracy to centralize authority, control resources, and standardize procedures. This historical combination eliminated contemplation of cultural diversity and participation of ethnic leadership in the design of treatment models. Consequently, the mental health system developed as a resource-poor imitation of mainstream American institutions, devoid of genuine connection with Hawai'i's socio-cultural environment and especially with the Native Hawaiians who were the dominant population when these programs were originally established.

Against this historical trend the first healing center for Native Hawaiians was recently opened. By analyzing the forces which gave Hale Ola life, we can judge whether this is a unique, non-reproducible "accident" or a harbinger of revolution in how Hawaiian mental health needs will be met. The critical formula for this change combines: (a) sympathetic University clinical educators; (b) community advocates pressuring state politicians and public agencies for culture-specific care in their

area; (c) federal or private money earmarked for minority or Native American needs; (d) an Hawaiian administrative unit capable of efficiently channeling project funds, facilitating local organizational capacity, and maintaining community trust and respect; (e) willingness of mental health workers in the state clinics to assist the cultural healing center in meeting its objectives; and (f) competent and dedicated leadership and caretaking in the culture clinic itself as demonstrated in Hale Ola.

All of these factors are important in setting up the service, but continued funding and its long term survival must also be resolved. One possibility is to assume a contract from the community mental health center to provide specific services such as day services for "chronic" patients. However, other avenues to self-sufficiency must be pursued. Admittedly the barriers are formidable, particularly when the government and insurance providers fail to recognize caregivers without standard credentials.

Present Culture Accommodation Practices

The second research question asks: What specific culture accommodation activities are undertaken by the surveyed mental health agencies? Seven culture accommodation topics were discussed with interviewees including: Hawaiian concepts of mental health and disorder; Hawaiian helping methods; communication patterns; 'ohana role in problem management; client and family expectations of care; staff cultural awareness; and community needs assessment. In order to interpret the results, the survey findings for these topics should be reviewed with the discussion in Chapter 2 (Native Hawaiian Concepts of Mental Health). This comparison of what is available with what is expected from the Native Hawaiian community gives a basis for evaluating the cultural fit or mismatch between provider and user.

- Clinic Practices Accommodating to Hawaiian Conceptions of Mental Health

Clinic staff were asked about their efforts to consider Native Hawaiian concepts of mental health. Inquiries were made about three types of activities: (a) use of Hawaiian values and norms as treatment goals; (b) use of Hawaiian beliefs to describe problem situations; and (c) efforts to obtain a full cultural explanation of the problem, including its cause, name, why it happened, when it happened, how it works, and so forth.

In general, across the entire range of accommodation questions, the state interviewees were not aware of any Mental Health Division guidelines or procedures instructing them to tailor treatment to the cultural background of the user (see also White & Landis, 1982, p. 264). It was evident that the state system was not set up in any significant way to respond to ethno-cultural differences with regards to cultural conceptions of mental health or any of the other areas of possible culture accommodation. The institutional organization of psychiatric care simply does not use patient's culture as a relevant category for assessing problems and administering treatment. As one clinic director stated, "We treat mental illness, not Hawaiians." The culture accommodation that does take place is informal and may require bending agency rules. Esoteric knowledge about Hawaiian beliefs and healing practices is unique to a few employees who either grew up with Native Hawaiian elders, studied in the Hawaiian Learning Program, or otherwise sought out such knowledge. It is not a routine part of staff training through the Department of Health's cultural awareness workshop.

While this is the overall pattern, some examples of accommodation to Hawaiian beliefs were reported at two Mental Health Division Centers that have Native Hawaiian

staff and a large percentage of Native Hawaiian clients. At Waʻianae, several of the counselors are thoroughly grounded in Hawaiian beliefs and values; they use these concepts with clients, incorporate them into therapy sessions with Native Hawaiian families, and teach the concepts to medical interns and other mental health workers.

The center's Nā Keiki o Ka 'Āina Farm Project serves elementary school children experiencing difficulties; it teaches the importance of working together as a team to produce harvests and the value of being in harmony with others and the land.

A Native Hawaiian counselor at a Windward clinic acknowledges the presence of supernatural ideas among some clients, but does not reinforce these notions. Those who feel they may be "cursed" are told that "it will only work if you allow it to," and "you can fight the feeling." The counselor purposefully does not make a big issue of supernatural matters nor attempts to learn about Hawaiian healing methods.

In contrast, a Native Hawaiian counselor working in Makiki, a catchment area with few Native Hawaiian clients, is well versed in healing practices (growing up in a family of healers) and reports that young Part-Hawaiians appear to have no direct experience with Hawaiian psychic relationships. However, in her work with Native Hawaiian prison inmates, the counselor identifies the inmates' lingering grudges and hostility toward their parents so that negative feelings can be cut (loki) and they can look to the future.

At the Kāhā-Pālāma Center, no counselors were identified as "Hawaiian specialists." Nevertheless, the two non-Hawaiian social workers interviewed were deeply aware of the cultural mismatch of Native Hawaiians using agency services and sought to become familiar with Hawaiian ways of thinking. One worker noted that many clients don't seem knowledgeable about Hawaiian folklore. However, she found it useful to ask about 'aumākua and whether the client wished to begin the session with a prayer.

However, she otherwise did not use Hawaiian concepts in interpreting client problems. The other social worker more openly acknowledged the professional bias in clinic practice which elevates the narrowly defined presenting problem over considerations of ethnic background. Yet, his holistic view of people enabled him to easily explore the spiritual or unseen realm with clients if they wished. He, too, has asked Native Hawaiian families if they would like to begin the session with a prayer.

In a similar fashion, staff at a Windward clinic flatly discount any formal use of Hawaiian beliefs in discussing client problems. Yet, two counselors are familiar with a philosophy that emphasizes the active participation of spiritual forces in everyday life with some similarities to Hawaiian religion.

A professional at the Hawai'i State Hospital had also introduced this philosophy (termed "Huna") through a series of in-service training sessions for other mental health workers.

In contrast, the private agencies serving Native Hawaiians do make some formal effort to address cultural conceptions. With Mary Kawena Pukui's help, the Queen Lili'uokalani Children's Center (QLCC) Culture Committee labored for over 10 years to document a broad range of "ancient rites and their underlying concepts." It was feared that contemporary therapists seeking to adopt traditional methods would be in danger of reverting to Western assumptions unless they had recourse to the cultural base detailed in the Nānā I Ke Kumu sourcebooks.

Today, the Queen Lili'uokalani Children's Center no longer maintains a culture committee and has been without a cultural consultant since Betty Ann Rocha retired in 1983. Staff instruction in this area is at the discretion of the seven unit managers — four of whom are Native Hawaiians; the fifth manager participated in the Culture Committee deliberations. One of the unit managers, a respected cultural specialist,

uses elaborate training procedures, while others incorporate cultural sensitivity feedback into their staff supervisory sessions.

On the question of culture beliefs, an administrator cautioned that client differences in Hawaiian ethnic identity were substantial. The 'Ohaha/Ōpio Assessment protocol, used for client intake, requests the evaluation of Native Hawaiian family identity and thereby draws attention to the family's connection with ancestral roots, elders, medical practices, religion, beliefs in dreams, and so forth. This protocol is used differently across service delivery units.

Based upon the Puku'i sourcebooks, Grace Oness prepared a second document to help workers integrate Hawaiian and Western social work values and practices. The practical application of the framework remains to be done.

Essentially, there appears to be differences among staff in their depth of understanding of traditional beliefs and in their attention to such beliefs in casework management. Workers who are unsure about the cultural meaning of a client's behavior certainly have experts within the Center who they can use in consultation.

Hawaiian values are more explicitly advanced in the Nānākuli unit's Youth Agricultural Project. This alternative school combines classroom and farm work activities that stress Hawaiian language, harmony with the land and others, and cooperative work. A Hawaiian-speaking elder, a kūpuna, serves as a cultural consultant to translate the students' field experiences into the Hawaiian way of thinking. This model of working with troubled youth, where group-oriented Hawaiian subsistence food production is combined with cultural instruction by a kūpuna, is successfully used by the Rap Center and 'Ōpelo Project in Wai'anae; the Teen Project in Waimānalo; and similar efforts on Moloka'i and Maui.

Hale Ola o Ho'opākōlea, and its youth outreach program (the 'Ōpelo Project), were

initiated with the purpose of using "specific knowledge of Hawaiian conceptions of mental health and mental disorder to form preventive as well as healing strategies" (ALU LIKE, INC., 1981). The six basic values that are woven into the fabric of activities at Hale Ola and the 'Ōpelo Project are familiar from our previous discussion of Hawaiian social norms: kuleana (self responsibility), aloha (shared love), ho'omanawanui (patient, fortitude), lōkahi (harmony), laulima (cooperation), and kōkua (help).

In an early effort to determine how Native Hawaiians on the Wa'ianae Coast think and talk about mental health and disorder, a survey of 653 residents was conducted. Subjects were asked to identify, describe, explain, and indicate how people express problems of a personal or emotional nature. These data were analyzed and used as a guide for developing counseling activities described in the following section.

In sum, Hale Ola is deeply engaged in learning about Hawaiian ways of construing personal problems from research and client discussions. Hale Ola has developed a network of culture healers who are capable of working with a full range of client beliefs, including those of a Caribbean tourist who felt that he was bewitched! The 1984 evaluation of Hale Ola indicated that a clear majority of the clients felt they were being assisted in body, mind, and spirit.

- Clinic Practices Accommodating Hawaiian Healing Methods

Hawaiian healing methods seek to restore harmony in psychic phase relationships — between humans and supernatural forces — and in the relationships between people. A method to counteract evil influences, in general, is prayer to family guardians (aumākua) or to the Christian God (Handy et al., 1934). A person with special

knowledge and power, who may or may not have been regarded as a kahuna (healing specialist), was available to intervene within the psychic realm on behalf of the victim. If the illness was due to an angered god (ma'i 'aumākua), placation was required and gifts or sacrifices were used to mollify the psychic being (Handy, 1927). In cases of possession, a spirit medium (haka) could be called upon to communicate with and expiate the troublesome god (see Heighon, 1971, pp. 38-40). Handy summarizes other healing tactics depending upon the causes

When it was a case of demon in the sick body, various modes of exorcism were resorted to, including the recitation of potent spells, the application of heat, the use of evil smelling herbs. Spells of black magic were capable of being counteracted by a powerful magician who attempted usually to cause the trouble to revert upon the sender; or a curse might be removed if the witch who had laid it could be bought off Finally, there were various types of spells and rites designed to restore health and life to the sick body, and practices resorted to for the purpose of bringing back into the body the soul that was believed to have left it. (Handy, 1927, p. 233)

A general ritual procedures to "clear the path" and cleanse the mind was performed by the kahuna lapa'au before medicinal treatments were applied. Mitchell (197__), notes that this technique "cleared and prepared the mind of the patient and the minds and thoughts of those attending or near him so that all of them could take part in the prayers offered with the medication. Ho'oponopono is the ritual process of making things right or restoring good and harmony. In current practice, ho'oponopono is the term applied to a wide range of discussion formats for conflict resolution among family and other social groups (see Boggs, in press; Ito, 1985; Mays, 1973, Paglinawan, 1972; Shook, 1981).

Based on Mary Kawena Puku'i's teachings, members of the Queen Lili'uokalani Children's Center Hawaiian Culture Committee developed a modern version as a culturally appropriate therapy for Native Hawaiian families (Paglinawan, 1972; Ito, 1979). Authentic elements of the traditional practice were seen as:

- a) Opening prayer, for spiritual guidance and statement of the problem (kūkulu kumuhana);
- b) Discussion (mahiki) to trace the historical and emotional development of the transgression (hala), and discover how it became a hibia (entanglement) of angry emotions of hurt, pain, and miscommunication;
- c) Forgiveness (mihi) where each party to the hibia first apologized and, in turn, accepts the forgiveness request of the other and, second, loosens (kala) the entanglement and cuts (ʻoki) from consciousness the binding negative effect; and
- d) Pani, or closing ritual, in which a summary is made of the problems resolved and thanks are given to spiritual forces (Ito, 1979).

Ho'oponopono practiced in other contexts takes different forms. A Native Hawaiian church on Moloka'i studied by Peterson (1975) distinguishes ho'oponopono from kumuhana. The former ritual cleanses or purifies the individual into a spiritually proper frame of mind and uses prayers accompanied by interpretation of randomly selected Bible verses (wehe 'ōlelo). This is followed by kumuhana which uncovers causes and recommends solutions to the individual's problems through three days of prayer and fasting.

Less ritualized "coming together" sessions among families in the Hawaiian community are described by Mays (1973). He found two reasons for "coming together:"

- (1) to solve interpersonal disputes, and to resolve conflicts and "bad feelings"; and
- (2) to restructure the family, reintegrate members, and to foster individual role socialization and performance. (p. 2)

When internal factors threaten family unity, four therapeutic techniques can be applied. Reaffirmation of relationships can be done through celebrations that pull the family together. Second, authority figures in the family may get together to

reaffirm their status and power to solve family problems. Third, a group meeting may be called as a "time out" period during which normal rules and authority status are suspended to allow spontaneous interactions among antagonists. At these meetings confrontations are diminished and positive mood maximized as the best way to reinstate social harmony and cooperation. The fourth variation is in response to individual turmoil and conflict from external sources. Spiritual solutions are then sought through traditional ritual practices and consultation with culture healers. Mays (1973) further lists a number of family practices to cope with role malfunctioning of family members, including religious conversion and formation of a family church.

The staff were asked four questions about agency involvement with Hawaiian helping methods. To what extent do they: (a) use ho'oponopono; (b) support folk healers through recognition, referral, and knowledge sharing; (c) use traditional community activities in prevention or rehabilitation work such as farming, fishing, crafts, etc.; and (d) strengthen skills that already exist in the Hawaiian community through outreach consultation and training workshops.

Accommodation of Hawaiian helping methods by the Mental Health Division clinics follows the same pattern as clinic sensitivity to Hawaiian mental health beliefs. One or two Native Hawaiian staff counseling Native Hawaiian clients may use ho'oponopono or elements of it with appropriate clients and are in touch with community helping resources, such as subsistence food production activities and cultural healers. Other clinic counselors, with some exceptions, are remote from helping resources in the Hawaiian community. However, workshops and seminars over the years by representatives of the Queen Lili'uokalani Children's Center have familiarized many Mental Health Division counselors with the tenets of ho'oponopono. While some non-Hawaiian inter-

viewees reported using family therapy and saw the similarities with ho'oponopono, none claimed to be applying the Queen Lili'uokalani Children's Center version to Native Hawaiian clients. Interestingly, one counselor felt a personal hesitancy as a Part-Hawaiian to learn about ho'oponopono because of negative feelings about such matters learned while growing up. Another non-Hawaiian interviewee is reluctant to mention ho'oponopono to Native Hawaiian clients because some view it with fear and think it involves delving into the spirit world.

Several counselors at the Wa'anae clinic are well-versed in ho'oponopono. Two of them studied this approach with Richard and Lynette Paglinawan. One counselor taught the basics to teachers and other mental health workers, and uses formal ho'oponopono sessions with approximately four families per year. Another counselor, who coordinates the only Mental Health Division sponsored farm project (Nā Keiki O ka 'Āina), uses "coming together" over issues related to the group farm work. Children come to understand how their behaviors affect people around them through their relationship with the land and the growing plants; at harvest time, the children's sense of group and personal accomplishment is enormous. Each child is able to bring home any crops that he/she harvests, which results in positive reinforcement from the families who consider food very important to their daily lives.

The Wa'anae Center uses and strengthens community caregiving by sub-contracting a range of services to Hale Ola. These include services for chronic day care clients and outreach counseling for outpatients, along with crisis intervention work, culture sensitivity workshops, and networking among regional agencies. The Center also refers appropriate clients to the 'Ōpelu Project. It makes no formal use of individual cultural healers but has access to them if needed through close cooperation with Hale Ola and the Kōkua Lima Program at nearby Hale Lōkahi (Child and Family Service).

The other clinics have more tenuous connections with Hawaiian healing customs and resources. At one Windward clinic, support is given to a Community Council that coordinates local services and acknowledges the value of community caregivers. The interviewee there mentioned identifying informal helpers in the area but has no active involvement with them. Staff from the Kailua clinic hold consultations at the Waimanalo outreach office once a week. In this area of Hawaiian Homes Land, about 11 so-called "chronic" Native Hawaiian clients use these visits to refill drug prescriptions. A member of the visiting care team from the Windward Center, who assists chronic patients find apartments or care homes, noted that there were two Native Hawaiian families operating boarding homes in her district. Occasionally, she has a chance to place Native Hawaiian clients in these homes which seem to match their backgrounds. In addition, ho'oponopono, as conceived by the Huna movement, has been introduced to some staff at the Hawai'i State Hospital. Its teachings emphasize the self as a change agent and the process of restoring self-balance through erasing painful subconscious memories. This technique is not directly used with patients but is intended to facilitate group process on the different wards.

At Kalihi-Pālāma, one counselor observed that Western technical therapy alone cannot uplift the kind of consciousness found among Native Hawaiians. Although ho'oponopono was not offered, both social workers use family therapy and are willing to open sessions with a prayer. They draw family charts or genealogies with clients to help them explore where primary social bonds had broken down. One of the workers had tried earlier through the 'Ewa Counseling Center to organize a three-session workshop demonstrating ho'oponopono. No one attended the workshop, although several couples had signed up, suggesting that it is not a topic that professionals can employ easily with people they do not have existing relationships with in a public manner.

Similarly, staff from a Windward health education program organized a ho'oponopono campout in that area. Staff came, but perhaps because of hilihila (shame), families did not show up.

Certain workers at the Queen Lili'uokalani Children's Center are strongly connected with Hawaiian healing customs and community resources. An administrator made it clear, however, that the Center's task is not to turn its workers into ho'oponopono practitioners, so it is rarely undertaken today in the highly structured form. The administrator noted that there was no consistent involvement with cultural healers and was uncertain whether healers can always be helpful.

On the other hand, Queen Lili'uokalani Children's Center was actively involved in promoting other Hawaiian traditions as part of its community organizational stream of social work. The Center helped to create the kūpuna program which is now in many elementary schools statewide. The Center also supports the annual Hula Kāhiko competition held a Kualoa Point for hālau from public and private schools, a farmer's cooperative on Moloka'i, and the Nānākuli Youth Agricultural Project.

The Nānākuli Project assigns 15 teenagers to farm a plot of their own. The student keeps a journal, conducts a market analysis, makes a profit sheet, is charged for supplies, and places his/her earnings in a common fund for a group trip to the Big Island. "Coming together" or "ohana meetings" are held weekly or upon request. Students are allowed to express direct anger to the teachers, but are expected to get beyond such feelings in these sessions. A kūpuna from the community instructs the students in the Hawaiian meaning of the farming activities and teaches them the Hawaiian language. A similar use of "coming together" and learning Hawaiian style planting, irrigation, and harvesting is carried out at the Teen Project in Waimānalo.

Hale Ola has mounted a series of activities that create or use existing Hawaiian

helping methods. The counselors learned ho'oponopono from Lynette and Richard Paglinawan and conduct sessions regularly with client families and families referred from the Waianae clinic. The day care program for "chronic" clients is attractive to local people because Hawaiian social and eating activities are stressed along with use of the natural environment, including gathering limu along the shore and picking flowers to make leis. The Ke Ola Pono support group approached parenting and household maintenance from a Hawaiian cultural perspective.

Hale Ola has made a major effort to learn about and cooperate with natural helpers (healers) in the area. A list of 100 healers was compiled. Forty of them were interviewed to learn of their philosophy and style of helping, such as massage (lomilomi), herbal treatment, spiritual, and so forth. Two conferences were held with the healers to discuss how they view their work (they wanted to be referred to as mea ho'ola) and how best to coordinate with them. Eventually, 36 healers decided to work with Hale Ola and agreed to receive contacts from clients referred by the center. However, for logistical reasons, Hale Ola staff maintained regular contact with about 20 from this group. A number of sensitive issues had to be considered: Is the referral to be considered a Hale Ola client or was the center simply facilitating a relationship? Another concern was quality assurance: How would Hale Ola know whether the referral was deemed valuable? Was gathering this information Hale Ola's responsibility? Staff instituted a simple procedure to make one call to the client after the first appointment to get his/her feelings about the outcome. The healers involved in Hale Ola's network consistently stated they did not wish payment for themselves. However, church donations could be made in some cases. A system of monthly contacts by staff with healers to keep communication open and share information was later scaled down because of competing time demands to meet direct service needs.

The 'Ōpelu Project developed as a way of integrating community resources around themes of traditional Hawaiian fishing. Its purpose is to stimulate socio-economic growth, self-sufficiency at a rural village level, and education for individuals and their families. The program involves clients from Hale Ola, participants from the ALU LIKE and Mayor's Summer Youth program, and fishing trainees in "hands on" (hana lima) learning about Hawaiian canoe fishing and upland farming. The project coordinator has played a leadership role in developing the ahupua'a activities in Wa'anae (integration of land and sea subsistence food production) that stress culture preservation, self-sufficiency, and alternative education for young Native Hawaiians. The group labor and learning is an invaluable medium for older Native Hawaiian volunteers (kūpuna) and staff to naturally model problem solving skills and evaluate the students' present limitations. Again, "coming together" is a natural element in resolving problems that arise among the participants and staff. The Hale Ola administrator or 'Ōpelu Project director usually leads the "coming together" sessions. The ultimate aim is to establish a viable fishing industry for the area enabling young people to pursue careers on the sea.

- Clinic Practices Accommodating to Hawaiian Social Relationship and Communication Pattern

The staff were asked a series of questions about agency sensitivity to the nature of Hawaiian social relationships and quality of communication between client and counselor. Counselors were asked to what extent clinics: (a) encourage active participation of the client's family members in decision making about the treatment plan; (b) elicit unmet expectations about treatment felt by family and client, and try to resolve differences; (d) make services accessible through informal administrative procedures and outreach of staff into places where clients live and work; and (e)

emphasize a "holistic" view of the client's problem and continuous relationship ("one stop service") until all aspects of the problem situation are handled.

Second, quality communication with Native Hawaiian clients increases when: (a) service providers follow Hawaiian rules of speaking and etiquette to promote relaxed sharing of information; (b) counselors openly reveal their professional model of treatment and explain the problem in an easily understandable style; and (c) providers actively look for differences between the professional's and client's view of the problem and openly negotiate with the client to reduce these differences.

It is just as difficult for staff to become knowledgeable about Hawaiian expectations of social relationships and communication as it is for them to comprehend Hawaiian health beliefs and healing methods. It may be more difficult for agency personnel to perform competently in this sphere, however, because knowledge alone is not enough to insure culture accommodation. To meet Native Hawaiian expectations of interpersonal relationships, the provider must discount his/her role as an agency representative and engage the client at the personal rather than professional level. The provider must acknowledge the primacy of the Native Hawaiian family in all matters related to the individual and be prepared to give him/herself over to the rigors of reciprocal exchange. Treatment theory and institutional rules often conflict with client expectations that, at times, may require egalitarian exchange and, at other times, benevolent authoritarianism. Native Hawaiian providers who have grown up or live in the community served are best prepared to meet relationship and communication expectations. These professionals know the unspoken expectations, have a lifetime of direct or indirect relationships with the Native Hawaiians who are seeking help, and have a wealth of experience maneuvering gingerly between institutional and community spheres to marshal resources to meet client needs. In contrast,

"outsiders" only have available to them non-reciprocal and unequal relationships constructed through the institutional context and governed by the dictates of professional role. Outsiders could become more like insiders by seeking to join the Hawaiian community through residence and participation in Hawai'i community causes and groups.

The Native Hawaiian counselors interviewed at Mental Health Division clinics were keenly conscious of the discrepancy between the Hawaiian way of relating and communicating, and official clinic procedure. At Waiʻanae, flexibility in meeting family expectations is created by assigning a staff member each day to handle "walk in" requests. Staff cover for each other to insure that someone expecting an immediate consultation is not sent away. It is well understood and accepted that clients use time differently than agency personnel and may arrive for an appointment at the wrong time or day. When appropriate, a Native Hawaiian staff member with much local knowledge accompanies clients during their psychiatric interviews to insure smooth communication with the physician who recently joined the clinic. The psychiatrist mentioned that immediate answers rather than reflection are expected by many Native Hawaiian clients and thus his role is an assuring advisor. Active community use of the Waiʻanae center in comparison with the Waimānalo office, for example, appears due to the efforts of community advocates. They helped hand-pick staff members who could effectively assess and handle the needs of local residents.

In her interpersonal style and mode of practice, a Native Hawaiian counselor from the Windward clinic takes full advantage of her long term residence in the community and her knowledge of the people. People know her in numerous capacities and thus can drop by the office for casual conversation about some troublesome situation without feeling that this help seeking effort was something rather discontinuous with everyday

life. The counselor can "talk story" about such matters in a friendly manner without formally opening up a case. Her advantage of living in the community is a detailed knowledge of a person's background, past problem incidents, his/her position in the family structure, and how such status may have influenced the problem. Older persons may feel shame (*hilihila*) about needing services, so she assures them that seeking is alright and explains the nature of the counseling center. Accessibility of care is also enhanced by no wait list, some scheduling flexibility in staying late or meeting the person in the evening because she lives nearby, and outreach visits to local schools. Local people referred to the psychiatrist also have to be prepared for how the doctor will conduct his interview and sometimes she accompanies the client to make the necessary language translations.

However, the major expectation expressed by clients is that the counselor will take care of the whole problem and she, herself, will do everything necessary to "cure" them. Multiple problem clients face many difficulties that are not mental health problems. Even though working on these issues, such as housing, job finding, child health, and so forth, is beyond her defined professional role, the counselor strives to honor clients' requests for assistance and avoid the disappointment of being turned away. The sensitive mental health provider realizes that people do not separate out psychological difficulties from related life concerns and do not seek specialists just to work on specific fragments of their life spectrum.

The Makiki interviewee had a lucid understanding of how counselors could sensitively relate and converse with Native Hawaiians seeking assistance. It was primarily outside of the clinic offices that she was approached by people with concerns. At informal weekend gatherings people would talk casually and indirectly about their troubles. Concerns are best shared in the unscheduled and natural discourse of

talk-story sessions so that the individual does not stick out as an identified patient under psychiatric care. Talk story is reciprocal story telling so the counselor is ready and willing to share similar personal accounts to show the person that he/she is not alone. Personal solutions to problem solving are conveyed without the direct suggestion that the conversation is one specifically aimed at solving the person's problem.

In contrast with these approaches, the counselor observed that most of the Native Hawaiians who arrive at the clinic are court-mandated referrals or "chronic" cases who have no other sources of support. In these instances, her communication style falls back upon the "old way of talking" where one spends much time in small conversation trying to locate points of connection between the two speakers and their families. The outcome of listening to the person talk at length about safe things is a clear awareness of how the person is culturally situated and how to approach them. Hospitality through offering food and drink is seen as crucial and sets the feeling tone of the conversation. Moreover, because it is inhospitable to refuse to listen when someone reaches out, she is willing to spend time in phone conversations with people who have not been formally admitted as a client. Such unrecorded and "unofficial" service is deemed essential given the lengthy wait list now in effect at the clinic.

The non-Hawaiian workers two urban clinics are, in many respects, the "outsiders" described above. Those who have "grown up local" or make the effort to make personal and professional ties to the Hawaiian community are mindful of the limited relationship offered by the agency, but express no discomfort in their conversational fluency with these clients. One point made by a number of these workers was that "client rights" dictated that it is the client's decision whether or not the family was to become involved in the case. Respect for family participation was legally restric-

ted if the client requested confidentiality from their family. Indeed, those unversed in Hawaiian kinship system and who base their questions on familiarity with Western families, may completely miss identifying significant others (including those deceased) during history taking.

Because these workers only have access to single-stranded relationships with Native Hawaiian clients (i.e., professional only), they acutely felt the constrictions imposed by agency regulations. A major issue is the procedure to refer acute cases to private practitioners. This has two consequences for Native Hawaiians. First, it is only under extremely unusual circumstances that most Native Hawaiians will reach out for help to someone outside the intimate network of family and trusted friends. Hence, they may feel ambivalent about this gesture. It is at this moment of high vulnerability that clinic screening personnel, including the secretary who answers the phone, judges whether to accept the case or turn the person away to some other agency. The clinic is not supposed to be a "one stop" continuous care service and there usually is no follow-up of such cases to see if the person received satisfactory attention elsewhere. Second, there is no information about the ethno-cultural competency of the private therapist who receives the referral or whether that individual's professional orientation conflicts with Hawaiian beliefs and values. Given that there are only two Native Hawaiian psychiatrists and an equal number of Native Hawaiian clinical psychologists, it is unlikely that referrals ever result in a cultural match.

One interviewee sought to overcome the institutional insensitivity by taking as much time as possible during the screening interviews and allowing the person to feel as though they have been heard and not been rejected. He strives to achieve a highly personal, informal, and caring manner and recognizes the client's possible embarrass-

ment and courage for expressing him/herself to a "haole" and an "outsider." He is sensitive to the need to downplay the lofty professional role and tries to reciprocate client problem sharing by spending time telling stories about his own life. Moreover, he defuses the power struggle issue by not predetermined demanding outcomes or viewing himself as a vehicle of manipulation or control. Efforts such as those by individual providers are sincere attempts to humanize the bureaucratic atmosphere created by the Division's administrative regulations. Yet, the formidable barriers to relationship development persist.

The Queen Lili'uokalani Children's Center and Hale Ola o Ho'opākōlea both advocate careful attention to Hawaiian style relationship formation and communication. The administrator at the Queen Lili'uokalani Children's Center mentioned attempts to establish "bonds" with the client based upon sharing with them the Queen's "Deed of Trust" legacy (why and how the Trust was set up) and using principles of relationship development noted by cultural consultant Betty Ann Rocha. Rocha reminds workers that Native Hawaiian clients will look for "binders" that will link them together through mutual relationships, friends, or similar experiences. She feels that the talk story format is essential to put the client and worker at ease with one another. It provides the chance for relaxed information sharing and eventual trust. Four types of talk story are useful at different stages of the relationship. For example, ho'okama'aina (to become acquainted) occurs at the first meeting and is an exploration of possible kin or friendship links and a determination of how accepting the worker is of Native Hawaiian people. Later, ho'omākaukau (to prepare, make ready) may be necessary to "prepare the way" for discussion of a sensitive subject or problems that may be upsetting.

A recent agency evaluation reported that clients were highly satisfied with the

style of agency care, especially with the "personal touch" offered by workers. When the agency accepts a client there is a custom that workers will continue service as long as is required. One unit manager argued that this is what distinguished the Queen Lili'uokalani Children's Center policy from other organizations. That workers were expected to engage the client, stay with them and become part of their lives. The administrator indicated that as much as 60% to 80% of casework takes place out of the office.

Accessibility is a problem because of eligibility requirements, finite resources and the high demand for services. A child must be an orphan or have only one parent. Moreover, the Center, at times, conflicts with Hawaiian cultural norms because it is authorized to remove children from households in the case of abuse. One way to handle this problem is for the worker to deal with the family from the very beginning about the possibility of custody problems, rather than building up a case and then taking the child in a surprise move. It was seen as best to stay with the family through the whole process and then dealing with their anger as it occurs. Another issue is whether the agency will provide financial assistance which is a frequent request among clients. Money can be a powerful tool in the long process of assisting parents to meet the full spectrum of child needs. In this endeavor, written and unwritten agreements are usually used to make sure expectations are mutually understood.

The policies and procedures governing Hale Ola o Ho'opākōlea and its 'Ōpeli Project are intended to insure maximum accessibility and acceptability of help giving for the under-served Native Hawaiian population in Wa'anae. There are no service fees and anyone (including non-Hawaiians) living in the region is eligible. The image Hale Ola conveys to the community is one of a neighborhood-based healing center, staffed by local people who are effective at meeting the needs of local people.

Waiʻanae community leaders and visible agency personnel are on the Center's Joint Administrative Committee underscoring the sense of community accountability and ownership. It directly addresses the primary relationship expectation of Native Hawaiian clients by offering a "one stop" service — whatever the request, the staff work continuously with the seeker of help until all aspects of the problem situation are considered. Commitment to this "holistic" orientation has resulted in a subtle evolution in the nature of services offered. Along with the emphasis upon therapy and liaison with natural healers, a broad range of assistance to clients of a non-counseling nature is offered. A defining feature of the Center's atmosphere is informality. However, careful attention is paid to insuring absolute confidentiality, including a complicated system of keeping client records and names in separate files. This procedure honors the extreme sensitivity of Native Hawaiian people about having family secrets spread among outsiders.

The manner in which Hale Ola has brought together formal and informal mental health resources for local residents permits the Center to be identified as an "insider." The counselors are all from, and of, the Waiʻanae community and thus have the potential for multi-strand relationships with the clients. By nurturing their ties with other social service agencies, natural healers and community development organizations, counselors can maneuver deftly between these spheres to find problem solutions. The 'Ōpelu Project adds the dimension of economic development, so client-counselor relationships can flow naturally from teaching activities concerned with the fishing industry. Moreover, there is a serious effort to promote family unit participation in the fishing/farming ahupua'a movement. The counselor involves his family in project events so that the younger men can have a family role model to observe. It is intended that revitalizing the philosophy of cooperative subsistence will engender

opportunities for satisfying the material needs of Native Hawaiians and, more importantly, adding purposefulness to living that will diminish unhealthy lifestyles.

Hawaiian Acceptance of Mental Health Services

• Staff Perceptions of Clinic Acceptability and Utilization

When asked their opinion about whether or not the Mental Health Division clinics were acceptable and fully used by Native Hawaiians, the dominant staff response was that their services were not acceptable and, indeed, were "avoided like the plague." Clinic use was seen as a last resort by Native Hawaiians who had tried every other alternative first. In many cases, Native Hawaiians visit the agency only because of court order or because they are "chronic" patients needing follow-up prescriptions for medication. A community education specialist at one of the centers commented that no Native Hawaiian organization had ever come forward with a request to participate in her outreach education programs, nor had any such organization bid to offer services or express the need for special services. At Waiʻanae and one Windward clinic this negative picture was tempered with the perception that in recent years the clinic has earned greater acceptance by a change in atmosphere and personnel and thus people are less reluctant to walk in. Acceptance and satisfactory use of the Queen Liliʻuokalani Children's Center and Hale Ola is by comparison much less of a concern.

Staff had their own ideas about why agency services are not fully utilized by Native Hawaiians. Some attributed this reluctance to characteristics of the Hawaiian culture. Native Hawaiians don't go to outsiders for help but prefer to take care of their own. In addition, people do not wish to stand out as different and be labeled as "pupule." Waiʻmanalo residents were reported to drive into the Kailua clinic to avoid being seen visiting the satellite office in their neighborhood. Contact with an

agency is thought to be highly stigmatizing to the person and their family. Psychiatric problems were seen as shameful because the person was out of control or "nuts" and perhaps others in the family were the same way. Another concern families were thought to have is that they would lose control of their member; the person would be taken away to be hospitalized and cut off from the family.

Staff also pointed to a number of institutional barriers that contributed to their inability to provide more acceptable services. One difficulty is that Health Department personnel policy follows principles of seniority and status rather than matching staff cultural competency with community needs. People can sometimes be hand-picked for their expertise but may be brought in as an emergency hire without long-term security. Another impression was that the shortage of staff, in some instances, resulted in a crisis management style of administration where creative programming and culturally sensitive efforts were an unaffordable luxury. Without adequate staffing, no one had the time to specialize in culture groups, nor could the system financially afford culture specialists or "holistic" oriented care. Another frequent response was that special services to one group was against the law since it discriminated on the basis of ethnicity. The fear of being personally sued was mentioned as a major factor in avoiding certain high risk cases, such as Native Hawaiian clients referred from the courts. Current job descriptions that tie professionals to office work were blamed for not permitting workers to perform outreach consultation in settings where Native Hawaiians were more comfortable talking with providers. A final point was that there are very few Native Hawaiians represented in the professional ranks of clinic personnel. In fact, there are 21 Native Hawaiian workers in direct services throughout the Oahu Community Mental Health Centers and special service teams. The vast majority of these and of the 76 Native Hawaiians

working at the Hawai'i State Hospital are paraprofessionals.

• Other Explanations for Lack of Service
Acceptance by Native Hawaiians

Other researchers have identified factors that may contribute to the lack of acceptance of institutional help by Native Hawaiians. In 1934, Handy, Puku'i and Livermore (1934) made an observation that appears only too true today:

More than a hundred years of contact with European medicine have not made medical converts of the Hawaiian people. The failure of doctors and of nurses to understand or respect the sensibilities of Hawaiians is in large part responsible for resistance to change. Childbearing, sickness, and death are to Hawaiians intimate personal experiences involving a complex of emotional and traditional values which purely physical methods and principles of treatment and an unsympathetic and uncomprehending attitude on the part of a physician or nurse chill like cold steel on sensitive flesh. Consequently almost all Hawaiians fear hospitals, doctors, nurses and the charitable ministrations of medical agencies. Although recognizing fully that practitioners of their own race are no longer expert as they used to be, the people prefer the care of their relatives and trusted friends and of practitioners who speak their language, both literally and metaphorically. (p. 5).

Heighton's (1971) ethnography of illness in Nanakuli identified two reasons why Native Hawaiians are reluctant to visit a health clinic. First, an illness label could jeopardize a man's job status and thus interfere with his cherished ability to be a family provider. Second, the formal social context of a doctor's office is an alien environment with rules of behavior that are unknown. People don't wish to make mistakes in the presence of high status persons that will make them look foolish and feel like failures. In short, "it's best to do nothing rather than get into trouble" (Heighton, 1971, p. 60).

Anthropologist Stephen Boggs (personal communication) supports Heighton's second point and argues that Native Hawaiians are maximally anxious when they find themselves in the context of a formal bureaucracy. Whatever problem they experience becomes worse in bureaucratic surroundings. Native Hawaiians, especially young men, function

best through committed and trusting relationships with peers. When problems and conflict occur, these youth turn to siblings and peers for help, and avoid what they would regard as dangerous overtures to powerful authority figures such as teachers or counselors (Gallimore, Boggs, & Jordan, 1974, p. 263).

Another reason people avoid agencies is that they prefer the care of natural healers. Snyder's (1979) study of Honolulu folk healers found that 90% of their clients experiencing psychosocial complaints went first to a healer. Clients with life adjustment difficulties saw themselves as "having problems" but not as "being mentally ill." In general, Snyder found that these healers showed high personal involvement with their patients. They were quite accepting of whatever behavior was presented, and there was no particular stigma attached to clients experiencing psychiatric disorders. Indeed, some healers believed that hallucinations could be a special gift and in one instance a client with auditory hallucinations was given considerable support, reassurance, acceptance, and attention by a healer (Snyder, 1979). A striking feature of the healers was their informality, both in their work environment and in their style of communication. As a consequence, client relationships could evolve into long-term friendships, with the client returning for contact through classes, church services, and informal "family-like" visits (see also Gutmanis, 1977).

Finally, interviews by White and Landis (1982) suggest that some within the Mental Health Division centers maintain a strongly negative and critical view of Native Hawaiian clients.

Hawaiians . . . were compositely [sic] described as poorly educated, poor in income, and dependent on welfare, rural in outlook, lacking in life skills, resentful and angry regarding the Establishment, and easily shamed or frustrated Basic interpersonal or behavioral problems having some bearing on their mental health include a "macho" image, being abusive towards spouses and child-

ren, alcoholism and "abuse" of marijuana, and an inability to cope with major stresses. One staff member even identified the Hawaiians seen as clients having a criminal thinking pattern and being largely schizophrenic. (White & Landis, 1982, p. 283)

Workers outside the state centers had similar views about Native Hawaiian clients but differed greatly in their awareness that these problems were rooted in sociocultural conditions. Moreover, none of these non-Division of Mental Health personnel mention a Community Mental Health Center clinic or program as desirable services to which Native Hawaiians should be referred. In contrast, Division of Mental Health workers only identified the standard center services as alternatives for such clients. Thus, White and Landis (1982) found a rather constricted understanding by state personnel of Native Hawaiian problems and service resource solutions.

Conclusions

The striking pattern that emerges from review of historical themes and current practices in Hawai'i is that culture accommodation of mental health care is an alien concept except at the very periphery of institutional thought and procedures. Vested interests in status quo resource allocation and the prevailing professional ideology conspire to insure that cultural criteria will remain irrelevant for decision-making about service design and delivery. All non-Western service users, and particularly Native Hawaiians, will continue to be victims of this undeclared alliance. Any efforts to move control of mental health resources to culture sensitive leadership will evoke the cry of "unprofessional" and "lowering the standard of care." Culture sensitive alternatives to existing state services actually do not threaten the present system. They run the risk of financial failure since insurance companies do not recognize their contribution and outside grants cannot be guaranteed forever.

Native Hawaiians who wish to hold on to their heritage would perhaps be better

off not speaking English. Then the providers would at least have to acknowledge that this group is different from mainstream middle-class Americans and standard treatment assumptions ought to be re-examined. Further reflection and learning on the part of the service provider would perhaps bring them to the conclusion that there exists a fundamental structural incompatibility between the institutional organization of mental health care that they represent, and the social organization of Hawaiian culture that they are attempting to influence. The culturally conscious mental health worker would then recognize that they have but two options. First, they could abandon all attempts to work with these clients themselves because they know that they simply know too little. Second, they could strive for the rest of their professional lives to become a contributor to the Hawaiian community and accountable to some Hawaiian constituency.

The culturally accommodating worker behaves as do Native Hawaiian clinicians by: bending agency rules; working outside of one's job description; humanizing and making informal the office atmosphere; doing as much outreach work as possible; studying Hawaiian history, language, and cultural thought; and nurturing ties with all useful community groups and agencies so that every manner of the problem can be effectively responded to when the Native Hawaiian client approaches for assistance. The sensitive workers will also work from within to reform the system and help make it more amenable to community participation and eventual ownership. Only then will there be the possibility that cultural ideology, which defines people in terms of their own construction of reality, will compete on equal footing with psychiatric ideology, which defines people in terms of the professional's presumptions about their underlying category of illness.

Chapter 5

CONCLUSIONS

FUTURE DIRECTIONS

The dramatic increase in the past 15 years of Native Hawaiian involvement in issues which affect them (see Table 23) reflects a keen awareness and resurgence among Native Hawaiians of the need to continue their rich cultural heritage. In these struggles, the kūpuna (grandparent generation) and ʻŌpio (youth) joined together to form a united effort. This intimate coming together of the vitality and strength of the youth, with the wisdom and experience of the elderly, holds promise for a better tomorrow for all Native Hawaiians. The devastating yesterdays that saw Native Hawaiians lose so much of their culture, language, land, status, and power has now moved into the night, shattered by the overwhelming outcry to return the responsibility for the destiny of the Native Hawaiians to the Native Hawaiians themselves.

Insert Table 23 about here

The increased activism and assertiveness exhibited in recent years by Native Hawaiians may be interpreted as a positive response to the many different issues that they face. As a people who have been "uprooted" culturally for over 100 years, they are now showing healthy signs of regaining their cultural roots. And with this, a strong sense of belonging, purpose, and direction. Native Hawaiians desire to, and are capable of, doing for themselves. They wish to contribute more of their positive talents to society and to lessen their over-representation in negative statistics (e.g., education, employment, crime, health). The following are some examples of the positive efforts Native Hawaiians are or have been involved with in recent years:

Table 23.

Major Hawaiian Political Organizations

	<u>Year Formed</u>	<u>Name</u>	<u>Purpose/Focus</u>
1.	1970	The Hawaiians	"Seek justice and promote the general welfare of the Hawaiian people" and to have Hawaiians "participate fully and more meaningfully in the determination and development of policies and decisions affecting the destiny of the Hawaiian people."
2.	1971	The Congress of the Hawaiian People	"Watchdog" over selection of trustees for the Bishop Estate. This Estate is the second major land-based institution for Hawaiians. Formed by a Hawaiian Princess, Bernice Pauahi, and her American banker husband in 1883, it is the largest private land owner in Hawai'i.
3.	1972	Aboriginal Lands of Hawaiian Ancestry (ALOHA)	Demanded that U.S. Congress take reparations to the Hawaiian people for the illegal participation of the U.S. government in the overthrow of the Hawaiian monarchy.
4.	1973	Hui Mālama 'Āina o Kolo'iaū (Group Caring for the Land of Kolo'iaū)	Group of small kuleana (private land parcels) owners in the Kaha'ulu area on O'ahu who sought to protect their land and water from infringing development.
5.	1973	Homerule Movement	Formed to support the involvement of Hawaiians in the broader political arena.
6.	1974	'Ōhana o Hawai'i	Seeks to re-establish the sovereignty of Hawai'i as a nation.
7.	1974 1978	Coalition of Native Hawaiian Claims Changed name to Hawaiian Legal Corporation	Seeks to initiate and document the basis for reparation claims of Native Hawaiians to land and ocean resources.
8.	1974	Kūka'ilimoku Fishing Village (located on the island of Hawai'i)	Perpetuate traditional Hawaiian fishing skills and practices among members and to transmit them to the young people.
9.	1975	Hui Ale Loe (The Group of the Long Trail)	Based on the island of Molokai, they are concerned with the issue of access rights to ocean and land resources.

SOURCE: McGregor-Alegado, Davianna. 1980. Hawaiians: Organizing in the 1970s. Amerasia 7.2

Chronology of Some of the Major Hawaiian Community Struggles 1970-1985

<u>Year</u>	<u>Struggle</u>	<u>Description</u>
1. 1970	● Kalama Valley	Farmers challenge eviction from Bishop Estate land at Kalama Valley for high-cost subdivision development by Kaiser-Aetna. Evicted but struggle served as a catalyst for others.
2. 1971	● Hālewa Housing	Residents of Hālewa Housing contest eviction by state.
	● Legislative Coalition	(Now People's Coalition for Welfare and Employment) - Coalition of welfare recipient groups organize to protect their benefits and rights.
3. 1972	● Census Tract 57 People's Movement	Residents of this census tract in Kalihi challenge eviction (against development of a parking lot for Honolulu Community College).
	● People Against Chinatown Eviction	Began the process to prevent eviction until the city provides decent, low-income housing for the large number of elderly residents and others who cannot afford high rents. Ongoing.
4. 1973	● Waimanalo People's Organization	Fight eviction by state and obtain long-term lease and funds to construct low-cost homes.
	● Old Vineyard Street Resident's Association	Residents oppose eviction and state plan to construct employee parking. Obtain long-term lease and funds to construct low-cost homes.
	● Young Street Resident's Association	Residents contest city plans to form an Improvement District that would make huge assessments on property owners and raise property taxes. Ongoing.
	● Niuaulu - Nāwiliwili	Residents contest eviction from their land by Kapa Estate for resort development. In process of negotiating alternative housing sites.
5. 1974	● Waiāhole-Waikāne Community	Farmers, tenants, and small landowners challenge eviction from McCandless heirs land. State has purchased Waiāhole, and is negotiating terms of leases. Windward Partners is pursuing evictions in Wāikane. Ongoing.

	<u>Year</u>	<u>Struggle</u>	<u>Description</u>
6.	1975	● He'eifa Koa	Residents fight eviction by Hawaiian Electric to build a new electric plant. Ongoing.
		● Mckauaa Fisherman's Association	Resident fishermen organize against eviction off the island by the state, for usage related to the reef runway expansion. Negotiated a 60-year low rent lease and starting construction for a new village.
7.	1978	● Hale Mōhala	Leprosy patients fight eviction from present site for transfer to Leahi Hospital. Demand new facility on present site.
8.	1979	● Sand Island Residents	Struggle for right to stay on Sand Island and start a Hawaiian fishing village. Evicted from the island.

(Sources for items 1-8 from McGregor-Alegado, Davianne. 1980. Hawaiians: Organizing in the 1970s. Amerasia 1.2)

9.		● Hilo Airport	Seeking lease payments for the Department of Hawaiian Home Lands property being used for public airport, or return of the land.
10.		● Kalaeloa (Barbers Point)	Opposition to the construction of a deep draft harbor.
11.		● H-3 Freeway	Opposition to the construction of a new freeway, which would cut through Moanalua Valley.
12.		● Ho'ala Kanawai	Organization formed to provide for the betterment of the conditions of Native Hawaiians.
13.		● Monokohau Valley	Successful attempt to regain ownership of 30 kuleana land parcels which Maui Land & Pineapple Co. was claiming ownership.
14.		● Save Niimalu, Kaua'i	Land issue.
15.		● Kahana Valley	Efforts to create a living cultural center.
16.		● Makua Beach	Traditional fishing village, whose residents were evicted by the state in 1983.

<u>Year</u>	<u>Struggle</u>	<u>Description</u>
17.	● O'ahu Beach People	Homeless families who were living on the beaches on the Windward and Leeward sides of the island of O'ahu, were evicted by the City & County of Honolulu.
18.	● Mā'ilī Land Task Force	Organization developed after the Catholic Church offered two acres of land for use by the evicted beach people on the Leeward Coast.
19.	● Wai'anae Women's Support Group	Women of the Wai'anae Coast community who help each other through difficulty (e.g. spouse abuse, parenting, etc.). Currently working on a women's craft cooperative.
20.	● Mo'ō Hawai'i	Organization which is advocating the reinstatement of key research staff who have been released by the Bishop Museum due to budget constraints.
21.	● Nā 'Ōiwi o Hawai'i	Group which is advocating for a separate Hawaiian Nation.
22.	● Sovereignty for Hawai'i	Group which is advocating that Hawai'i be an independent nation.
23.	● 'Ōhāna o Hawai'i	
24.	● Moloka'i	Several land use issues.
25.	● Federal Surplus Lands	Future use of Federal Surplus Lands which are being returned to the state of Hawai'i.
26.	● Kapokohelele	14 mile long cavern with numerous archaeological features.
27.	● Kawainui Nui Marsh	Land use issue.

• Language

a) In 1978, the Hawai'i State Legislature amended the State Constitution and included the Hawaiian language as one of the state's two official languages, and also mandated the state's Department of Education to promote and teach Native Hawaiian culture and language in the public schools.

b) There are presently four private child day care centers — two on the island of O'ahu, and one each on the islands of Kaua'i and Hawai'i — which use the Hawaiian language exclusively.

c) Many of the public elementary schools now have the Kūpuna Program, which involves a kūpuna (elder) visiting the class for several hours each week to teach the children Hawaiian cultural values, concepts, and language.

Self-Sufficiency

Listing of some of the known sites:

- a) King's Landing
- b) Miloli'i
- c) Hana Pohaku (Community-Based Economic Development)
- d) Nahiku Ecological Homesteads
- e) Honoka'upu/Pelekunu
- f) Wailau/Pelekunu
- g) Mokauea
- h) Sand Island
- i) Wa'ianae (Ōpelu Fishing and Ka'ala Farm Projects, Community-Based Economic Development)

- j) Mākua
- k) Kahana
- l) Waiahole Poi Factory/Hul Ulu Mea'ai (Community-Based Economic Development)
- m) Nānākuli Fishing Village
- n) Kuka'ilimoku Village
- o) Maunalaha Valley
- p) Sam Lono/Kualoa Park
- q) Nāpali Coast
- r) Puna Hui 'Ohana

Music

- a) Resurgence of interest in dancing (hula), singing, chanting, etc.
- b) Various hula festivals (e.g., Merry Monarch, Keiki Hula, Prince Lot)
- c) Hawaiian falsetto singing concerts
- d) Hawaiian steel guitar concerts
- e) Hawaiian slack-key guitar concerts
- f) Televised Kamehameha Schools Song Contest
- g) Nā Hōkū Hanohano music awards
- h) Composition of new songs

Arts and Crafts

- a) Lei making
- b) Feather lei making
- c) Lauhala plaiting (Annual 'Aha Pūhala Conference)
- d) Native Hawaiian Artists organization (Hale Naea III)
- e) Traditional kapa making

n) Quilting

Health

- a) Hawaiian medicinal herbs
- b) Hawaiian lomilomi (massage)
- c) Ho'oponopono (traditional approach to resolving conflict)
- d) Hale Ola o Ho'opākōlea (a culturally sensitive provider of mental health counseling services)

Hōkūle'a

Traditional double hull sailing canoe which, in 1976, traveled to Tahiti and back to Hawai'i using no modern navigational aids or devices.

There exists in the Native Hawaiian community today a deep commitment to the revitalization of a proud cultural heritage that underscores the profound need for its people to be connected to their 'āina (land). This commitment has brought together different generations of Native Hawaiians from all walks of life. Together they work as a group, not as individuals, to find solutions that are culturally appropriate for Native Hawaiians. The future direction for Native Hawaiians is clear — they must be reunited with the 'āina. And with this reunification the latent human, and powerful spiritual potential of a people who for so long have been oppressed, will be allowed to grow. And with this growth will come benefits to be shared by Native Hawaiians and non-Native Hawaiians alike.

GENERAL FINDINGS

Kolomona, a nine year old Hawaiian boy, quietly sat at his desk in the classroom. The subject for today was interesting to him, for the teacher had told them about rare Hawaiian birds. From the corner of his eye he noticed a movement and, glancing toward the window, he saw a most unusual bird perched on the sill. In his excitement he called out, "Teecha! Teecha! Look da' bird on top da' window!"

Mrs. Watson, who was busy in another part of the classroom, glared at him with a frown on her face and replied, "Oh! Kolomona! Your English is so terrible! It's 'Mrs. Watson, look at the bird near the window!' Now say that again and correctly."

With sadness in his voice as he watched the bird leave its perch, Kolomona said, "Das' okay Teecha, da' bird wen' fly away!"

- Ku'umeaaloha Gomes

1) There is a basic difference between Western and Native Hawaiian mental health concepts. Fundamental errors are made when mental health for all Native Hawaiians are viewed within a Western framework.

2) There is a wealth of material in the Hawaiian language which can be used to understand Hawaiian views of mental health. The materials need to be translated to English and disseminated to a wider audience including mental health professionals.

3) Existing mental health data are inadequate to understand the nature of mental health of Native Hawaiians and to derive solutions for the mental health issues confronting Native Hawaiians.

4) Native Hawaiians have high rates for certain mental health problems including suicides, alcohol and drug abuse, crime, child abuse, school adjustment problems,

and certain mental illnesses.

5) Native Hawaiians are over-represented for a series of economic and social indicators. These indicators show that much of the problems confronting Native Hawaiians may be attributed to their relative low social and economic position within the modern Hawaii society.

6) In general, existing mental health services are insensitive to the mental health issues confronting Native Hawaiians. The mental health system is indifferent to Native Hawaiian values, treatment goals, problem solving methods, and communication methods.

7) Native Hawaiians do not generally use existing mental health services because of cultural barriers. Many Native Hawaiians prefer the personal involvement of natural healers who offer high personal involvement, informality, social support, reassurance, and acceptance.

8) Native Hawaiians have a history of resolving their own problems and activities within the past 15 years have demonstrated a struggle for empowerment, cultural pride, and competence. These activities also demonstrate the vibrancy within the Native Hawaiian community to, with adequate social and financial support, define the issues and take appropriate actions.

9) Native Hawaiian cultural identity and pride are born out of the aina (land). Problems associated with mental health will never be fully be alleviated until necessary action is taken to reunite Native Hawaiians with their land.

RECOMMENDATIONS

With sweat running down their dirt stained faces, nine year old Kalani and his friends sat on the ground of the farm plot they'd just cleared. This was their final task for the farm project they had participated in all year. They had learned many lessons about each other and their relationship to Mother Earth. As Kalani sat in silence with his farm brothers and sisters, he thought of how close he felt to the dirt he had come to call Mother Earth. He thought of the crops they had all planted which they had harvested and taken home to feed their families. He thought of how he and his friends had learned to work together as a family and had learned not only to respect each other, but also nature, especially Mother Earth.

Kalani leaned forward, picked up a fistful of soil, held it up for everyone to see and said, "You see dis' dirt, I like put 'em inside my mouth! I like put dis' inside of me!"

- Ku'lumeaaloha Gomes

Program and research recommendations are presented in two sets of charts. For the program recommendations, a rationale is presented with each specific recommendation. These recommendations also outline the group which is likely to benefit from the recommendation (target group), suggested funding sources, and the agency or agencies which should be involved in developing plans for the recommendation (lead agency). The recommendations center primarily on three issues: (a) Native Hawaiian empowerment or the ability of Native Hawaiians to shape their own destiny; (b) significance or the perpetuation of Native Hawaiian language, values, and culture in maintaining and increasing identity and self esteem; and (c) competence or the development of abilities and skills within the Native Hawaiian community.

The research recommendations are also derived from the findings of this report. However, the research recommendations must also be seen within the context of several

important guidelines. These guidelines shape the way research within the Native Hawaiian community is pursued:

- Mental health research must be sensitive and responsive to traditional Native Hawaiian culture. Research should use all available cross cultural techniques including back translation, measurement sensitivity, and other methodological considerations.
- Whenever possible, research should build community competence. This includes the focus on community problems and issues, and the hiring of community researchers.
- Research in Native Hawaiian communities should involve Native Hawaiians in the defining of research issues, the development of the research design, and the development of research implications.
- Mental health research should include Native Hawaiian researchers. These researchers can build their own competencies and can provide a keen insight into the research questions.
- Before conducting studies, researchers should be knowledgeable about and sensitive to Native Hawaiian culture, values, and lifestyles.

Within the spirit of these guidelines, research recommendations are found in the second set of charts.

Mental Health Recommendations (1. Program)

Recommendations	Target Group	Funding Source	Lead Agency
1. Because existing mental health services are inadequate insensitive, culturally destructive and dislocating, and economically ineffective within the Native Hawaiian community, we recommend the development and promotion of autonomous mental health services and healing centers which are committed to Native Hawaiian culture, history, language, and lifestyles (like Hale Ola, 'Opelu, Kaala Farms). These programs should be community-based and controlled, staffed, and administered by Native Hawaiian people. The goals of these autonomous centers should be the rendering of Native Hawaiian health practices such as Ho'oponopono, lomi lomi, and la'au lapaau and those mental health services which are relevant to Native Hawaiians (eg., outreach).	Native Hawaiians	NIMH, DOH, State Legislature	Native Hawaiian agencies, community action groups
2. Because Native Hawaiian identification and power is the basis for mental health, we recommend the perpetuation of Native Hawaiian values and lifestyles to promote Native Hawaiian identity, pride, assertiveness, and power. This recommendation includes language programs beginning at preschool, newsletters, cultural centers, and other media programs.	Native Hawaiians	OHA, DOE, DMH	Native Hawaiian agencies
3. Because there are few Native Hawaiian professionals in the mental health field, and because there is a need to increase the cultural sensitivity in the field, we recommend the development of educational training programs to facilitate the entrance of Native Hawaiians into mental health professions such as psychology, psychiatry, social work, and research. Structure the mental health training to encourage the retention of Native Hawaiian identity by participants.	Native Hawaiian adults	NIMH, Bishop Estate	University of Hawaii, JMI

Mental Health Recommendations (1. Program)

Recommendations	Target Group	Funding Source	Lead Agency
4. Because cultural sensitivity is necessary for the effective delivery of mental health services, we recommend the certification of mental health professionals who are involved in rendering services to Native Hawaiians. Certification will be awarded following demonstrated competence in cultural knowledge, history, and lifestyles. Native Hawaiians should develop standards for competence and training.	Mental health professionals	DMH	DMH, Hawaiian agencies
5. Because there is a need to enhance the identity and empowerment of Native Hawaiians, we recommend the development and promotion of political, economic, and social competence among Native Hawaiian people. This may be accomplished through voter registrations, job training programs, formation of coalitions with existing groups with similar goals, increasing educational achievement and attainment, and leadership training.	Native Hawaiians	Bishop Estate, OHA, Native Hawaiian fundraisers	HSLA, OHA
6. Because Native Hawaiians do not generally use existing mental health services, and because many Native Hawaiians may prefer traditional services, and because these services are not acceptable for third party payments, we recommend that third party payments for treatment services which are based on traditional Hawaiian orientation and practices be legitimized.	Practitioners of traditional Native Hawaiian practices and consumers		DOH, Native Hawaiian agencies
7. Because language and cultural learning is a potent force for realigning community perceptions and attitudes toward Native Hawaiians, and because language and cultural learning can provide Native Hawaiians with a positive identity and empowerment we recommend that students in the Hawaii public schools and University of Hawaii system be required to take courses in Hawaiian history, language, and culture.	Community and Native Hawaiians		Native Hawaiian agencies, DOE, UH

Mental Health Recommendations (1. Program)

Recommendations	Target Group	Funding Source	Lead Agency
8. Because Native Hawaiian identity, culture, and social values are born out of the 'aina (land), and because reuniting Native Hawaiians with the 'aina will lead to empowerment, we recommend that all efforts be made to speed up the availability of lands to which Native Hawaiians have legal claims. These efforts should include the lands available from Hawaiian Home Lands, the military, state and federal government, and the Bishop Estate.	Native Hawaiians		Native Hawaiian agencies, CHA, Native Hawaiian legal agencies, Hawaiian Home Lands

Mental Health Recommendations (2. Research)

Recommendations	Funding Source	Lead Agency
1. Because psychiatric epidemiology focuses on a narrow spectrum of life experiences, and because traditional psychiatric epidemiology has not been linked to rehabilitation and therapeutic programs, we recommend that social epidemiology studies be conducted. These studies should focus on family, work, and community expectations, performance, and adjustment.	NIMH	Native Hawaiian agencies, University of Hawaii
2. Because mental health is related to social structure and process, and because little effort has been made to understand and develop the social fabric of contemporary Native Hawaiian life, we recommend the research on community leadership development and natural support systems in the Native Hawaiian community.	OHA	Native Hawaiian agencies
3. Because traditional Native Hawaiians have a system of healing which has been successful and effective, and because Native Hawaiians will feel comfortable with healing which flows from the culture, we recommend research on Native Hawaiian healers. Interviews and case studies of healers will determine their perceptions of their practice and the types of people they serve.	NIMH	Native Hawaiian agencies
4. Because we know little about Native Hawaiian options and preferences for mental health services, and because Western mental health services may be underutilized and unacceptable, we recommend that a survey of service delivery and options be conducted. Questions should include: "What are some obstacles to treatment?" and "What do Native Hawaiians look for in services?"	NIH, NIMH	Native Hawaiian agencies
5. Because there is a large body of Hawaiian language materials which is unavailable, we recommend the translation of these materials to better understand Native Hawaiian health, history, culture, and values.	OHA	OHA
6. Because there is a wide spectrum of people who are Native Hawaiians, and because the needs of various sectors may vary, ethnic identity scales need to be developed which measure conformity to a range of lifestyles. These scales will help to determine needs in Native Hawaiian sub-populations.	NIMH	Native Hawaiian agencies

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Note: An extensive bibliography is located in the Appendix.

Appendix A

GLOSSARY OF HAWAIIAN TERMS PERTINENT TO MENTAL HEALTH

GLOSSARY

GENERAL TERMS

1. 'āina - land; spiritual connection for Hawaiian.
2. akakū - vision, trance, reflection, as in a mirror, to see a vision.
3. akalau - the ghost or spirit of a living person seen by others, a sign of calamity - Lit. many shadows.
4. 'aki'aki - feeling little pinches, nibbles or prickles
5. akua - gods, lesser and greater, also ghosts; extended family; image idol, corpse, supernatural, godly; a spirit that is a prime mover, an ancestor of import whose identity is lost in time; it can refer in modern times to the god of others; it can be an abstraction of power, status, rank, place, personage, a human with supernatural powers; akua can be vengeful, helpful, destructive; akua could take possession (noho) of humans, partially or totally; akua also include the 4 major gods--Kāne (creator of life, man, nature, god of fresh water and sunlight), Lono (god of agriculture, clouds, weather), Kū (god of war and chiefs and god of forests, canoe making, fishing), Kanaloa (god of the ocean and salt water; in modern times referred to as the devil); these gods were prayed to for major causes and events.
6. aloha - helping, shared love, greetings, affection, mercy, pity, kindness, charity, regards; sweetheart loved one many things to many people; this warmth and acceptance is grounded and can't be faked; aloha is shown by how you speak, body language, by your commitment - follow through; it is difficult

- to keep up.
7. 'anai - signs/visions.
 8. 'aumakua - family ancestral guardian spirit; extended family; god spirits of our forebears; these gods are seen as ever present and caring who give us strength when we need some, warn us when danger threatens, inspiration in our arts and warn us of danger and a spiritual go between to pass on our prayers to the proper gods.
 9. ea - sovereignty, rule, independence; life, breath, vapor, spirit; to rise, go up, raise.
 10. 'e'ehia - awesome, strange.
 11. 'e'epa - strange, mental retarded or slow, epileptic or subject to fits; extraordinary, incomprehensible, as person with miraculous powers; strange and inexplicable beings, unexplainable.
 12. 'e'eu - creepy crawling under the skin feeling.
 13. 'eha - pain, physical or mental
 14. 'eha'eha - severe mental distress
 15. ha'aha'a - humble, meek, modest, unpretentious; this helps you to be sincere and helpful; it's humble but not mealy mouthed; its accepting of others - not having to put them down or accepting their elevation of you; it's to be warm and respectful; relationship.
 16. hanalima - handiwork.
 17. hana pono - correct behavior.
 18. hānai - "nāu ke keiki kūkae a na'au" - adoption, Hawaiian style.
 19. hānau mua - first born child.

20. hā'upu - signs/visions.
21. hiapo - first born.
22. hō'ike - sign and revelation; the knowing, to see, know or receive knowledge from the gods; signs/visions.
23. "Ho'i no 'ai i kou kahu" - "go back and destroy your keeper", ways out.
24. "Ho'i no kāu me 'oe" - "May yours return to you." A reply to a person who utters a curse. ways out.
25. ho'ākamai - negative; to show off.
26. hō'olo - negative; to showoff.
27. ho'okama - extended family; to adopt a child or adult one loves, but for whom one might not have the exclusive care.
28. ho'okāne - extended family, to adopt a man as a platonic friend, said of a woman.
29. ho'oki'eki'e - negative, overbearing in conduct, disrespectful or disobedient to seniors.
30. ho'omoe pū - ways out, objects buried with dead.
31. ho'opi'opi'o - signs/visions, implanting distress, usually pain or illness, by the use of gesture and concentration.
32. ho'opololei - negative, to be partial and treat with favoritism.
33. ho'oūlu 'ia - ways out, mild, helpful possession.
34. ho'owahine - to become a wife.
35. hō'upu'upu - signs/visions, implantation of thought into another's mind.
36. hua 'ōlelo - signs/visions; relationships, carries idea that speech causes consequences.
37. hu'ihu'i - sudden chilling occurring for no reason.

38. huki huki - to disagree, quarrel; disagreement; not cooperative.
39. hulu kupuna - extended family, the precious few living blood relatives of the grandparent's generation.
40. hūpō - negative, ignorant, foolish.
41. 'ili 'ōuli - disturbed skin sensations interpreted as signs or portents; signs/visions.
42. Inoa (Pō, hō'aiona, 'ūlāleo) - signs/visions, personal name.
43. kahuna - priest/expert in any field.
44. kahuna lā'au lapa'au - herbal medicine practitioner.
45. kanaka - person, man.
46. kanaka makua - relationship; "adult", responsible, hospitable, warm, thoughtful.
47. kapu - religious/social laws concerning behavior.
48. kapu kai - ceremonial bath in the sea, in sea water or in other salt water.
49. kaukau - set to right, to present a problem or outline a situation for consideration.
50. ka'u ka'u - to slow down, delay, procrastinate.
51. keiki - extended family, child.
52. kino lau - many forms or bodies referring to the gods ability to change from human, to animal, plant or mineral substance; a deformed child may be seen as being sent by the gods can be seen as a honor rather than a genetic defect or the mother's "marking" of the coming baby.
53. kōkua - help assist, helper, comforter, cooperation, support; kokua is how you show you care about the person; kokua is meaningful to the concept of 'Oia'i'i'o because this is how you

give life to the aloha; it can be an exploitive thing; you can be asked to kōkua until it hurts so you need to be careful; kokua is something you share, you give to another, to share what you have but not at the expense of your family; it is your resources or your own self, your extras, your strength and you give to others.

- 54. kūkulu kumuhana - set to right, the pooling of strengths, emotional, psychological and spiritual, for a shared purpose.
- 55. kuleana - right, responsibility, ownership (of land, feelings, duty).
- 56. kuni - signs/visions, to burn, a revenge-ritual.
- 57. kupapa'u - corpse.
- 58. kūpuna - extended family; grandparents, ancestors.
- 59. lā'au - herb, leaf.
- 60. lapa'au - medical.
- 61. lapu - ghosts.
- 62. laulima - helping, cooperation, many hands to do the work.
- 63. "Lawe i ka wā make" - ways out, "take in time of death."
- 64. lei - extended family, figuratively a beloved child, wife, husband, sweetheart, younger sibling.
- 65. luhi - foster care.
- 66. mākua - parents.
- 67. mālama pū'olo - keeping of bones or other objects, usually wrapped in tapa as a wrapped "bundle" for some mystic purpose.
- 68. manini - a fish, slang for greedy, miserly.
- 69. mo'opuna - grandchild.
- 70. na'au - intestines, center of intellect and emotions.

71. na'auao - wisdom, enlightened, educated.
72. na'aupō - ignorance, uneducated.
73. 'ohana - family, immediate and extended.
74. 'oiā'i'o - set to right; relationship; absolute truth, sincere, sincerity, spirit of truth; this is a concept which I think one strives for; it's something the child is taught; it's learned; it's like maturity, you are to be true, sincere, be super credible, have integrity all with understanding and aloha; you got to be right in ways that don't hurt.
75. 'ōkala; 'ōkakala - signs/visions; goose flesh; goose bumps; often seen as a warning or given mystic significance.
76. 'oki'ia - cut off (ties of relationship broken through prayer and ritual)
77. ola - life, health, recovery from disease.
78. 'olu'olu - relationship, pleasant, kind.
79. one hānau - birth place, Lit. birth sands.
80. 'ōpio - youth, teenager.
81. 'ōpū ali'i - relationship, literally "belly of a chief," displaying positive traits such as forbearance.
82. pa'akikī - negative, stubborn.
83. pī - greedy, greed.
84. pī kai - ways out, to sprinkle with sea water or salted fresh water to purify or remove taboo.
85. pili - closeness, relationship.
86. pilikia - signs/visions, trouble of any kind.
87. pouli - darkness (cloudy; emotional distress).
88. pūluna - extended family, one's child's parents-in-law or

- aunts and uncles by marriage.
89. punahele - extended family, a favorite, to treat as a favorite.
 90. punalua - extended family; 2 women married to 1 man or vice versa.
 91. 'uhane hele - signs/visions; a traveling spirit, usually of a living person.
 92. 'uhane kīhei pua - a spirit partially controlling a person and , giving him strength, animation, or talents. Lit. flower mantle spirit.
 93. 'uhane noho - a spirit possessing a person completely and talking through him; also called akua noho.
 94. 'ūlāleo - signs/visions, a supernatural voice or sound.
 95. 'unihipili or 'uhinipili - signs/visions; spirit of the dead manifest in a bone or bones; deified bones through which this spirit was summoned; other body part or close personal possession so used; this spirit was cherished; in the figurative sense, emotionally calling back and clinging to the dead.
 96. waha 'awa - negative, one who customarily vented wrath on others by making impulsive, vindictive statements.
 97. wela - sudden hot feeling for no reason, anger.

GLOSSARY

MENTAL HEALTH TERMS

1. 'ā'ā - mute; dumbness, inability to speak intelligibly, a dumb person, angry, fury, to stutter, stammer, demented, panic stricken.
2. 'a'aia - demented.
3. 'a'aka - surly, cranky, roiled, complaining, severe.
4. a'alaia - wild, demented person, uncivilized.
5. akua noho - a spirit that takes possession of people and speaks through them as a medium.
6. 'awa'awa - sour, bitter.
7. haka - medium.
8. haumia - pollution, defilement.
9. hehena - insane, mad, crazy, possessed, insanity, madness, lunatic, maniac.
10. hewa or hewahewa - odd, eccentric, hewa: mistake, fault, error, sin, guilt, wrong, wicked, incorrect, sinful, to err.
11. hihi'o - trance; signs/visions.
12. hilahila - shame.
13. hō'aiona - sign for divination, symbol, harbinger, omen or portent.
14. ho'ohewahewa - to be slightly deranged, delirious, not as strong as hehena or pupule.
15. ho'ohuhū - to provoke anger.
16. ho'īloli - unpleasant sensation of pregnancy; emotional disturbances.
17. ho'okanaha'i - small, depressed, stunted, humble, cautious, moderate, to lessen.

18. ho'okano - haughty, proud, rude, disdainful of others.
19. ho'omanawanui - to endure, put up with, have patience.
20. ho'omulemule - to be mentally unbalanced, to show the 1st symptoms of insanity; mulemule: unpleasant person with sour disposition.
21. ho 'o nahu - inexplicable bruise seen on the body, believed caused by the ghost of a living person about to die.
22. ho'onui - braggart.
23. huhū - angry, offended, anger, wrath, to scold, become angry, ho'ohuhū: to provoke anger.
24. huhū loa - very angry, offended, wrath.
25. huki - general cramp or fit of any kind, convulsion, stroke; epeleptic fit.
26. 'īhepa - imbecilic.
27. inaina - anger rage, hatred, malice, to hate, to move with hatred.
28. inoa pō - name given in night, through dreams.
29. kalilo - to reach that stage in disease in which life and death are uncertain; to reach the turning point or crisis in disease.
30. kanihia - lovesick.
31. kaumaha - sad-heavy weight, heaviness, sad, depressed.
32. kino wailua - soul.
33. kukule - debility, imbecility; listless, an indisposition to move; ma'i kukule: cholera.
34. kūlola - helpless, inactive, due either to infirmity or laziness.
35. kūlolalola - to be paralyzed; to stand inertly; to act as an

idiot; to be weak or imbecile.

- 36. kuloloa - to act as an idiot.
- 37. kupuohi - grow vigorously, mature early, as an adolescent.
- 38. lili - jealousy.
- 39. loha - drooping, wilting, hanging low as a branch, sullen, spiritless, depressed, unsociable, subordinate, inferior.
- 40. lōkahi - helping; unity, agreement, accord; this is our perception of the world; there is balance and harmony but you have to work at reaching this in your relationships with people, nature and gods.

(Hawaiians emphasize non-confrontation and will do a lot of things to avoid being confrontive with others. They had limited resources living in these islands and perhaps these limits influenced his doing with others. They knew these limits and how far they could go. They had their Kapu System to help them. It limited the taking of fish to periods to assure there being enough replacements. If they took plants from the land, they were to replant and replace things. They traced their lineage so they had ties to most of the population in some way. These ties and their effort to keep their relationships good and working by sharing and doing much together, helped to keep things in balance.)

- 41. loku - extreme pain, physical or mental.
- 42. lōlō - paralyzed, crippled; palsied; crazy; insane.
- 43. lo'ohia - to be overtaken by anything, as a disease by suffering or misfortune.
- 44. lu'ulu'u - bent or bowed down with weight, sorrow or trouble; painful, sorrowful, tollsome, cast down;

45. ho'olu'ulu'u - to cause sorrow, grief, to oppress;
46. ma'ema'e - cleanliness, purity.
47. maha'oi - aggressive, butting into others business; bold, impertinent, nervy, braggèr, presumptuous; we offend when we are in territory that is not seen as our business.
48. ma'i 'aumakua - illness sent from an ancestral god; possession.
49. ma'i hewa wale - insanity.
50. ma'i kipa - disease caused by an evil spirit; Lit. visiting illness.
51. ma'i na loko - sickness from within caused by patients or family problems or misdeeds.
52. ma'i na waho - sickness caused by outside forces.
53. ma loko - from inside; source of disease.
54. mana - spiritual power.
55. ma waho - from outside; source of disease.
56. moe 'uhane - dreams, to dream; Lit. soul sleep; signs/visions.
57. mōhai puhi - offering by fire.
58. mūnō - retarded, or imperfect growth; to weaken and die.
59. nahoa - bold, defiant, daring, head wound; intense headache, mental agony, hit or wounded in the head.
60. nāhoahoa - intense headache, mental agony, hit or wound in the head.
61. nahunahu ihu - family discord or quarrel; lit., nose biting.
62. nīele - nosey, an undesirable characteristic.
63. 'ōhewa - delirious, incoherent, as a drunkard; crazy.
64. 'ōhewahewa - redup; of 'ōhewa; ma'i 'ohewahewa, psychosis.

65. 'olaulau - out of one's mind due to intense excitement.
66. 'olohewa - demented, deranged, delirious, incoherent.
67. alohi'a - rough, as the sea; fig., in trouble.
68. 'ōmino - stunted, sickly, unhealthy; sickly and constantly crying, like an unhealthy child.
69. o'o - matured.
70. 'ōpulepule - moronic slightly crazed.
71. pahuluhope - demented, to behave as if crazy; pahulu: nightmare.
72. pi'i ka huhū - rising anger.
73. pua - name of a goddess of sorcery; by association, derangement.
74. pupule, pulepule - crazy, insane, self mutilation, extreme grief over death of a loved ali'i; extreme lawlessness, wild behavior; believed mourner crazy with grief.
75. 'uhane - soul, ghost, spirit; spiritual.
76. 'ūlala - crazy, mad, demented, harmlessly deranged, silly; ho'ūlala: to behave as one crazy; to cause craziness.
77. uluāhewa - crazy, insane, mania, delusion, deranged, sometimes believed due to possession by a spirit; overgrowth, to grow wild and lush.
78. uluhia - people possessed by devils.
79. uluhua - vexed, annoyed, discouraged, displeased.
80. ulu kau - unexplained acquisition of prophetic and interpretive powers without visible possession by a god.
81. ulukū - disturbed, nervous, agitated, perturbed, to disturb, keep awake.

82. waha - all mouth, no action.

83. wela loa - very angry.

GLOSSARY

HO'OPONOPONO

a problem-solving process...

1. Used as (a) preventive
(b) diagnosis
(c) remedial
2. Included - (a) entire family
(b) others involved in problem
3. Conducted by - (a) senior family member
(b) kahuna/professional
4. Initiated by - (a) senior in the family
(b) any family member
5. For - (a) who recognizes need for ho'oponopono
(b) who has most insight
(c) who has most hurts
(d) who has problems mounting up in own life or in family's
(e) who is determined to do something about family relationships which are in disharmony
6. Controls - (a) all communication is through the leader
(b) no indirect communication,
non-verbal/direct is allowed among
participants
(c) all discussion on the problem is done in
the session
(d) once the session is closed, the topic is
"taboo"
(e) once the wrong-doing is ironed out,

apologies made, forgiveness asked for and given and necessary restitutions made, the matter is released and closed and it is never to be brought up again

(f) purposeful silences for meditation and soul-searching

(g) it matters to me - the individual - that I remain a member; I belong to this, my family.

7. Assumptions -
- (a) Hawaiians believed problems could be solved if approached properly
 - (b) best results would be obtained if adults remained in the role of adults
 - (c) hostilities and guilts lying buried and unresolved were seen to act as causes and aggravants or complications to illnesses, accident proneness, etc.
 - (d) unsettled bitterness in families seen more likely to cause serious troubles than any other psychological force
 - (e) unless resentment issues were thoroughly disposed of, it was deemed impossible for any other remedial effort to be effective
 - (f) all resentments had to be brought into open and thrashed out
 - (g) individuals and families could not protect selves from curses/possessions

- without a clear conscience
- (h) complete openness and candor was mandatory
- (i) young children were allowed to attend
- (j) one talks openly, genuinely, fully about one's feelings
- (k) nursing a grievance was as much a wrong-doing as any other form of interpersonal injury

The Process:

- (a) Begins with family getting together and agreeing that they have a problem and want to work on it.
- (b) Opens with pule/prayer said aloud by the leader. The content unites family; makes clear the purpose, open mind. Sets stage for work at hand and asks God's presence to help them with wisdom, etc., so they can solve problems. It is all inclusive, lengthy as it is supposed to bring family together, expresses the problem and appreciation for family, brings them up-to-date on family happenings.
- (c) Kūkulu kumuhana - work source. 1) It is the statement of problem and procedures. 2) It can be the family effort to involve a resistant member, or 3) the pooling of mana (spiritual power) through group prayer to send to a sick member.
- (d) Hala - hurt, transgression. One hurt another - both are hurt and are tied to the other by the hurt that lies at the ends of a cord between them; transgression - a wrong committed by or against one. It is a binding thing holding the wrong doer to

the person against whom the wrong was done. One is bound by the fault he has committed - the other by holding on to the wrong doer. The hala is the debt (fault) that lies between them.

(e) Hihia - network of hurts and transgressions, one on another. Emotions, reactions, interactions all negative. I create problem and both you and I are entangled. Both are harmed and others are drawn in by their own feelings and reactions and interactions; entanglement of emotions, actions and reactions all with negative connotations. Such can and often spreads to others in the family or close associates. Everyone concerned becomes entangled in the network of resentment, hostility, guilt, depression. All feed into the entanglement his own reactions and responses.

(f) Mahiki - deals with each layer of hurts; sorts the hurts, one at a time; sets it right and moves to the next layer.

(g) Mihi - confession, repentance and make restitution.

(h) Kala - release, untie, let go, free. Pule to 'oki (let go) must be sincere.

(i) Ho'okuakahi - "clearing the way" psychically and socially so healing can take place.

(j) Ho'omalu - period of silence and reflection; subject is closed after session. During ho'oponopono, if emotions get out of hand, a period of silence was called. For cooling off and reflecting.

(k) Ho'omauhala - to hold a grudge; refuse to release; once pau to bring up again. If the person who is holding on to the debt does not wish to release but continues to hold to the wrong in the mind, he "holds fast the fault".

(l) Ho'oponopono - "setting to right - to restore and maintain good relationships among family and supernatural powers. Family practice in which relationships were set to rights through prayer, discussion, confession, repentance, mutual restitution and forgiveness". Setting to right by getting to the causes or sources of trouble.

(m) Pule - ends each session; makes clear what accomplished; more to be done and reminds of the closure till next session.

(n) Pule pani - closing prayer. A closure after completion of a major problem or end of sessions usually followed by eating.

GLOSSARY

HO'OPONOPONO TERMS

1. **hala** - transgression - a wrong committed by or against one.
It is a binding thing holding the wrong doer to the person against whom the wrong was done. One is bound by the fault he has committed - the other by holding on to the wrong doer. The hala is the debt (fault) that lies between them.
2. **hihia** - entanglement of emotions, actions and reactions all with negative connotations. Such can and often spread to others in the family or close associates. Everyone concerned becomes entangled in the network of resentment, hostility, guilt, depression. All feed into the entanglement his own reactions and responses.
3. **ho'okuakāhi** - "clearing the way" psychically and socially so healing can take place.
4. **ho'omalu** - period of silence for thought or reflection.
During ho'oponopono, if emotions get out of hand, a period of silence was called. For cooling off and reflecting.
5. **ho'omauhala** - if the person who is holding on to the debt does not wish to release but continues to hold to the wrong in the mind, he "holds fast the fault"; to hold a grudge.
6. **ho'oponopono** - "setting to right - to restore and maintain good relationships among family and supernatural powers.
Family practice in which relationships were set to rights through prayer, discussion, confession, repentance, mutual restitution and forgiveness". Setting to right by getting to the causes or sources of trouble.
7. **kala** - Release - untie - let go - to free each other

completely. Mutual process in which both the instigator and recipient of an offense are released. "I unbind you from the fault and thus may I also be unbound from it." Through mihi one forgives fully and completely and you kala the hala.

8. kūkulu kumuhana - 1. The pooling of emotional forces for a common purpose. Pooling of mana (the spiritual power each person has), the pule (prayers) sends the mana to the person who needs help. Families uniting in a spiritual force to help an ill or troubled member.
2. Statement of problem and procedures for seeking solutions - opening explanations of ho'oponopono.
9. kumuhana - underlying causes of conflict.
10. mahiki - Dealing with each successive layer of trouble - one at a time - tracing components of one problem and "setting it to right" - so another problem can be considered. Disposing of one layer of action, motivation or emotion to reveal and dispose of yet another layer of acts, feelings, etc. "As peeling an onion - you peel off one layer and throw it aside, so you can go on and peel the next layer; discussion.
11. mihi - Confession - repentance - forgiving - forgive fully and completely. Tradition - one has obligations to forgive - penitent must be forgiven - to refuse causes gods to turn their backs on you. Person asking must be sincere - restitution if necessary is arranged; forgiveness.
12. 'oki - to cut off relationships, negative feelings, to make correct; Lit. to cut.
13. pani - closing ritual.
14. pile - prayer at the beginning and end of ho'oponopono.

Prayer sets the stage by asking God's blessing and guidance. Set climate for the earnestness and sincerity which one approached ho'oponopono. One did not ask God to solve the problem but to guide and support.

15. wehe 'Ōlelo - randomly selected Biblical texts used by some practitioners of ho'oponopono.

GLOSSARY

TERMS TAKEN FROM KA UA TO ILLUSTRATE USE OF NATURE METAPHOR TO EXPRESS FEELINGS

1. akaku'u - lessened, diminished, mitigated; to cease, abate grow, calm, stop, as wind, surf, rain, anger, grief, pain; settled, calmed, quieted, appeased.
2. ao - light, daylight; enlightened; to regain consciousness; ua ao mai ka no'ono'o, the mind is functioning.
3. hākuna - 1) pock marked.
2) dark, thick, as clouds fig., intense, as love.
4. hekili - thunder, to thunder; fig., passion, rage; Nā hekili o ke kuko 'ino, passions of lust.
5. ho'okoko - to cause bloodshed; to blush (face); fig., angry.
6. kaha'u - to diminish, abate, lessen as a storm or sickness; Ua kāha'u mai ka 'eha, the pain has grown less.
7. ka'oka'o - high, loftly, prominent; fig., conceited.
8. kapa - fig., forbidding, unapproachable, unreceptive.
9. kīkaha - to soar, glide, poise, wheel, as a frigate bird; to turn aside, detour, veer, deviate; to maneuver, as fighting cock; to walk along absent mindedly, ignoring everyone.
10. kū ka 'ehu - to send spray flying (to lose one's temper)
11. loha - drooping, wilting, hanging low, as a branch; beaten down, as by rain; fig., sullen, spiritless, depressed, unsociable, subordinate, inferior.
12. loku - downpour of rain; blowing of wind; to pour, of rain; to blow, as a gale; fig., to feel deep emotion, pain, sorrow; to weep yourself; intense, ke aloha loku i ka pu'uwai, love surging in the heart.
13. nāulu - 1) sudden shower, showery.

Appendix B

A COPY OF THE INTERVIEW GUIDE

**Culturally Relevant Services for Native Hawaiians: Care
Provider/Administrator Interview**

1. Overview of Program

A. Directorship/Governing Board

B. Sponsorship/Funding of Program

C. Administrative Structure

D. Program Networking: Closely associated with which other agencies?

E. Native Hawaiian Service Users

**1. Demographic characteristics of native Hawaiian service users?
(age, sex, SES, hereditary qualifications).**

2. Referral Sources

J. Presenting Problems

F. List of Services or Program Activities

G. List Personnel in Contact with Native Hawaiian Clients

1. How many are native Hawaiian?

2. What training is provided to prepare staff to work with native Hawaiian service users? (Who provides, materials, outcome criteria?)

3. Do staff reside in service users community?

II. Cultural Relevance of Services: Open Ended Questions

A. What are the unique needs and expectations that native Hawaiians bring with them as users of your services. In other words, what makes

native Hawaiians unique as clients?

B. What is done to make services especially relevant to the unique needs and expectations of native Hawaiian service users? List any formal or informal policies, procedures or practices that are aimed at the needs and expectations of native Hawaiian service users.

III. Cultural Relevance of Services: Specific Topics

Please list any special efforts made to provide culturally relevant services to native Hawaiians through the following activities:

1) Use of Hawaiian values and norms as goals of the service program, e.g., kuleana (self-responsibility), 'ohana (unity), laulima (cooperation), aloha (shared love), etc.

2) Use of Hawaiian beliefs and concepts for describing the problem situation, e.g., hihia (entanglement), hale (transgression), hulihihi (power struggle), etc.

3) Use of helping methods based upon traditional Hawaiian concepts,

such as Ho'oponopono, kukakuka (discussion), etc.

4) Identification and support of informal community caregivers and folk healers through formal recognition, referral of certain clients, and sharing of knowledge with them.

5) Use of traditional Hawaiian community activities, such as farming, fishing, dance, music, ocean sports and crafts as preventive or rehabilitation services.

6) Hiring of native Hawaiian staff or those with recognized expertise in working with native Hawaiians.

7) Service provider follows Hawaiian rules of gesturing, conversation, and etiquette to promote relaxed sharing of information about the problem and avoid offending native Hawaiian service user.

8) Representation of native Hawaiian community in agency administration, policy making, and evaluation of service performance.

9) Accessibility of services for native Hawaiians, including hours of operation, wait list, cost, location, transportation, and

formalities required to receive care.

10) Provision of outreach services that bring care providers into the homes, workplaces, schools, and neighborhood settings of native Hawaiians.

11) Active participation of family members or close associates of native Hawaiian service user in decision making about the treatment plan, including treatment goals, methods and evaluation of outcome.

12) Extensive interviews with the service user and close associates to obtain a full cultural explanation of the problem, including Hawaiian ideas about the problem's cause, its name, why it happened when it did, how long it will last, how it works, what its outcome may be, and what the client's sick role should be.

13) Extensive interviews with the service user and close associates to learn the full social meaning of the problem. That is, how it affects the native Hawaiian with regard to family, work and peer relationships, how it affects the individual economically, and whether the person is stigmatized, tolerated or receives sympathy.

14) Interview the service user and close associates to pinpoint any

unmet expectations they may have of the service program in such areas as staff characteristics, problem label, goals and methods of treatment, and client role.

15) Community information gathering about the unique needs and adjustment concerns of native Hawaiians, including community descriptions (ethnography), needs assessment surveys, community forums, and meetings with leaders and consumers from the Hawaiian community.

16) Identification and strengthening of skills and competencies that already exist in the native Hawaiian community within individuals, families and neighborhood groups, through public education, outreach consultation and training workshops.

17) Emphasis upon a total or "holistic" view of the client's problem and continuous involvement with the native Hawaiian service user until all aspects of the problem situation are considered (e.g., "One Stop" service).

18) Service provider openly reveals his or her professional model of treatment and explanation of the problem using language (e.g., metaphors, visual images, idioms) that the native Hawaiian service

Appendix C

A PERSONAL STATEMENT OF A NATIVE HAWAIIAN ABOUT MENTAL HEALTH

One View of Hawaiian Mental Health

There is much pressure amongst the Hawaiian people against studies, research or papers that seem to result in reminding us of our many losses and failings. The written word are like words uttered to others, they grow and have a life of their own, sometimes helpful and often misunderstood. I pen this in the hopes that it will improve the understanding and appreciation of my people and their plight.

My apologies to those Hawaiians who do not agree with my views and to my relatives who may be sensitive to my sharings. This is my attempt to share some insights I have re: The effects of our cultural practices, our history and other events on our mental health. I am grateful to my teacher Mary K. Pukui who taught me so much about our heritage and encouraged me to make notes, think and to write. Her gifts of knowledge to us through publications, translations and her students has enriched our understanding of our ancestors and our history. I cannot say enough in praise of her or to honor her.

I need now to establish my credibility as a Hawaiian since I claim to be a native. I am the youngest child born of a native woman and fathered by an Englishman who settled here. He died after my first birthday. My mother took as a second spouse a Hawaiian man who was the "papa" I knew.

These parents came from simple backgrounds. He talked of walking seven miles to school daily with sweet potato and sugar cane for his breakfast and lunch. He was hanai - adopted by his maternal grandparents. He was a private person, had little to say and worked

hard. As I look back he was working from sun up to sun down. He wasn't very demonstrative but we knew he cared. He didn't waste time talking and advised us to use our words selectively and frugally.

My mother did not complete high school as did papa. She was well read and spoke English and Hawaiian. She reigned in our household. We waited on her and saw to her needs. She was very talented, sewed her clothes, did fancy stitchery, tatting, lauhala weaving, Hawaiian quilting, took classes in upholstery and redid our furniture. She would sing Hawaiian songs but did not hula. Though she could show us the motions and discuss the art.

She left school to work in the sugar cane fields to contribute to the family well being. She managed to purchase her first piece of property before her first marriage.

Our associations were with Hawaiian families who were friends from childhood and one family of cousins. It was an occasion when we visited these friends. We lived in Kaimuki and the friends lived along the north shore. We always went as a family and our car was loaded in typical Hawaiian style with necessities as sugar, poi, rice, blocks of ice on the bumper, desserts, roast pork, meat etc. We came home with fruits, vegetables, dry fish and salt. We usually stayed over night. When country folk visited us, it was for a while because it was an expensive trek for them since they often came by taxi or boat.

My Grandmother, widowed before I was born, lived alone in the country. She didn't speak English but I was able to communicate with her in simple Hawaiian. She insisted on living in her own home which was some 30 miles away from us. She would come for short

visits. Though we waited on her and did her bidding she'd soon tire of the limits of our home. She would be picked up by the country taxi with her collection of groceries and other gifts.

It was a treat to be allowed to visit with her. She had the least of conveniences, an out house, a water pipe in the yard, an outdoor shower and oil lamps. Her house was an old one bedroom frame structure with an enclosed porch with lattice work where the ice box and a screened safe and a small table with benches or was it chairs (?) for our meals. She had a small garden of onions, sweet potato, pumpkin and sugar cane. We went to the beach to pick our limu, shrimps, crabs, squid and ate a lot of dried fish, jerk beef with poi and saloon pilots, creme crackers and condensed cream. The latter crackers and cream with tea was dessert.

My parents determined that we, their children would be educated and they made clear their expectation. Also in response to the pressures they felt against the Hawaiian image they discouraged our learning our language or any of the arts and crafts. They consciously tried to teach us to be western in values and practices. However unconsciously they transmitted Hawaiian family practices.

For example, I was expected to respect all elders and to do their bidding. As a younger member of the family I was to learn to be helpful, to listen and observe, to "fit in" by behavior and be humble enough to do any menial task. I was to respond in Hawaiian ways to expressions of need made directly or indirectly. Also I was to anticipate needs of others and to be sensitive to body language. Hence I was constantly trying to understand the body language of others and found I was sensitive to the incongruent messages which often hurt. I used to ignore the remarks. Now I might point out

the inconsistency.

Then there was the part food played in our lives. We always offered food and refreshments to visitors. Properly we made the offer as we brought out the food. The visitor was expected to eat something or drink something. If there was to be serious talk it could be done only after the food was removed.

If I received or bought a candy or other goodies to eat, I was expected to share it with those present. This sharing was taught to you as a very young child. You were given the package of chips, cookies etc. to offer to those present. You were told and showed how to let them help themselves and rewarded with approving remarks or sounds.

Then there were all the family parties work projects always followed with eating together. These work together doings was serious work but there was much humor and fun. At the days end we might go for a swim, clean up, have supper together and sit and "talk story." These were times when family history and similar information was shared.

When crises like a threatened flood occurred and we had to evacuate, we'd go to family or close friends. It would start on a serious note but once we settled down, food would be served. Soon there might be talk of other floods, jokes, even music and games. If the storm continued, we slept on the floor. There was no T.V. or radio communication as we are accustomed today so the adults would watch the weather signs or check the neighbor for news.

Some folks went to the market almost daily. My mother took me on her shopping trip on Saturdays from Fort Street to the open markets on Mauna Kea Street. Everyone seemed to be in town to shop

and we met many shoppers we knew. It took us all day as Hawaiian etiquette required that we stop to visit with all the adults known to us. Each person was greeted with much enthusiasm and exchange. There would follow a lengthy visit. I was part of the ceremonial greeting "oh this is the baby, my you're a big girl, etc." Then it was understood that I would entertain myself and not interfere in their meeting. This might last 10, 15 and even 30 minutes. If I had company we'd engage in kapu this, kapu that with merchandise in the window or worn by people passing by. This would occur throughout the entire trip from town to the market. I learned what patience - hoomanawanui - was required of me on these outings. As tiring as it was, I preferred going with my mother than to remain home as I avoided chores and it broke the monotony of living. We children after chores had our yard to play in. When we went to the beach it was to pick limu or shrimps, etc. and they were to be cleaned at the beach. Merchants came our way once in a while. There was the "Kyandy man" selling molasses candy white, pink or tan. The manapua man with cans hanging from poles across his shoulder announced loudly his ma-na-pu-a! Then there was the truck loaded like a small department store honked and parked in a central location. The neighbors came out, each studied the merchandise, made inquiries, sought advice from one another, then made their purchases. My mother often sent us to pick up vegetables. Some neighbors stood and visited after the truck left. It was there that we would learn of happenings in our neighborhood.

My folks did not encourage our visiting in the neighborhood. You went next door when you had a purpose. They also tried to impress us with the need to be tactful and to watch our

communications. They would not listen to our reports on things we heard and learned about our neighbors. Papa called his daughter "The Bulletin" when she'd start to talk. "When you open your mouth you better be right or know what you're talking about," was often expressed in warning to us. Another pointed remark my folks used was don't dignify his remark with an answer or don't answer and keep his remark alive. So you learn to hold back your remarks or questions.

How did this affect me? I learned when and how to talk with different people. However to this day I am hesitant to speak up and when I do I am bothered or uncomfortable because I question if I've made myself clear. I worry too about being misunderstood and being offensive. I know it's the left over of how words have a life and meaning of their own. Also being Hawaiian you don't want to add more material to be used against us.

It is like the public criticism of the Hawaiians and their not being able to get along when these groups argue or have a disagreement. It's as if the expectation is that when Hawaiians speak it has to be in one voice which is outrageous. Many Hawaiians seem to have this expectation of themselves which compounds things for them. We need to keep talking, questioning, thinking, studying, making demands, having expectations and making choices. Only in recent years have I felt that the Hawaiian population is beginning to have expectations and making demands of themselves and of the systems. However to sustain these efforts is difficult when you consider the pressures against our changing the status quo and when you consider the amount of depression many Hawaiians endure as a result of their losses (land, language, identity, etc.) and the

hurts they suffer as a result of their displacement (strangers in their own land). Their slanted history, the indignities we accept at the hands of the "do gooders" who choose to serve us with their western approaches just as the researchers study us with their western tables and tools. I maintain the Hawaiian was a thriving healthy society before we were invaded but we are treated as if we came with and from nothing. No one can build from the health that we have - Am I making any sense? This recall reminds me of my early teachings by an educator about the Hawaiians being a stone age people, cannibals (which brought a strong reaction from my mother) heathens and very superstitious. I didn't have any answers and what status did my mothers objections have. This is one of those unconscious hurts that gets deposited in the Hawaiian and remains unchallenged and piles up with other misinformation.

In a way there were times I wanted to do away with the Hawaiian spirit world. They were pictured as fearsome and so unpredictable. But I couldn't accept the spooky and tricky spirits, after all I had many ancestors I'd not known but were pictured so positively I envisioned them as being ever present. In time I have learned of the spirits as being a resource for strength and support. Also that your living and doing right by family, friends and people gave you more control. This fits with the Hawaiian teaching that the gods were there to support but you did the solving of your problem.

As a youngster never appreciated the lengthy Hawaiian prayers, nor the family sessions especially at new years nor the trip to town for the hala leis worn on that occasion. I asked Tutu for answers and learned of ho'oponopono and the symbolism of the leihala. Both were practices to release the old years hurts, disappointments etc.

It was the practice to mend fences and to be present at New Year was to reaffirm commitment to family.

The lengthy prayer once you really listened had so much information. It expressed the love and concern for family and its members. It reviewed happenings, sometimes memories and expressed thanks for the gifts of life. Prayers could help you sort out problems, helped you to get in control of your life to gain strength in crisis, to be able to endure pain and suffering. The Hawaiian prayer helped to bind people to bridge gaps and made one feel close and cared for. Prayer was a source of strength when you are upset by a dream. One prayed to have the disturbing elements removed or if it was to be, to lengthen it and you were to set it aside trusting the spirit world to aid.

Our family gatherings were frequent and parties were few and most were limited to include very close friends. There was much to do as we did the food preparation together. Miss any of that for any reason and you'd feel you missed something. It was often at these get togethers that information of past celebrations, departed relatives, and family history was shared. We'd also sing favorite songs of those departed family members as well as favorites of the living. It was like having the deceased with us because there was much recall to inform others who had not known the deceased.

We had our share of disagreements at our parties but we were sensitive to the particular one or two who would pose a problem. There was always one or two family members who would remove the too inebriated. My recall of family doings is of the work, the fun and the day after which was filled with activity and time for recall, review and smoothing out of relations informally.

Weekends were always full of activity. My parents supplemented the income by fishing to add to our diet. We could tell when fishing was planned. The adults prepared the nets and we would know that we would have to be home to go fishing and to clean the catch. We prepared fish for cooking, for drying and to eat raw. No one asked where we were going. If someone forgot the answer was "mauka" mountainward. Should someone arrive with a gift of bananas we stayed home as this indicated failure that we would not be successful.

Most weekends we had to do house and yard cleaning, food gathering and church. My folks kept equally busy with their projects. We knew from the signs, the more house cleaning, work and food preparation meant company or family and we could expect fun and surprises. Every visitor always brought goodies with them.

When visitors came with children, we were instructed to take care of them. We'd get an eye communication if we offered to go someplace that was off limits, we were to introduce our guests to the neighbors, show them our neighborhood, our friends, what places or people to avoid. This worked to protect our friends but also kept our neighbors advised of strangers in the area. We taught our friends how to address the people, also how to request permission for access. They also knew that to do mischief reflected on both of us. Thus we learned to be hosts but also gave us responsibility for anyone we brought home.

Visitors automatically set in motion for the youngsters in our family, certain activity. We had to see to the comforts of the adults, to be available to do the chores, any fetching, prepare food, cleaning etc. All this was expected to be done, you were

expected to know what to do. If we erred, rushed or did a job poorly, you'd be told. If you did well nothing would be said.

A Hawaiian entertainer uses the above in his material. He scolds and swats a youngster saying, "You should know what to do. How many times you have to be told what to do? By now you should know!" Another remark to the errant child who avoids family work, "What, you don't want to help? You don't want to be a member of this family? You prefer to work alone. You do the dishes alone!" Another tactic was the household tasks are assigned and all have to complete the work before anyone may leave. Hence the slower or smaller members would be helped by those who are finished. When all jobs are completed they may follow their plans.

Discipline was instant. When I was young and misbehaved I would be sent for my brush and would get the brush against my hand. More often used was the ni'au broom (coconut mid ribs). It stung for a while but did not injure you. My folks used a panex hedge limb on occasion which they might use to hit your feet or legs. I never wandered off or caused my folks too much worry because I had five older siblings who each had the privilege of scolding me. Somehow our special tie, their feeling that they should look after me since I had the misfortune of not having the benefit of a relationship with that wonderful Dad they had known contributed to my being more conforming than my younger siblings.

So much is made of the Hawaiian child's not having a special place of quiet for study. Papa decided we could study after supper on the dining table we often ended up prone on the living room floor. He insisted that we concentrate as family noises continued. He felt this prepared us for the real world as all office work

continued while repairs were being done inside and out.

As children, we always found ways to entertain ourselves. Our parents weren't inclined to take us on outings just for our pleasure. We'd pack up a picnic lunch of food stuff we had and would go to the beach near our home. We'd set up our camp site on the edge of an empty lot away from neighbors and we'd swim, play house or tarzan and swinging through the branches of the oak trees.

Another form of entertainment we indulged in while cleaning up after a family party - we children would set up food and drinks as the adults did. Then we'd eat and drink mimicing the adults conversations and gestures. We would try to outdo each and laugh at ourselves. I remember practicing eating two finger poi and fish in the old way. The art was to talk all the while you amassed the poi on the fingers and then conveyed it to your mouth, engulfing the mass in your mouth with a definite smack. It required timing as the poi threatened to fall and miss its mark. Then we'd set up pupus with shot glasses of soda and water. We tried to repeat the toasts and to drink the shots with that special expulsion of air. We made sure that no adults were about because it would be disapproved.

If my mother chanced on our game, she would show disapproval, non-verbally raised eyebrow, shake of her head with an order to get busy and be done by a certain time. She used the silent treatment to let us know that she was upset at something concerning one or all of us. When this happened we would try to figure out what was wrong, meanwhile we were especially careful and helpful in the house. I played hookey once. She was so angry and disappointed at losing trust and ashamed that I could never do that again. I also

was isolated by the distance she kept. The quiet I realized after was her way of handling the anger she had and the time she needed to figure how she would handle the incident.

So from my parents I was learning to live in harmony with our gods, family and land. I was to be cooperative, respectful, helpful, not questioning, to fit in, know your place, non-confrontive, and to communicate carefully. All around me the messages were different. Our land was changing, people were more direct and questioning, I was beginning to wonder "how to act" at different times.

I was totally unaware of the process I was undergoing. I always thought I was western in my ways of relating thinking etc. Years later in my work I discovered that I operated with different people in ways that accommodated our cultural differences. Later when I studied my culture, I learned that my Hawaiian culture and practices were operating and serving me in a positive way but I could not explain what was working and why or how. With the help of M. K. Pukui, our Hawaiian expert, I was able to learn about my culture and history. I found the answers to questions I had had and questions others had asked me. I grew more comfortable about my Hawaiian ancestry. How comforting it was to have this knowledge. If this helped me so much I reasoned, it could be as helpful to others. I had not realized the stress lacking this knowledge had been for me all these years. I felt like a burden had been removed. Apparently over the years I had collected and buried the unknowns, the negative feelings and hurts, all unconscious. With my new knowledge I had answers. I could be comfortably Hawaiian. There are remnants but my innards tell me that I am in balance or more in

harmony and my spiritual power-Mana-is working.

The happenings in our history that were upsetting are still painful. I know now of the unfairness of our land division called the Great Mahele. It was structured so the westerners could develop their business resources, attract investors, make more and more money and to add land to their assets and control. Our people soon found they no longer had rights to their old lands. Access to ma uka (mountainward) and ma kai (seaward) once open to all gradually were and are kapu.

Our monarchs were ill prepared for their role as rulers in this changing society. They were duped and used. We feel for Queen Lili'uokalani who was dethroned, imprisoned and finally released to her home. She appealed to the American government to right the wrongs done to her people. She objected to the use of their military to remove her and imprison her. What happened is history and she lives her final years in Honolulu. People tell of her Sunday rides by buggy through the fringes of the city and how her people in the area, would greet her with chants of welcome. The chants followed her through most of her ride. Now her home is the official residence of our governors. It is almost surrounded by government buildings so it's being used by the governor has probably saved it from destruction.

In the years following the Queen's dethronement, Hawai'i was briefly under a Provisional government, then shortly a republic, later annexed by the U.S. as a territory, governed by martial law during World War II and finally granted Statehood. In a period of 65 years these actions set into motion changes and further losses felt by the Hawaiian.

Looking back it seems that the pressure was on to remove the Hawaiian. Our language eventually was not allowed in schools. Hawaiians were punished, spanked or suspended if they persisted in using the language. Our hulas were forbidden as they were vulgar. Our legends and oral history were suppressed. Our history was rarely taught and given passing attention if covered at all.

Our lands so beautiful were and are gradually being bought by "foreigners" from the U.S. and now by other nationals. Land prices have soared and the Hawaiian finds he can't live where he used to. Taxes of certain choice areas have put those areas beyond our pocketbooks. Areas once too rural and arid are now choice areas.

The Hawaiian landowner can no longer afford this 'aina (land) because the increase in taxes makes it too costly.

The military has priority for some valleys, mountains, beaches for their maneuvers and recreation. They bomb a small island - Kaho'olawe and a beautiful valley on O'ahu where the island capitol is located. In this remote area - Makua Valley and beach - Hawaiian families for many years set up beach camps to escape to for summer or weekends. Others stayed and fished for a livelihood as long as the seas permitted. Soon too many people came and stayed long and pollution from their rubbish became an eye sore. So everyone was evicted. Permits and camping equipment are new requirements which make it too costly for many who camp only with make shift canvas and boards. I guess our old style camping is something like being in a wilderness. Safely away from most people.

Our mountains once open areas for us to harvest wild plants in time of famine or to gather wood etc. are now full of exotic plants brought here. These exotics have ruined the native forests and

pushed some plants, birds and shells further upland. This change has removed the food chain for the native birds and land shells which are about extinct today. As big business uses up the land more and more fences enclose the areas to keep the people out. What we might find in wild fruits and food is cut off from us. Our mountain recreation, ti leaf sliding, hiking to waterfalls and pools are being commercialized or removed by wells dug to trap the water for crops or public use. Our fresh water foods - o'opu, opae and vi shells are scarce.

Alas our beaches once teaming with edible fish and seaweed are overused and misused by the population and the ever increasing tourist trade. Now the seaweed has disappeared and the fish are small and scarce. We have the skeletons of little fish which float to shore dead - no one knows why.

We pollute the seas and land with our use of chemicals. We build and build and the run off from our lands ruin our waters and shoreline. Then we have the toys for the young-jet skis, big wheeled trikes, scuba divers, coral pickers, etc. that disturb the sea life and cause an imbalance. Then we dredge the coral and further destroy our sea life for years to come so the affluent can have their boats and piers so we can have harbors for a dwindling sea trade. Overland we build highways to rush us thither and yon. Everything is uprooted. People, plants, and hills are gone. Those with resources can find a place but those without move and move. It takes a long while to get a "good fit" in a place. For a Hawaiian "to fit in" is important.

The Hawaiian has always seen the land and sea as his to use properly and to care for. Because to care for the land and sea

assured our survival and the survival of the generations to follow. Our gods and our spiritual power (mana) was a part of the place and demanded respect and caring. Our 'iwe - placenta - was buried here and the bones of our ancestors are part of this place and here is where my bones began (kula iwi).

Our water so precious was protected so that the drinking water would be clean for everyone to use. To misuse the fresh water would cause the gods to remove it by drying it up or letting it remain soiled and spoiled which meant a further distance to walk to get the family water. We appreciated the importance of water - wai. The word for rich is wai wai.

Today there is no thought given to limiting growth of business development or population. To complicate matters foreign capital is encouraged to buy up local businesses and to invest in land development etc. Inside us we cringe as we see that the only interest is making more and more money. There is little appreciation of the natural beauty of this our island home. Hawaiians want to preserve our forests, hills, sea and space because these provide healing and regenerating forces.

As a people we are accustomed to relating to land from the mountain to the sea. When I first realized I could no longer have a clear view of our mountain in town I wept. I felt robbed and I am still sensitive to the loss. When I found that a condo two blocks from my house looked down on my house and yard I felt I had lost my privacy. When I was on the mainland I always looked for the mountain and the sea. I missed these landmarks when they were not visible.

From Hawaiian culture there are many teachings that persist

today which can help us to deal with today and many which hinder our adjusting to this modern world. In my view, the Hawaiian who doesn't succeed, or the Hawaiian who ends up in prison or on welfare are very often not knowledgeable about their Hawaiian background and what persists are the negative stereotypes - lazy, easy going, happy go lucky, never do well compounded further by our values which conflict with those values of the dominant western culture.

The Hawaiians need to know their history culture and heritage with all its upheavals, misunderstandings and deceit. We need to know the beauty of our language so we can know the depth and artistry of our culture, the meaning of our chants and dances. It's as if I am putting together the pieces of a puzzle. Yes, as a people we have been slowly dismembered. As I write and recall I feel sad and out of sorts. The feeling remains and I must make an effort to overcome the depression.

Our traditional legends tell us of our ancestors journeying over miles of ocean to arrive in Hawai'i. They traveled back and forth, guided by the stars, the rising sun, clouds, birds, wave action and the flashing lights deep in the ocean waters. Then travel stopped and we lived surviving and prospering. We developed a society in which we governed our land water uses and practiced conservation of all our resources. We stressed living in harmony with our people, nature and gods.

We had a language and oral traditions that told of our origins (kumulipo). The stories of our gods (akua, 'aumakua kupua) tell us how they lived on this earth at one time and were now-spirits. Our gods were and are everywhere. They support us in our efforts at living peaceably and well but they can be tricky. Our gods can take

many forms - Kinolau - in our trees, forests, clouds, etc. Hence our gods were and are everywhere.

We lived in isolation for some five hundred years and did not have the bacteria and ills of the new world. Our herbs and medical specialists were effective in their treatment of our ills. We practiced a self and family healing practice (ho'oponopono) which set to rights by prayer, discussion, understanding, recognition of ones fault, and apologizing, straightening out misconceptions and wrong and making restitutions. All this done regularly with self first and then with family ('ohana). This clearing the way (ho'okuakahi) emotionally helped the medication to be effective but it also kept channels of communication open and kept one in harmony with the meaningful people in our lives. Differences, grievances, and misdeeds were handled early and not allowed to fester, compound and complicate relationships.

Our religion had many gods; many kapu (taboos) and we prayed to them often. We made offerings of prayers, chants, food or plants. The Ali'i-monarchs-sometimes made offerings of humans which could be dead warriors, people from the Kauwa class-untouchables-or people who broke kapu (taboos). These offerings were not eaten. Gifts of the gods kept our land flourishing. They provided us the winds, rains and vegetation, enriched the soils and replenished our land, sea and water. When we ate, our gods joined us. It was a time for enjoyment. All the efforts of the missionaries didn't remove the Hawaiian gods completely. The Hawaiians today often give their gods a place in the christian gods universe - they are the father, son and Holy ghost and angels. It is not unusual to have a prayer opening a meeting of Hawaiians addressing Lono, Kane or our host of

gods. Yes we still call on our gods to be present. Perhaps some of us forget that the gods presence and support is requested but we are to solve our problems. In my own days, I have witnessed the Hawaiian ceremony or prayers over the small fire of hot coals, with offerings.

We had a planned period of peace of 4 months when our god Lono reigned and Ku, the war god, was put away until our Makahiki period was completed. This was the time to celebrate and give thanks for the harvest, to pay taxes and to participate in the activities that kept you physically fit and adept at warfare. This is the time the Ali'i set aside his kapu and participated. Only work absolutely necessary was permitted and that was to assure that they would have food throughout the season for all.

Our people had other planned periods for rest and recuperation. The women and children had their eating house. The men retired to their house to cook and pray to their gods. Women during their menstration period went to a special house removed from the village to rest. Anything made while there remained in that house as it was defiled. Food and other needs were delivered.

Then there were the nights of kane. Everyone had to remain indoors and no noise was allowed.

Our work day was from early light. We did the heavy work in the cool hours of the morning and late afternoon. We made use of our shade during the heat of the day to make nets cordage, etc. and to rest if needed.

There was work for everyone. Our paths, pens, yards, fields were kept orderly by the many hands of our children and elderly. They swept up the flowers, leaves and droppings in the early dawn.

It was so clean the early writers remarked about the lack of odor from the refuse of animals and human.

One must understand that we were subsistence farmers. We planted for taxes and to survive. Our animal production was never in the huge herds or flocks of the modern farmer. Our animals were limited partially because they were fed what we ate-not slop or grains but sweet potato, taro, coconut etc. We grew the crops and tended the animals and the latter were eaten only on special occasions as offering to the gods. When pigs were scarce, a substitute "sea pig" or land pig could be substituted. Food offered the gods was eaten and the gods ate the essence.

We lived in villages and everyone knew one another. Our children learned early to share in the work. They with the women caught fish crabs in tidepools or upstream where they also looked for wild fruits or vegetables. They would be safe anywhere as every adult in the area was responsible to correct them if the eldest child with them was not in control. Since children were valued the adult had to handle the children so they would be safe. As a youngster I found this rather stifling as my folks knew of my wanderings before I returned home. I grumbled but I wish now I had all those eyes protecting our children today.

In our family system, the Kupuna (elders) were our teachers and caretakers. They contributed much knowledge and support to the family members. The children in return helped to care and keep these elders contributing. At age 5 years our boys moved to the men's quarters and learned from the men about their future role and work. Our Kupuna today are working to meet their needs or off to senior citizens doings. Some are the care takers of the mo'opuna -

grandchild. Our boys go off with their peers and are home only to eat and sleep. We find the demands of this new life and the choices which have been made for us have left many of our people homeless, wasting away in prisons, and many of our young failing in the schools as if programmed for failure.

We have a special term - Kanaka Makua" for a mentally and emotionally mature person; a person, even a child, who demonstrate mature behavior" (NIKK.p.118). It refers to a person who is thoughtful, responsible, sensible, considerate, sensitive to the feelings of others and is hospitable, a Hawaiian requirement. Such a person was and is a mentally and emotionally balanced or a healthy person. Others recognized you as Kanaka Makua. You were sought for your ability to create, facilitate and your dependability.

Hawaiian of old had numerous terms to indicate that the Hawaiian understood people who were mentally ill. Perhaps we should start with the knowledge that Hawaiians felt there was a place for everyone in our society. The slow or not so bright person was trained to do work he/she was able to do. Such a person could help with minor tasks. Those too ill to work were given time and space to heal but when able were taken by a senior or delegated to a responsible younger person to help teach and care for the mentally ill. Anyone in the area was expected to assist if a need for extra hands developed. Those whose behavior was unusual was seen as 'e'epa, "unexplainable." Remember our gods were everywhere and could possess a body, rock, tree, etc. These spirit visits were often seen as "incomplete grief work, guilt feelings, the wishful promptings of the unconscious." NIKK, p.195.

The Hawaiian head was sacred because it was the perch or site

for the Hawaiian gods. The brain or place of wisdom and emotions was in the Na'au - viscera or gut. If you were Hawaiian considering an important move your gut feeling let you know if it was to proceed or stop.

Real truth and sincerity comes from the Na'au 'oia'io - truthful gut. Your gut feeling told you that a person was sincere.

Illness was thought to be punishment from the 'aumakua because one had offended by breaking a kapu (taboo). If your misbehavior offended and impaired interpersonal relationships by greed, dishonesty, trespass, theft, etc., you had to make amends, apologize and repent. Your mana (spiritual power) was lessened or lowered and only appropriate offerings and prayers to the gods would restore it.

Everyone was born with mana (spiritual power). It was possessed by man or object, as one's bones or in a rock.

Any illness required prayers and offerings and a looking at ones self to determine where or when you might have transgressed. If you are not the cause, you will know. If the illness persisted, the family would gather and with prayers and offerings, they would conduct the setting to rights practice-ho'oponopono-Hawaiian family therapy. Here all members would help you to recall and to review their behavior to see how any one of them could be contributing to your illness. This session was managed by the senior family member.

If the family found nothing amiss and illness continued, they sought the help of their medical expert the Kahuna lapa'au. This doctor was skilled in diagnosing and usually knew the family. He too did his prayers and offerings. He reviewed with the family their happenings and would find the problems. He would make his findings known and involve the parties in apologizing, and admitting

their part in the trouble and asking forgiveness, releasing each from all anger etc. Restitution had to be agreed on and accepted. Once forgiven and released, the transgression was not to be given life and recalled again or mentioned. A repeat of the same misbehavior would be seen as new. Ho'oponopono, Hawaiian family therapy, was very effective because there was commitment to the family and was done frequently so problems did not fester and grow.

Medicine in the form of herbs are considered an addition from his toric times. I understand that prior to Cook, the Hawaiian had no virulent bacteria so they did not have to have the strong drugs to treat their ills. The herbal teas they drank were laxatives to clear themselves physically Ho'oponopono (Hawaiian family therapy) did the mental and emotional clearing.

For the very ill, family members gathered and prayed together to impart our strength and support (kukulu kumuhana). Much TLC was given to the sick.

What was happening in our life was considered important and you the patient was the source of the information unless you were unable to contribute. When you sought outside help, you were expected to have positive answers to questions asked you by the Kahuna. You had to admit that you had a problem, wanted to resolve the problem, would do what was required and finally you believed the Kahuna was capable of helping you. If the Kahuna sensed disbelief or determined it was not an illness in his expertise, you were directed to another practitioner.

The more severely mentally ill would be tended to, prayed over and offerings made just as any other sick person. The ho'oponopono conducted with the patient, then with his extended family to find

the source of the illness. The answer to the problem in the case of Noho - a possession came from the possessing spirit. In cases of noho by a sorcerer, the Kahuna could send it back to destroy its keeper or sender. In the other mental or emotional ills the answer might come through a -

ho'aillona and ho'ike - sign and revelation

akaku - vision or to see a vision, trance reflection

hihi'o - vision or dream as one falls to sleep (hypnagogic) or just awakening (hypnapompic states)

'ulaleo - supernatural voice or sound, the hearing of voice or sound

moe'uhane - a dream in deep sleep

Hawaiians today still look for omens or signs-ho'aillona. The knowing, understanding, the meaning-ho'ike-come from the family-'ohana. Meanings may come from legendary and historical information handed down in families.

Signs (ho'aillona) could be manifested in nature--a sudden chill wind not likely to be there, the fragrance of special flowers in unlikely places, shafts of the rainbow, goose flesh 'okala, a familiar noise or voice and no one there. More serious signs that warn of death or failure are seen, by some, as dreams of a broken container, empty canoe, nudity. Actually meeting someone nude or for someone to expose himself even accidentally can mean failure of your mission. Prayers were offered immediately to ask that the gods intercede to prevent or to lessen the seriousness and if its to be, then ease pain and suffering. The idea being that you sent this request to the gods to tend and that you can continue to perform what needs to be done.

The same idea applies to a problem you cant't seem to solve. You could set it aside with prayer and to return to work on the solution when you have time and can give it the attention.

The arrival of the westerners to Hawai'i brought diseases which were new and for which we had no immunity. Our Kahuna would designate illis as new and needing new medicines. Our population decreased drastically from the epidemics, plaques, diseases and pests. A few adventurous Hawaiians joined whaling ships to go to the Northwest to hunt fur or gold. Our population decreased largely by death (one estimate is 75% in 150 years). What was left of our population had to recover, rebuild and adjust to the constantly changing government and lifestyle.

The new settlers considered the Hawaiian lazy and shiftless when many refused to do the back breaking work for a pittance in sugar fields. Cheap labor sources from Europe and later Asia were imported. The laborers who came saw their move as a way to better their situation at home and planned to return but many of them remained. The business people prospered and gained more control of our land and government.

When Ma'i Pake-Hansens Disease-is found here in increasing numbers, the method of treatment was banishment to an isolated area. The place selected for the patients was Kalaupapa-a peninsula isolated by cliffs and a rough sea. Patients were landed on shore when possible or dumped with their belongings to catch a wave to shore. Many too ill to survive, perished. Our people resisted by hiding and caring for their own ill but they were hunted, found and forcibly removed. It was a cruel uprooting since there was little or nothing provided for their needs. In the early years only the

kindness of kokua-a loved one-who accompanied the ill to care for them-and the gifts of the earlier patients helped them to survive their uprooting. Those who survived aided the next group and shared their resources. A fortunate few were sent gifts from home. Together they managed to survive using much of the culture and practices of their ancestors. Today, new drugs and knowledge frees these patients to live elsewhere. Some patients prefer to remain. Unfortunately, Hale Mohaliu-their retreat on O'ahu where they stayed while here for treatment or personal business was condemned and destroyed recently. Hawaiians who protested questioned if this planned neglect to get the property back to government.

The pressures for the Hawaiian to change increase as foreign interests in business required more control of the Hawaiian social, political, educational and economic system. Each ruler after King Kamehameha, though educated by the American Missionaries, was not equipped to deal with the ways of the newcomers and the last reigning monarch was dethroned. With her went the hope of our people ever being a Hawaiian nation again. We know she was sincere in her efforts to save the nation for her people. We are angered at her treatment by her over throwers. Only in recent years have I and others given thought to the role of the American government which condoned the use of their military.

We feel the pain and hurt of what the Queen had to endure. The years have not removed it. There is a veneer that covers the wound but let something happen that touches the wound and the anger and hostility over the unfairness of this historic action surfaces.

I am reluctant to continue in this vain but this is the background for me of the island mental health. These are events

that are mentioned with much feeling and a sense of powerlessness.

The Massie case is a sad case of the military might and injustice to the Hawaiian. A navy wife intoxicated left a party unescorted and reports being raped. Hawaiians question if a rape occurred. A military man is suspect but is removed (sent away). Three Hawaiian young men were arrested and tried but the information presented was conflicting and contradictory. The jury acquitted each defendant.

One evening, shortly after, the dismembered body of one defendant was found in the car of navy men. They were brought to trial and guilty verdicts were received for all. Each sentence was commuted by the governor of Hawai'i. For the murder of the Hawaiian man the navy men were detained one hour at our 'Iolani Palace then they were escorted to a navy vessel which left our shores immediately. We let that go by with little outcry but it hurt then and still does.

Our culture emphasizes patience endurance-ho'omanawanui. So we patiently set aside hurts. For years we ignore the destruction of our land, historic sites, our forests - all done in the name of progress. More recently there are Hawaiians reacting to this destruction of sites and "over building." Others quietly call on Pele-our volcano goddess to rise and take back the land. They credit Pele with taking back commercialized "warm springs" of Puna, and now Royal Gardens subdivision and others. Pele has covered large holding in recent times.

Yes, we feel powerless. The teachings of competitiveness in your society differs from ours. Our emphasis is to keep relationships harmonious working and good. This, to me, affects our

kind of competition. We teach cooperation, working together, being helpful and not putting others down.

Our newcomers knew about money, the wheel, a written language, competition, and metal as these were all part of their background but not part of ours. Hence they knew how to handle money, to bargain and amass assets. We really have not mastered modern economics.

Where once we were active in politics we are no longer in that arena. Looking back we were allowed to be active to replace and exploit us. We were replaced later by new arrivals who have learned to play the "games" in politics, investments, etc. Interestingly my guts react to the above but that is how the settlers got the Legislation they needed approved.

Our schools are products of the western system. What is it in us that so many of us fail in this system. This is the Hawaiian approach - look at self. Hawaiian teaching requires you observe, listen, not interrupt, do and questioning is for after you have tried and are unable to do. Help from others in class is approved and encouraged of better students. Today the time for questions is forgotten. Praise isn't a common practice. Not to praise is a left over from the past when we believed tricky spirits might over hear and ruin or take the child. If our work wasn't good, we would be told. Little was said when you did the work properly or well.

Our (seniors) kupuna were the teachers. The boys from age 6 went with the men and learned to be men. Today the youngsters remain with their parents. The girls are taught more responsibility for family members. The boys are freer and go off with their peers but when family require it, the expectation is that he will be

there. The boys usually respond. The pressure is great if one fails to appear.

Today, education taught once by family is left to the school. So many Hawaiian parents can't keep up with the changes in education. Many adults are not knowledgeable enough to be of help to their young. The generation gap increases with all the new courses being introduced with the computer age. Interestingly the schools where our "at risk population" live is where the buildings are run down and poorly equipped.

Where Hawaiian children learned early to plant and fish, today these resources are almost not available to the Hawaiian. However, those who frequent beaches use it for the little they can catch and to teach their children to survive there. Other of our children are enjoying learning the 3 R's by doing farm projects and figure the cost and profits themselves. We learn best from the concrete and find the abstract approach confusing. When we have a need or question we tend to use the indirect approach. This avoids confrontation and allows one a graceful way out. We are taught Lokahi-unity balance-this helps us to keep us in harmony.

We are people who value relationships and we work to keep the relationship working, open and good. This takes time and with today's pressures people don't feel they can spare the time on building and maintaining relationships. We renew old friendships by allowing time to get reacquainted through catching up and by sharing information about one another and our families. As Hawaiians we look for these practices in our inter-relating.

Where is the Hawaiian? We crowd the institutions in our teens and as adults. Many of us are among the unemployed. The employed

are the construction worker, police guard, fireman, telephone worker, electrician, teachers and grounds keeper. The influx of new Vietnam, Mong, Laos and Filipino workers are replacing us as maids and waitresses in our hotels. Soon "our usual jobs" will be filled by others as the new arrivals here settle and begin to compete in the crowded labor market.

Why are we such problems in our home land? What do we do to our children that they end up a court statistic? I know many parents tend to advise their children to tell the truth-all the truth-to the school people, the police, the court, etc. Hence it is not surprising that the Hawaiian young when in trouble with the law have no idea of their rights or how to use a lawyer. They tend to tell all as if in hope that like ho'oponopono they will be allowed to make amends, restitution and serve their time to get it over with. They respond to the Mutt and Jeff approach and tell all to the nice policeman and avoid the mad mean one. Often "it's our own kind", say our parents, it's as if the expectation that the Hawaiian would help them to protect themselves.

My neighbors son, a young adult, local and not Hawaiian was picked up for being in a brawl with his Hawaiian pal. He was thrown in the prison holding area. He was so frightened and felt so low emotionally that he sat midway between two groups not knowing what to do. Finally the group with more Hawaiians called him to join them and told him not to worry, no one would hurt or bother him. They did protect him by their presence in the 48 hours that he was held. He is ever grateful for the kindness of that group.

Why mention this - I guess because we preach Aloha - love, caring, acceptance, etc. to our children. We find aloha expressed

in many different ways and places. Where do they get the resources to reach out to another human?

But we see the other side where the visitor is unwelcome, robbed or mistreated. We see the young and adults exploding with anger at a felt or sensed slight or a real put down. When this happens, their trying to equal the hurt some how falls short. The sting of confrontation stays and stays. As a Hawaiian witness to these incidents you leave with an uncomfortable feeling for both sides.

There are groups of Hawaiians who are saying no more! It's a new behavior and the established Hawaiian doesn't understand much that these groups stand for. Many don't really understand that there is a new morality. Some feel shamed and embarrassed. Some older Hawaiians see this new movement as not right. However, many elders were at meetings to pressure for inputs into the selection of the Bishop Estate Trustees and also to object to the appointment of a favored candidate. It was a difficult time because Hawaiian people for the first time from different areas and walks of life were speaking publicly. When they decided to walk around the Kamehameha statue the Hawaiian objection to being confrontive kept many from appearing.

When the Hui Alaloa, a Molaka'i group fighting for access to the beaches at Kaluako'i through the old trails across George Cooke's lands. They had several older women to advise them. I remember well Aunty Mary Lee now deceased, and Clara Ku and their taking time to talk with and answer questions of our young people. They pointed out the trail and walked across peacefully. Mary was older than Clara and used a cane but she managed the rough trail.

In the crossing a fence had to be lowered for Mary to cross and she insisted that they put back the fence as it was. There was to be no destruction and disrespect to the land. The fence was re-implanted.

Aloha 'Aina is the effort to save the island of Kaho'olawe. Here, the meaning of the land to our young became a serious consideration. They too had the advice of Kupuna. The loss of George Helm was such a waste. He was an unusually gifted individual. His music had a special quality and his probing mind worked to understand the old and new ways, trying to blend, make sense and translate his understandings to others.

These young people want only to save the island for a retreat, for worship, for being in touch with our ancestors and the 'aina. It is difficult for the "outsider" or exploiters to believe that Hawaiians do not want to develop Kaho'olawe but want to keep it as a sanctuary. Many who have visited there view it as a reviving experience. To a Hawaiian it's like being in closer touch with your ancestors. You appreciate the tremendous spirit and ability of our ancestors to have survived here. For those who look at lands as an asset to be exploited it is difficult to understand, appreciate or believe that the "Hawaiian for Kahoolawe" really want to keep it as a religious and cultural retreat. It is the only site that has been activated as a heiau (temple). I see it as a pu'uhonua - place of refuge - for the Hawaiian to rebuild, heal and cleanse and to learn about the religious, historical and other learning desired.

Today we are aware of many Hawaiians who are, in different ways, discovering the real beauty, wisdom and greatness of our people. There is more interest being shown in reviving our language, arts, crafts and history. Some of our young people are

seeking legal means to secure legal rights to lands, beach access and to restore other lost rights.

Like the voyaging canoe Hokule'a, all of us are on a voyage of rediscovery. Sometimes the seas are stormy and rough, sometimes smooth but we are in this voyage together. As done with the Hokule'a we have to start with the basics just as they made mistakes in the building, the preparations and sailing of the Hokule'a. We will have our share of errors in trying to put back in the Hawaiian what has been lost or is missing. Some things perhaps can't be replaced as our broken relationship with the environment or with the society as we are not good with the dominant society. But we must make time to tend to the healing of ourselves. We must realize that we Hawaiians need to learn our language, culture and history. This is essential as remnants of our culture persist and influence us in various of ten negative ways. Also we are left without "ways out" or solutions to problems that we consider are from our Hawaiian roots.

We need to build the self image of our people with programs that provide for experiences of success. Our people have had to face too many losses and hurts over the many years since Kamehameha I. The education plan would also teach our history, language and culture as this is the heritage of this island and its people. Also it is the right of the native to have these courses available to them.

Land on an island is so limited and precious. To the Hawaiian it is our 'aina where the bones of our ancestors dwell. We Hawaiians have lands available which is a start. However, perhaps it is timely for us to look at our lands as belonging to all and

used as a resource for training our young people. This is an idea.

Also there is in our state constitution monies that should be available to the Hawaiian. I see sand being hauled from Waimanalo for concrete. Rocks being sold and used for rock walls. Do we get the monies from this source. This income could help us to improve the education of our children or be a resource to purchase land for housing of our people. What about water rights?

Also it is time that we question our trusts for proof of the maximum and best use of the funds available. Perhaps we could try a program of scholarships to the better private institutions to see if we might have better returns for the money invested in the various programs now being offered.

Oddly now that I am at the end of this sharing I feel lightened. I sense in working with this committee and in sharing my recall I have hope for us in the future. I want to say the Hawaiian refrain haina ia mai ana kapuana (let the echo of our song be heard). It has a double meaning, one, what is the meaning of my song. The other, my chant or song is ended.

"I ke ola no ke ola" - in the word is life

"E na ma ino o Hawaii e ola mau."

Those that remain perpetuate life.

"Amama ua noa."

Quotes from tutu Pukui.

The scribbling of a Hawaiian grandmother.

Appendix D

MENTAL HEALTH LITERATURE ON NATIVE HAWAIIANS

NATIVE HAWAIIAN MENTAL HEALTH NEEDS STUDY REFERENCE LIST
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Appendix E

QUOTATIONS FROM NATIVE HAWAIIAN LITERATURE

Sayings Reflecting Cultural Values

- #466 Hānau ka 'āina, hānau ke ali'i, hānau ke kanaka.
Born was the land, born were the chiefs, born were the common people.
The land, the chiefs, and the commoners belong together.
- #718 He lani i luna, he honua i lalo.
Heaven above, earth below.
Said of a person who owns his own property, or of one who is sure of his security.
The sky above him and the earth beneath his feet are his.
- #1809 Koa'e ka manu pili pōhaku.
The koa'e, a bird that clings to rocks.
A rude expression referring to a landless person who, like the koa'e among the rocks on the cliff, just hangs on to his small footing.
- #1310 Kāhiko o ke Akua. The adornment of the gods.
A shower of rain. The gods express their approval with rain.
- #1833 Ko luna pōhaku no ke ka'a i lalo, 'a'ole hiki i ko lalo pōhaku ke ka'a.
A stone that is high up can roll down, but a stone that is down cannot roll up.
When a chief is overthrown his followers move on, but the people who have lived on the land from the days of their ancestors continue to live on it.
- #558 He 'elele ka moe na ke kanaka.

- A dream is a bearer of messages to man.
 He ali'i no ali'i i ke kanaka.
 An ali'i is nothing without his people.
- #1438 Ka lei hā'ule'ole, he keiki
 A lei that is never cast aside is one's child.
- #719 He lani ke keiki, he milimili na ka makua.
 The child is a chief to be fondled by the parents.
 A child requires as much care as a chief.
- #1149 I 'āina no ka 'āina i ke ali'i, a i waiwai no ka 'āina i ke kanaka.
 The land remains the land because of the chiefs, and prosperity comes to the land because of the common people.
- #311 E 'imi i ke ola ma waho
 Seek life outside.
 Consult a kahuna to see what is causing the delay in healing.
- #361 E noho iho i ke ōpū weuweu; mai ho'oki'eki'e
 Remain among the clumps of grasses and do not elevate yourself.
 Don't put on airs, show off, or assume an attitude of supremacy.
- #388 E wehe i ka umauma i ākea.
 Open out the chest that it may be spacious.
 Be generous and kind to all.
- #419 Hala i Kaua'i i Kalalau.
 Gone to Kalalau
 Said of one who is off course mentally or is off gadding somewhere, a blunderer.

- #531 He ali'i, ka 'āina; he kauwā ke kanaka.
The land is a chief, man is its servant.
Land has no need for man, but man needs the land and work
it for a livelihood.
- #516 He 'aikane, he pūnana na ke onaona
A friend, a nest of fragrance.
Sweet, indeed is a good friend.
- #1396 Kā i ka waha
Struck by the mouth
Having criticized or spoken unkindly of others,
the things he said happened to him.
- #1397 Ka 'ike a ka makua he he'i na ke keiki
The knowledge of the parent is [unconsciously] absorbed by
the child.
- #1398 Kā i ke kino
Smites the body.
Said of the evil done to others that rebounds and hurts the
person who started it.
- #1447 Kalo kanu o ka 'āina
Taro planted on the land.
Natives of the land from generations back.
- #2658 Pīpī holo ka'ao
It is sprinkled, the tale has fled.
This is used at the end of a tale to indicate that it is
finished.

Mary Puku'i translated many newspaper articles dealing with herbal medicines. This series of 6 numbers issued in the Kū'oko'a July 22, August 5, 12, 19 and 26, 1871, is a reprinting of Aholo's Kumumana'o, Ko Hawai'i Mau Kāhuna Lapa'au.... Originally published by the Hawaiian Bible and Tract Society in 1861. I have chosen sections of the text that give the most information about traditional medicines.

Ko Hawaii mau kahuna lapaau e lapaau nei ma ka aoao kahiko me ka pua'a hiwa, ka manu keokeo, a me na mea like: kuhu pono anei ia hana i ka mea mana'o i Iesu?

Helu 'ekahi

He nui wale ka poe i kapa ia mai he mau kahuna lapaau ma keia Pae moku, mai ka wa kahiko mai, a hiki i keia manawa. A ke lapaau nei no hoi ua mau kahuna nei i ka po'e mai. O kekahi mau kahuna, he mau kahuna uhau hui a o Kekahi mau kahuna, he mau kahuna maoli no; he mau kahuna anaana, pahiuhiu, hoopio, hooanauna, he pua, a pela no hoi na kahuna haka pa'ao'ao a pela me na kahuna makani.

Aole ku like loa ka lakou mau oihana, a me ka lapaau ana. Okoa iki no ia oihana a ka mea uhau hui, a okoa no hoi ka oihana a kekahi mau kahuna e a'e. Me ka okoa o na oihana, [pela no ka okoa o na oihana], pela no ka okoa o na la'au a me ka lapaau ana. A ma kekahi mau mea nae, ua ku like no.

A e hiki no ke mahalo i kekahi mau kahuna o Hawaii nei; me ka 'olelo ana, he oiaio no ka lakou hana, a he ola io no ka mea mai, a ole hiki ke hoole; he nui no ka poe i mana'o like pu me ia mana'o.

A o kekahi mau kahuna, aole hiki ke mahalo aku. O kekahi mau kahuna, lapaau lakou me na laau maoli no; o Kekahi mau kahuna hoi, lapaau no me ka puaa hiwa, a me ka manu keokeo, a me na mea like. Pela no ma ka wa kahiko, a pela no i keia manawa, aole i pau aku ia mau hana; ke lohe ia nei no iloko o keia wa ka leo o na puaa hiwa e alala ana, a me ka leo o na moa lawa e pukolo ana. I mea aha? I mea lapaau i ka ma'i; no ka aumakua; i mea kala; i mea ho'oluolu ia mau akua.

Kuhu pono anei ia hana i ka mea mana'o i Iesu? I ko'u

manao, aole kahu pono, he'ole?? io no.

ko Hawaii mau kāhuna lapa'au

Medical Priests of Hawaii

Practicing by ancient method with the black pig, the white fowl, and such like. Is such work proper for Jesus' disciples?

Number 1

There are many persons termed medical priests in these islands, from ancient time down to the present. And those priests are practicing on the sick. Some priests are of a scourging class, some ordinary practitioners, some death praying priests, and other sorcery methods, a blossom, such are the priests for massage and the obsessed priests.

They are not alike in their practices and medical treatment. Some differences occur in the scourging class, as also in the practice by other priests. According to the difference of practice so also was the medicine for its treatment. But in some other things they were alike.

And we can wonder at certain priests of Hawaii here, according to reports, their work was upright, and the sick really recovered, it could not be denied, there were many persons of like mind.

Certain other priests cannot be commended. Some priests practice with natural herb (medicines), and others indeed perform with a black pig and a white fowl, and such like. Thus it was in ancient times, and at the present time, such practices have not ceased; there is heard in these days the sound of hogs squealing and the noise of the white cock cackling. For what? To cure the sick, for the 'aumakua (ancestral god) for absolution to propitiate these gods.

Is this proper work by those who truly think of Jesus? In my opinion it is not right, indeed no.

He ho'omanaki'i

He mau akua ko keia mau kahuna lapa'au a lapa'au nei me ka puaa hiwa, ka moa lawa, a me na mea like. Hookahi akua o kekahi, elua o kekahi, elima o kekahi; a ua aneane kanalima akua o kekahi. Eia na inoa o kekahi mau akua o kekahi kahuna lapaau. Kahoalii, Kanehekili, Kanemilohai, Kanepuaa, Kuula, Kahaea, Kaiona, Kaikapu, Kane, Kawaiola, Kaneikapohaka'a, Kaneapua, Keawemakaloa, Kapilikua, Kepanila, Kuhaimoana, Keawenuikauohilo, Kealo, Kauwaihine, Puhulu, Pehu, Papio, 'o Pele ma; 'o Kuamu ma; a me na akua e a'e, aole pau i ka hui aku na inua o na akua o kekahi kahuna ho'okahi, he nui no koe. A o kekahi o keia mau akua, oia no na akua o kekahi kahuna lapaau e a'e.

O keia mau akua o lakou ka lakou i malama ai; eia ka; e hiki no i ke kanaka ho'okahi ke malama i na akua he kanalina....

Ke pule aku nei no ho'i keia mau kahuna lapaau i na akua o lakou; e like loa no me ka pule ana i ka wa aole i hiki mai na misionari ma keia pae moku. Kulou iho no keia mau kahuna, a pule aku no, e kahea ana kekahi, "na aumakua i ka po, na aumakua i ke ao, ia Konohiki; ka po, ia Kekueka i ka po, ia Kuahine i ka po, ia Kanakaokai i ka po, pale ka po, puka i ke ao; ia Wahia i ke ao, ia Makakakene; ke ao, ia Kahooalahala i ke ao, owau nei o mea, o ka ohi pule, o ka ohi mana, homai he po, homai he mana. E ola ia mea, i keia mai nui, ua hooiloilo ia e kahuna; e mana i ke kahuna i hooiloilo, aia ia ia ka oukou ai, e kii e make, e kinai, i ola ka ma'i, he mai hui keia, aole kahuna e a a mai i keia ma'i, ua hopo na kahuna a pau. E aloha mai oukou ia'u i keia ia, i keia la kaulana au he kahuna, aka, i ola ole ka ma'i, pau ka hana ana i ke kahuna lapa'au.

Idolatry

These medical priests have gods, practicing here with the black pig, the white cock and such things. Some have a single god, some two, some five, and some nearly fifty. Here are the names of some gods of the medical priests....Kahoalii, Kanehekili, Kanemilohai, Kanepuaa, Kuula, Kahaea, Kaiona, Kaikapu, Kaneikawaiola, Kaneikapohakaa, Kaneapua, Keawemakalua, Kapilikua, Kepanila, Kuhaimoana, Keawenuikaohilo, Kealo, Kauwaihahine, Puhulu, Pehu, Papio; Pele folks; Kuamu folks; and the [other gods, (we are) not] finished telling the names of the gods of one (single) kahuna, many remain. And some of these gods are the gods of another kahuna.

These priests pray to their gods, quite like the time before the arrival of the missionaries in these islands. They bow down and pray and some call upon "the ancestral spirits of the night, the ancestral spirits of the day, to Konohiki of the night, to Kekueka of the night, to Kuahine of the night, to Kanakaokai of the night, ward off the night, reveal the day. To Wahia of the day, to Makakakene of the day, to Kahooalahala of the day. I am so and so, offering prayer, offering power, usher in a night with power. Restored by so and so, this serious illness assigned to the priest, grant power to him to predict aright, with him is your food; go and secure his death, quench [him], then the sick one may recover; a serious illness is this, no priest is aflamed by this sickness, all priests are overawed. Be compassionate to me this day, that this day I may be famed as a priest, but if the sick one is not recovered, the practice of a medical priest will end.

Pela iho la no ka pule a kekahi. Me he olioli la ke pule a kekahi. Pela no ka lakou hana ana i ka wa e lapaau ai i ka mai. Pule mua lakou a noa, alaila, haawi aku i ka laau. Oia mau pule no ka lakou e malama nei. Me ka waha paha, olelo mai lakou, Iehova, oia ke Akua; a ma ka pule ana i ka wa e lapaau ai, pule no i na akua kahiko.

Ahea la e ano hou ai? Ke malama nei no i ka mea i olelo ia he hoomanakii. E malama ana i na Akua e, a me ko lakou mau kapu, a me na pule.

Aole e lilo ae ka malo o ke kane a me ka pa'u o ka wahine; i lole wawae e uhi ai i ke olohelohē o kona mau iwi koele, a i holoku hoi e uhi ai kona mau wahi e waiho wale ana; aole loa. Pela no, aole o ka olelo ana mai o na kahuna lapaau o Hawaii nei, e lapaau nei ma ka aoao kahiko, o Iehova oia ke Akua; he mea ia e nao iho ai na puniu o na aumakua, a me na akua hoounauna, e malama ia mai nei iloko o keia kau malama aole, aole loa no. No ka mea, noloko mai o kua mau puniu o na aumakua, a me na akua e ae ka laau lapaau a kekahi mau kahuna o Hawaii nei.

Such was the prayer of some. Like chanting was the prayer of some. That was their practice at the time of treating the sick, they prayed first. Cessation, then, the medicine would be given. Those were the prayers they preserved. With soft speech they say Jehovah is the god, and when they pray during the time of medical treatment, they pray to the ancient gods. Where is the new method? They are observing what is known as idolatry, caring for other gods, with their restrictions and their prayers.

The loin cloth of the man and the skirt of the woman is not changed for trousers to cover the nakedness of his dry bones, and the dress also to cover her nakedness; indeed no. So also, not the words spoken by the medical priests of Hawaii practicing by ancient methods, that Jehovah is the god, will hide the skulls of the ancestral spirits and the sending gods they are preserving within this season unguarded, no indeed, because, from within these skulls of ancient spirits and the other gods is the medical practice of some priests of Hawaii here.

Helu elua

Ke mohai aku nei hoi ua mau kahuna lapaau nei me ka awa, ka ia ula, ka puaa hiwa, ka puaa keokeo, ka ilio eleele, ka ilio ehu, a me na mea like. E nana mai i kekahi mau akua a me ka mohai.

Kapilikua - he puaa eleele, me ka puaa keokeo ka mohai

Kepanila - he puaa eleele me ka puaa ehu ka mohai

Kuhaimoana - he puaa eleele me ka puaa ehu ka mohai

Laka - he puaa wahine ka mohai

Maui - he pukoa ka mohai

Laniwahine - he ilio eleele ka mohai

Hinaopuhalakoa - he ilio eleele me ka ilio keokeo ka
mohai

Hinamalama - he ilio eleele me ka ilio ehu ka mohai

Eia hoi na inoa o kekakahi mau akua, he puaa hiwa ko lakou mohai:

Kaneikawaiola, Kaneikapohakaa, Kaneopua, Keawemakalua,

Keawenuikauohilo, Kealo, Kauwaihine, Puhiula, Pehu,

Papio, Lonoikaualii, a me Wahioloa.

A o kekahi mau akua, ua mohai ia me ka luau, oia o Pele, Hiiaka, Aimoku, Wahine o mao a me Hopoe.

A o kekahi mau akua, aole he mohai. He oiaio, no ka wa kahiko no keia mau hana a pau, aole i ano e me oia no mau, o na heiau wale no paha ka i pau. O keia mau hana nae, he ku wale no i loko o ka hoomanaki.

O keia mau mohai, ua hana ia i mea i hooluolu aku ai, i maalili ka inaina o ia mau akua. A i mea hoi paha e kala ia mai ai ka hewa ma ka hohiki ana, a me na mea like.

Helu 2

These medical priests are making sacrifices with awa, red fish, the black pig, the white pig, the black dog, the sandy dog, and such like things. Just see some of the various gods and the sacrifice:

Kapilikua, a black and a white pig is the sacrifice

Kepanila, a black and a sandy pig is the sacrifice

Kuhaimoana, a black and a sandy pig is the sacrifice

Laka, an old sow is the sacrifice

Maui, a mottled pig is the sacrifice

Laniwahine, a black dog is the sacrifice

Hinaopuhalakoa, a black and a white dog is the sacrifice

Hinamalama, a black and a sandy dog is the sacrifice

Here also are the names of some gods to whom a black pig is the sacrifice:

Kaneikawaiola, Kaneikapohakaa, Kaneopua, Keawemakaloa,

Keawenuikauohilo, Kealo, Kauwaihine, Puhiula, Pehu,

Papio, Lonoikaualii, and Wahieloa.

Some other gods have sacrifices of the young taro leaf, they are:

Pele, Hiiaka, Aimoku, Wahineomao and Hopoe.

Some gods require no sacrifice.

It is true, these practices belong to ancient times, there was no change, they continued, the temples only perhaps are gone. These practices, however, are entrenched in idolatry.

These various sacrifices are made to conciliate, to cool the anger of those gods, and for pardon of wrongs perhaps in the swearing, and such like.

Ina aole na Kamohoalii ma, Hiiaka ma i hana i ka lani a me ka honua, alaila, he mau akua lapuwale lakou, a he hana na ka wahahee. A ina i manao io kakou, he wahahee ka hana a keia mau akua, alaila, aole anei hoi e wahahee ka poe e malama ana ia mau akua? "Me ia poe akua, pela no ka poe i hana ia lakou, a me ka poe a pau e hilina'i ia lakou," wahi a Davida. E like me ke ano o ke kumu, pela no ke ano o kana haumana. Me ka pilopilo o ka wai iloko o ka punawai, pela no ka wai e huki ia ae ai, a e inu iho."

O kua mau akua ke kumu lapaau a kekahi poe, ina haalele keia mau akua, o ka pau no ia o ko lakou mana, a me ko lakou ike. Aole anei pela, e kekahi mau kahuna lapaau maloko nei?

If Kamohoalii folks or Hiiaka folks did not make the heavens and the earth, then they are worthless gods, and their work is deceptive. And if we really believe the work of these gods is a deception, then are not the people who are taking care of these gods deceptive also? "As are these gods, so are those who made them, those who trust them," says David. As is the character of the teacher, so is that of his pupil. As is the impurity of the water at the spring, such is the water drawn from it to drink.

These various gods are the medical teachers of some people. If they forsake these gods it will be the end of their power and knowledge. Is that not so with some medical priests within here?

Hoomaka'uka'u wale aku kekahi me ka i ana, he make aumakua kou; i puaa mea, i moa; alaila, pi kai, a kai olena iho, o ke ola no ia, aole nae ola, o ka make no ia. Olelo aku kekahi, ua lilo ko maunu; o ka maka'u no ia o ka ma'i, a 'ono ole i ka ai, a mahope aku ka make no ia; no ka wahahee ia aku.

Some only intimidate, saying, your [ailment] is an ancestral spirit call; a pig, a fowl; then sprinkle with sea water, also with tumeric water as a cure, but without effect, death ensues. Some will say, your bait has been taken; which frightens the sick one, so that he loathes food to result in death, through the deceptions practiced on him.

Ancient Religion Number 26

The medical profession, with the black pig and white chicken. Religious activities in medical treatment in the ancient practice.

The beginning of a medical treatment of the Hawaiian kahuna's patient was as follows. The first job (was the divination of) signs. Here are the signs: rock and pebbles, some kukui nuts, hala keys, kākalaioa seeds, a cup of 'awa, kūkaepua's grass flower, and makolua (like makalua?) grass flower. This is (what was) done with the pebbles, kukui nuts, hala keys and kākalaioa fruits. There was only one method of doing it. One covered the pile of pebbles with white tapa cloth, then prayed. Then the kahuna divided (it) with his hand on the tapa, that is the place where the pebbles were (lying) deposited, separated (them) into one half and another half, again divided the halves into fourths. You have these piles, then the kahuna said, "Here are four piles. Here is death from outside (of the family in the) first quarter. Here is death from inside (the family in the) second quarter. Here is death due to 'aumakua (in the) third quarter. Here is mine, the kahuna's (part in the) fourth quarter." If there were extra pebbles, if the first quarter (was) very strong, the kahuna (was) very tired, with the kahuna refusing (to treat the patient, saying) "I couldn't do it." Thus also was the working of the second quarter, that is death from inside (the family). If the third side was greater, the third quarter, the 'aumakua, then the kahuna said to the patient and to the patient's relatives, "Bring me a black pig and a white cock, then (that was) due to the

jealously of the 'aumakua. The forth side, that is the kahuna's. If the kahuna's pile of pebbles was bigger, then the kahuna would say, "my side is strong."

This is how the reading of signs with the cup of 'awa (was done). First, chew the 'awa until it's like poi (? meaning not clear). Strain it, then the kahuna would lay down part of a tī leaf. That is, the tī leaf is in 2 parts, then lay it firmly inside the 'awa cup. (There were) four spaces when you looked. The kahuna said, "there is your death from outside (the family). There is your death from inside (the family). Here is the 'aumakua side. Here is your death in your mouth (due to a broken promise). Here is mine, the kahuna's (part)." Where the tī leaves crossed, now that was his place. When the strainer was ready, he strained to squeeze out the 'awa juice inside the cup. The 'awa juice would immediately be made to flow and the strainer was quickly taken (away). He would look into the cup, that is to say (at) the rising bubbles (?) that were appearing on each space. If they would appear on the first side, the kahuna would soon start to work Kuni sorcery. So also the second side, whenever they appeared there, Kuni was what the kahuna did. If it should appear also on the 'aumakua's side, he would demand a black pig and a white cock. If the bubbles would appear on the forth side, that is death due to the mouth, the kahuna said "You made a promise, but you didn't fulfill (it)." Likewise, whenever the foam appeared at the crossing point of the tī leaves, that is the kahuna's place, the kahuna said his side was strong, his medicine had spiritual power. The kūkaepua's grass flowers, and the makoloa (makaloa?) sedge are the signs that are left. One should get

kūkaepua'a flowers (and) 4 makoloa sedge. On choosing his flower would open (and his makoloa grass. Here is the first party's, here is the second party's, here is the third party's, here is the forth party's. Then everyone drew the kūkaepua'a grass flower or else it was the makoloa perhaps, hiding one side of these flowers. It depended on which had the greater length, or perhaps (the) shorter one. That's how they did until all were included. The customs were just like those explained as to the pile of pebbles, or the awa cup. Furthermore, if one of these signs were alike, and another greater, the kahuna named it as the side that had caused the sickness.

What was done with the black pig and the white chicken. The person who was called the kahuna knew that it was appropriate, for his signs from the 'aumakua were the reason for the illness. A pig was immediately baked (in the underground oven) or else a chicken perhaps. When the pig was cooked he entered into the house. Everything was prepared. They ate later (meaning unclear). The kahuna took (pieces) from the nose of the pig and from the tail and from the hook of the liver, inside his finger(nail), then he immediately prayed to the 'aumakua gods, and afterwards inserted Jehovah's name in their prayers, that's how they do these days, and afterwards gave it to the patient. "How is Christ like Beliala?" Here is this, if the skin of the pig split, it was a big oloa (? meaning unclear may be loa) transgression. The pig should be all eaten in one day and the same goes for the chicken. If the pig should remain until the next day, the kahuna said "this one's illness remains. It's not all over, just as the pig remains." For some kahunas, it was

proper that the pig remained and would be eaten the next day. One observes the comfort of the patient. If they prop themselves up in the blanket, stretch themselves out, perhaps moving around, the kahuna would pray like this, in front of the patient:

Puna bows reverentially, bows towards 'awa

'Awa drunk in a spread out position by the chief

Cooled until tipsy by the rain

That one lies down, sleeps at Wahinekapu (dwelling
place of shark god Kamohoali'i)

The pain inflicted by the birdshooter rings
out (discharging gun)

Man is a bird, friendly in the cold

He's telling us of his chilled condition

"Cover me with a bit of tapa that I may be warm."

These are some customs of the kahunas I've witnessed. If you go to get a kahuna at his house perhaps, and you found him there, don't sit directly in front of him. Here's the worst way to sit: supporting the chin with your hand denotes a kind of cry. Don't do it or the kahuna will decide the patient will die. If you find him farming in the field, his hand holding firmly to the digging stick, the kahuna would say the patient will die. The symbolism of that digging stick is that it's similar to digging a grave. If you go and get him at night, go with light in your hand, that is a tapa that was twisted, that is the light, or a (kukui nut) torch. If the one who goes out to fetch him lacks this thing I've just mentioned, the kahuna would decide the patient would die. The significance of going in the dark is that it relates to death, a very dark place without light. If you find the kahuna in the

roadway that you went to fetch him on and you find him coming, you speak for the patient. That one will respond "he is sick indeed and will recover; because I found you on the long path (road), long will he live." If the kahuna goes out and almost arrives at the sick one's place, and someone comes out before he gets there and urinates on the spot where the kahuna is walking, the kahuna will refuse treatment. "I will not cure the patient." Look again for a new kahuna. That dribbling in front of the Kahuna is a sign of something missing. If a child cries, crossing his hands on his head, perhaps behind his back, the kahuna would say "the patient will die." If the dog continually barks in day time perhaps, in the night perhaps, it is a sign showing death in the future. There are two customs about fetching herbs. If you have gone for medicine for the patient, and you are called from behind, don't go and get (the herbs), because (it is) related to loss, (if you are barked at by a dog, turn back, don't go get the herbs. (If you hear) the harsh cry of the owl, turn back. Whenever your path is run across by a rat, turn back; whenever the sharp voice of the lizard cries out, turn back. Only when the fetching is perfect, then it will work.

S. Ekaula

Spencer, Nā Lā'au Pohihihi - Confusing (Dizzying) Medicines

Under this heading is now being presented medical treatment as a means of instruction to the new generation. These ancient treatments were performed and carried out by the kahunas in their days, but at this time, this sort of treatment is probably not done, due to the obscure and spooky nature of medical treatments done to the patient, that is this below:

Insanity

First medicine. The lama tree bark is the herb. Eat it (inside), rub it outside, the āholehole is the fish used as the final offering.

Second medicine. The 'āweoweo plant is the medicine; its trunk and fruit. Urine is the liquid (mixed with it). Pound until mixed, place it on the ear.

Third medicine. Pua (? a plant?) is the medicine, a herb baked (blown, burned) with juice from the Hina 'aimalama, the na'ena'e shrub (cooked) from top to bottom. As the Hina tap root dripped down, dripped on the body, placed in water. Bamboo was the bark and milo bark (meaning of section on Pua is unclear).

The root of the morning glory is the medicine.

Here's what you have to do. You need some morning glory tap roots, 2 mouthful, 2 mouthful of coconut, a puakala tap root, some fine grained salt, sugar cane is the liquid. Pound until mixed, remove all dregs until it's proper. Drink it. Have food, drink water, then you'll cleanse (your body's system), the illness is over.

[As to this list of illnesses just below, it is the list of

illnesses called a "Korela Hawaii" (? possibly cholera?). No foreign medicine would cure them, but disease was a toy, a game to the kahunas who worked with bark (herbs), who have medicine lists (which would give explanations that did not involve eating anything) which couldn't force the mouth of the patient to turn away when the spoon of foreign medicine would rattle among his teeth.]

Derangement was the illness

(the treatment by Kaoaka)

A bunch of kia'imakalae flowers together with its leaf. As to its type, it is an herb similar to kakalaioa, but this herb is not prickly. Put it together with Ilioka leaf bud and the pukamole leaf with its tap root. Put them together, pound until mixed with a bit of salt. Wrap it up with a rag of mahuna (a fine scented tapa) tapa. Rub it on the skin. Its a very appropriate medicine for chills, quivering and being cold. A cure and an amazing medicine without equal for rheumatism and numerous fevers. (Use as) an enema with water if you have a sore stomach.

Voice Snatching is the Illness

(treatment by Kelikaluapua'a)

Alaea is the herb, dip (it) in water and drink. If it comes back up or you get goose pimples and feel sort of strange, exorcise with some broth, 'ōlena and salt water. Take it 5 times. Drink a cup of 'awa. As to the dregs, rub it on the outside of the body.

The Spirit of Death is the Illness

[note: makukoa'e is a tropic bird phantom and a poetic name for death and the spirit of death.]

The ho'ohaehae (driving into a fury) taro is the medicine, a puakala flower. Wave it before the eyes, and if (the patient) should cry out in fright, it's a sign that the medicine has taken effect and that the patient will recover.

Keawenuikauohilo, Kapo, Kuamu and Pua [note: gods of sorcery] are the illness.

Nioi (a sorcery plant) and manena (a relative of mokihana) are the medicine. The bark of the two of them should be grated until fine. Mix with a little water and drink.

For sudden panic or derangement

Here is the medicine. Kauwila, sandalwood and manena. Grate the bark of them on the east side into a glass of water. Put in alaea and drink up. As to the bark on the west side, lightly grate into a bowl of water. Put in 'ōlena, salt, huelo'īlio shrub, hulukoaale (? probably a shrub). Burn all these things in the fire, along with the medicine (?? burning perhaps signals the disease is cured). Then take a steam bath with tī leaf on the outside (around yourself).

Lā'au Kāhea - Spiritual Calling Medicine

It was not just medicines placed only on the physical wounds of pain for which Hawaiians here became famous in the old days, but lā'au kāhea was also a medicine that involved religious training until graduation. They were a quite different kind of doctor that was called by the name.

The spiritual calling kahunas

Here are some different spiritual calling medicines that were frequently administered by Hawaiian doctors in the days of old that have gone before:

1. Kūkaepua'a grass
2. The morning glory
3. The hinahina

The rule was to instruct the patient first, until it was well taught, then the kahuna went to the place where the herb was growing (like the list of herbs revealed just above). The hands rubbed the herbs without pulling them out, and right after, one middle bud of the herb was pulled out. The kahuna returned until (he was) before the patient (and) called out with a clear voice like this:

"Are you perhaps in pain, Papa?"

"Yes," responded the patient

"Has medicine perhaps been placed on your wound?"

"Yes," again answered the patient

At this time the kahuna took his work stance, placing his hand on the head, grasping and breathing upon the forehead (fontanel) for 5 breaths, (then) the treatment of spiritual

calling medicine was completed in prayer.

This is all there is to using this medicine, the importance of which you, reader, see for yourself and it is so famous that it is said by the ancients "there is the cure, lā'au kāhea is the cure."

I have a guess (that) there are (still) some old Hawaiians who are continuing this kind of medical treatment, under a mysterious power with an invisible foundation upon which the enlightened spirits of the power of lā'au kāhea are set up.

Our only value placed on this list of medicines described above is that the new young generation of Hawaiians know about the famous things that were done that were hidden in the faith, activities and religious practices of their ancestors, and that place from which expanding knowledge emanates.

1/25/1911

History of the Establishment of the Archipelago of Hawai'i nei

Spiritual Calling Medicine

In searching for and exploring the truly profound level of knowledge, the depth and breadth of godlike spiritual power (mana) of the kahuna class, (we) find it was not merely through medicine simply applied to the body from others (? na ha'i - belongs to, from others or others invented) that brought fame to our ancestors in the old days, but also lā'au kāhea medicines which were built, on bounded foundations with graduation ceremonies (? meaning unclear) and this class of kahunas were indeed special and were called kahea doctors.

This treatment was largely taken from within these three types of herbs:

1. kūkaepua'a grass
2. morning glory
3. beach hinahina

The first thing is to instruct the patient until he/she understands, then the kahuna goes to the place where (the herbs) are growing, like the list of plants mentioned just above, then rubs them in the hands without pulling them out and when that is finished, pull out the center leaf bud of the herb, returns until he/she is in front of the patient, then calls out in a loud, clear voice:

Say the name (of the patient). "Have you

perhaps been hurt?"

"Yes," responds the patient

"Has medicine been placed on you?"

"Yes indeed" is the part of the patient

"Did it enter then?"

"Yes" answered the patient

Not all three of these herbs should be fetched, however, but just one of these herbs that was revealed above. It's as you like, whatever you want to bring as your medicine is your prerogative. At this time the kahuna would take his work stance, placing his hand on the head, grasping and breathing upon the head (fontanel) 5 times. Then the medical treatment with lā'au kāhea is completed in prayer. (noa)

This is one kind of application of this medicine the importance of which you, reader, now see; and its great fame which would always be spoken of by the ancients and which was really customary among this race and which was continually talked about by people, saying, " the spiritual calling medicine is the one that cures" and so forth...

Appendix F

SELECTED TABLES

PERSONS, HOUSEHOLDS, AND FAMILIES-		STATE TOTAL POPULATION
1980 CENSUS COUNTS	TOTAL	
PERSONS	964,691	
HOUSEHOLDS	294,934	
FAMILIES	227,974	

PERSONS, HOUSEHOLDS, AND FAMILIES		STATE HAWAIIANS
1980 CENSUS COUNTS	TOTAL	
PERSONS	118,251	
HOUSEHOLDS	28,960	
FAMILIES	24,296	

NOTE: Data from the State Health Survey show:

Total Hawaiian population - 175,909
Total Hawaiian households - 40,995
(Families not available)

SEX BY AGE (Persons)				STATE TOTAL POPULATION		
AGE GROUP	MALE	% M	FEMALE	% F	TOTAL	% T
0 to 4 years	39,538	4.09	37,446	3.88	76,984	7.96
5 to 9 years	37,859	3.92	34,452	3.68	73,311	7.60
10 to 14 years	38,633	4.01	36,114	3.75	74,747	7.74
15 to 19 years	45,740	4.75	40,314	4.17	86,054	8.93
20 to 24 years	59,293	6.14	46,694	4.85	105,987	10.98
25 to 29 years	48,617	5.04	46,836	4.86	95,453	9.89
30 to 34 years	43,449	4.50	41,332	4.28	84,781	8.79
35 to 39 years	33,336	3.46	31,973	3.31	65,309	6.77
40 to 44 years	23,428	2.43	23,312	2.42	46,740	4.85
45 to 49 years	20,760	2.15	22,726	2.36	43,486	4.51
50 to 54 years	23,115	2.40	26,496	2.75	49,611	5.14
55 to 59 years	24,116	2.50	24,039	2.49	48,155	4.99
60 to 64 years	18,914	1.96	19,194	1.99	38,108	3.95
65 to 69 years	15,238	1.58	13,415	1.39	28,653	2.97
70 to 74 years	10,952	1.14	9,572	.99	20,524	2.13
75 to 79 years	6,612	.69	7,037	.73	13,649	1.41
80 to 84 years	3,286	.34	4,321	.45	7,607	.79
85 years and over	2,086	.22	3,446	.36	5,532	.57
TOTAL	494,972	51.31	469,719	48.69	964,691	100.00

SEX BY AGE (Persons)		STATE HAWAIIANS

AGE GROUP	MALE	% M	FEMALE	% F	TOTAL	% T
0 to 4 years	6,850	5.79	6,356	5.37	13,206	11.16
5 to 9 years	6,188	5.23	5,920	5.00	12,108	10.24
10 to 14 years	6,587	5.57	6,396	5.41	12,983	10.98
15 to 19 years	7,120	6.01	7,336	6.20	14,456	12.23
20 to 24 years	5,514	4.66	5,991	5.07	11,505	9.72
25 to 29 years	4,802	4.06	4,996	4.22	9,798	8.29
30 to 34 years	4,096	3.46	4,312	3.65	8,408	7.11
35 to 39 years	3,569	3.02	3,730	3.15	7,299	6.17
40 to 44 years	2,884	2.44	3,236	2.74	6,120	5.18
45 to 49 years	2,371	2.01	2,507	2.12	4,878	4.13
50 to 54 years	2,367	2.00	2,825	2.39	5,192	4.39
55 to 59 years	2,037	1.72	2,055	1.74	4,092	3.46
60 to 64 years	1,360	1.15	1,548	1.31	2,908	2.46
65 to 69 years	1,147	.97	1,123	.95	2,270	1.92
70 to 74 years	598	.51	844	.71	1,442	1.22
75 to 79 years	371	.31	526	.44	897	.76
80 to 84 years	184	.16	288	.24	472	.40
85 years and over	78	.07	139	.12	217	.18
TOTAL	58,123	49.15	60,128	50.85	118,251	100.00

NOTE: See adjusted Table HS-1 in Part II.

PERSONS IN HOUSEHOLD (Households)	:	:	STATE TOTAL POPULATION

NUMBER OF PERSONS	NUMBER OF HOUSEHOLDS	%
1 person	50,149	17.00
2 persons	79,391	26.92
3 persons	55,893	18.95
4 persons	51,522	17.47
5 persons	29,060	9.85
6 persons	15,105	5.12
7 or more persons	13,814	4.68
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TOTAL	294,934	100.00

PERSONS IN HOUSEHOLD (Households)		STATE HAWAIIANS

NUMBER OF PERSONS	NUMBER OF HOUSEHOLDS	%
1 person	3,492	12.06
2 persons	5,545	19.15
3 persons	5,335	18.42
4 persons	5,141	17.75
5 persons	3,912	13.51
6 persons	2,711	9.36
7 or more persons	2,824	9.75
TOTAL	28,960	100.00

NOTE: See adjusted Table HS-2 in Part II.

PERSONS IN FAMILY (Families, 2 Persons or More)		STATE TOTAL POPULATION

NUMBER OF PERSONS	NUMBER OF FAMILIES	1
2 persons	71,235	31.25
3 persons	52,169	22.88
4 persons	49,886	21.88
5 persons	27,644	12.13
6 persons	14,446	6.34
7 or more persons	12,594	5.52
	-----	-----
TOTAL	227,974	100.00

PERSONS IN FAMILY (Families, 2 Persons or More)		STATE HAWAIIANS

NUMBER OF PERSONS	NUMBER OF FAMILIES	%
2 persons	5,165	21.26
3 persons	5,132	21.12
4 persons	5,076	20.89
5 persons	3,639	14.98
6 persons	2,639	10.86
7 or more persons	2,645	10.89
TOTAL	24,296	100.00

FAMILY TYPE (Own Children)		STATE TOTAL POPULATION

FAMILY TYPE	NO. OF CHILDREN	%
Married-couple family	206,519	84.14
Family with male householder, no wife present	6,230	2.54
Family with female householder, no husband present	32,684	13.32
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TOTAL	245,433	100.00

FAMILY TYPE (Own Children)		STATE HAWAIIANS

FAMILY TYPE	NO. OF CHILDREN	%
Married-couple family	26,669	74.50
Family with male householder, no wife present	1,385	3.87
Family with female householder, no husband present	7,745	21.63
TOTAL	35,799	100.00

RESIDENCE IN 1975 (Persons 5 Years and Over)		STATE TOTAL POPULATION

RESIDENCE	TOTAL	%
Same house	438,009	49.32
Same county, different house	223,395	25.16
Same State, different county	24,478	2.76
Different State		
Northeast	19,348	2.18
North Central	23,587	2.66
South	43,237	4.87
West	63,747	7.18
Abroad	52,255	5.88
TOTAL	888,056	100.00

RESIDENCE IN 1975 (Persons 5 Years and Over)		STATE HAWAIIANS

RESIDENCE	TOTAL	%
Same house	64,046	59.54
Same county, different house	35,117	32.65
Same State, different county	4,948	4.60
Different State		
Northeast	144	.13
North Central	343	.32
South	489	.45
West	1,853	1.72
Abroad	632	.59
TOTAL	107,572	100.00

SCHOOL ENROLLMENT BY TYPE OF SCHOOL (Persons 3 Years and Older)		STATE TOTAL POPULATION

SCHOOL TYPE	ENROLLMENT	%
NURSERY SCHOOL		
Public	3,200	1.20
Church-related	4,977	1.87
Other private	4,631	1.74
KINDERGARTEN		
Public	11,357	4.27
Church-related	1,957	.74
Other private	975	.37
ELEMENTARY (1-8 years)		
Public	99,347	37.32
Church-related	14,320	5.38
Other private	5,324	2.00
HIGH SCHOOL (1-4 years)		
Public	54,785	20.58
Church-related	6,840	2.57
Other private	3,984	1.50
COLLEGE (1st and 2nd year)		
Public	23,734	8.92
Private	3,154	1.18
COLLEGE (3rd and 4th year)		
Public	15,237	5.72
Private	2,412	.91
COLLEGE (5th year or higher)		
Public	8,876	3.33
Private	1,071	.40
TOTAL	266,181	100.00

SCHOOL ENROLLMENT BY TYPE OF SCHOOL (Persons 3 Years and Older)		STATE HAWAIIANS

SCHOOL TYPE	ENROLLMENT	1
NURSERY SCHOOL		
Public	754	1.87
Church-related	612	1.52
Other private	718	1.78
KINDERGARTEN		
Public	1,994	4.94
Church-related	292	.72
Other private	101	.25
ELEMENTARY (1-8 years)		
Public	17,071	42.30
Church-related	1,804	4.47
Other private	979	2.43
HIGH SCHOOL (1-4 years)		
Public	10,585	26.23
Church-related	736	1.82
Other private	1,022	2.53
COLLEGE (1st and 2nd year)		
Public	2,037	5.05
Private	314	.78
COLLEGE (3rd and 4th year)		
Public	750	1.86
Private	102	.25
COLLEGE (5th year or higher)		
Public	429	1.06
Private	56	.14
	-----	-----
TOTAL	40,356	100.00

LABOR FORCE STATUS BY AGE AND EDUCATION (Persons 16 to 21 Years Old)					STATE TOTAL POPULATION			
LABOR FORCE STATUS AND EDUCATIONAL LEVEL	AGE						TOTAL	TOTAL %
	16-17 YEARS	16-17 %	18-19 YEARS	18-19 %	20-21 YEARS	20-21 %		
Armed Forces	168	.50	5,841	16.25	11,806	27.12	17,815	15.71
Civilian								
Enrolled in school								
Employed	7,692	22.66	8,195	22.80	6,292	14.46	22,179	19.56
Unemployed	1,347	3.97	481	1.34	281	.65	2,109	1.86
Not in labor force	22,664	66.78	8,000	22.26	4,075	9.36	34,739	30.63
Not enrolled in school								
High School Graduate:								
Employed	171	.50	6,602	18.37	12,212	28.06	18,985	16.74
Unemployed	44	.13	1,004	2.79	1,247	2.86	2,295	2.02
Not in labor force	245	.72	2,869	7.98	4,097	9.41	7,211	6.36
Not High School Graduate:								
Employed	537	1.58	1,195	3.32	1,609	3.70	3,341	2.95
Unemployed	134	.39	327	.91	309	.71	770	.68
Not in labor force	937	2.76	1,431	3.98	1,599	3.67	3,967	3.50
TOTAL	33,939 (29.93)	100.00	35,945 (31.69)	100.00	43,527 (38.38)	100.00	113,411	100.00

LABOR FORCE STATUS BY AGE AND EDUCATION (Persons 16 to 21 Years Old)					STATE HAWAIIANS			
LABOR FORCE STATUS AND EDUCATIONAL LEVEL	AGE						TOTAL	TOTAL %
	16-17 YEARS	16-17 %	18-19 YEARS	18-19 %	20-21 YEARS	20-21 %		
Armed Forces	0	.00	69	1.36	65	1.41	134	.84
Civilian								
Enrolled in school								
Employed	1,132	17.95	813	15.98	441	9.59	2,386	14.92
Unemployed	314	4.98	75	1.47	48	1.04	437	2.73
Not in labor force	4,424	70.14	1,198	23.55	241	5.24	5,863	36.66
Not enrolled in school								
High School Graduate:								
Employed	29	.46	1,197	23.53	1,936	42.11	3,162	19.77
Unemployed	19	.30	233	4.58	242	5.26	494	3.09
Not in labor force	47	.75	792	15.57	864	18.79	1,703	10.65
Not High School Graduate:								
Employed	61	.97	193	3.79	322	7.00	576	3.60
Unemployed	41	.65	139	2.73	79	1.72	259	1.62
Not in labor force	240	3.81	378	7.43	359	7.81	977	6.11
TOTAL	6,307 (39.44)	100.00	5,087 (31.81)	100.00	4,597 (28.75)	100.00	15,991	100.00

HOUSEHOLD INCOME TYPE IN 1979 (Households with income)			STATE TOTAL POPULATION
INCOME TYPE IN 1979	NUMBER OF HOUSEHOLDS	%	MEAN INCOME (\$)
Earnings	259,551	30.51	
Wage or salary income	252,120	29.64	22,139
Nonfarm self-employment income	31,650	3.72	13,556
Farm self-employment income	4,941	.58	6,067
Interest, dividend, or net rental income	143,208	16.84	3,336
Social Security income	61,473	7.23	4,016
Public assistance income	25,926	3.05	3,161
All other income	71,783	8.44	5,351
TOTAL	850,652	100.00	

HOUSEHOLD INCOME TYPE IN 1979 (Households with Income)		STATE HAWAIIANS

INCOME TYPE IN 1979	NUMBER OF HOUSEHOLDS	%	MEAN INCOME (\$)
Earnings	25,123	31.58	
Wage or salary income	24,759	31.12	20,177
Nonfarm self-employment income	1,922	2.42	9,510
Farm self-employment income	343	.43	4,442
Interest, dividend, or net rental income	9,005	11.32	1,816
Social Security income	5,329	6.70	3,744
Public assistance income	5,100	6.41	3,632
All other income	7,980	10.03	4,816
	-----	-----	
TOTAL	79,561	100.00	

MEDIAN AND MEAN FAMILY INCOME BY NUMBER OF WORKERS IN FAMILY IN 1979 (Families)		STATE TOTAL POPULATION

NUMBER OF WORKERS	MEDIAN FAMILY INCOME (\$)	MEAN FAMILY INCOME (\$)
Total	22,750	26,629
No workers	7,832	11,914
1 worker	15,531	20,031
2 workers	25,374	28,287
3 or more workers	37,635	40,634

MEDIAN AND MEAN FAMILY INCOME BY NUMBERS OF WORKERS IN FAMILY IN 1979 (Families)		STATE HAWAIIANS

NUMBER OF WORKERS	MEDIAN FAMILY INCOME (\$)	MEAN FAMILY INCOME (\$)
Total	19,824	22,166
No workers	6,311	7,647
1 worker	12,406	15,213
2 workers	23,449	25,045
3 or more workers	33,469	35,383

MEDIAN PERSONAL INCOME IN 1979 BY SEX AND AGE (Unrelated Individuals 15 Years and Over With Income)	STATE TOTAL POPULATION

SEX AND AGE	MEDIAN INCOME (\$)
MALE	
15 to 64 years	7,604
65 years and over	5,069
FEMALE	
15 to 64 years	6,974
65 years and over	4,986
TOTAL	
All age groups	7,026

MEDIAN PERSONAL INCOME IN 1979 BY SEX AND AGE (Unrelated Individuals 15 Years and Over With Income)	STATE HAWAIIANS

SEX AND AGE	MEDIAN INCOME (\$)
MALE	
15 to 64 years	8,977
65 years and over	4,164
FEMALE	
15 to 64 years	5,324
65 years and over	4,902
TOTAL	
All age groups	**

** NOT AVAILABLE

PER CAPITA INCOME BY LIVING ARRANGEMENT (1979) (Persons)	:	:	STATE TOTAL POPULATION

LIVING ARRANGEMENT	PER CAPITA INCOME (\$)
All Persons	7,740
Persons in Households	7,834
Persons in Group Quarters	5,543

PER CAPITA INCOME BY LIVING ARRANGEMENT (1979) (Persons)		STATE HAWAIIANS

LIVING ARRANGEMENT	PER CAPITA INCOME (\$)
All Persons	5,328
Persons in Households	5,370
Persons in Group Quarters	2,558

SEX BY OCCUPATION
(Employed Persons 16 Years and Over)

PAGE 1 OF 3

STATE
TOTAL POPULATION

OCCUPATION	TOTAL	% T	MALE	% M	FEMALE	% F

MANAGERIAL AND PROFESSIONAL SPECIALTY OCCUPATIONS

Executive, Administrative, and Managerial Occupations

Officials and administrators, public administration	2,031	.49	1,609	.71	422	.22
Officials and administrators, other						
Manufacturing	2,661	.64	2,003	.89	658	.35
Retail trade, self-employed	983	.24	531	.24	452	.24
Retail trade, salaried	7,545	1.82	4,779	2.12	2,766	1.46
Other industries	23,081	5.56	15,773	7.00	7,308	3.85
Management related occupations	12,370	2.98	7,076	3.14	5,294	2.79

Professional Specialty Occupations

Engineering and Natural Scientists						
Architects	863	.21	766	.34	97	.05
Engineers	3,992	.96	3,791	1.68	201	.11
Surveyors and mapping scientists	159	.04	159	.07	0	.00
Natural scientists and mathematicians	2,295	.55	1,770	.79	525	.28
Health diagnosing occupations	2,563	.62	2,271	1.01	292	.15
Health assessment and treating occupations	5,829	1.40	615	.27	5,214	2.75
Teachers, elementary and secondary	13,650	3.29	3,102	1.38	10,548	5.56
Other teachers, librarians, counselors	6,915	1.67	3,465	1.54	3,450	1.82
Social scientists and urban planners	598	.14	381	.17	217	.11
Social, recreation, religious workers	3,044	.73	1,571	.70	1,473	.78
Lawyers and judges	1,873	.45	1,597	.71	276	.15
Writers, artists, entertainers, athletes	7,154	1.72	4,135	1.84	3,019	1.59

TECHNICAL, SALES, AND ADMINISTRATIVE SUPPORT OCCUPATIONS

Technicians and Related Support Occupations

Health technologists and technicians	1,841	.44	568	.25	1,273	.67
Licensed practical nurses	1,544	.37	95	.04	1,449	.76
Technologists and technicians, other	8,597	2.07	6,818	3.03	1,779	.94

SEX BY OCCUPATION
(Employed Persons 16 Years and Over)

PAGE 2 OF 3

STATE
TOTAL POPULATION

OCCUPATION	TOTAL	% T	MALE	% M	FEMALE	% F
Sales Occupations						
Supervisors and proprietors, self-employed	1,259	.30	834	.37	425	.22
Supervisors and proprietors, salaried	3,971	.96	2,507	1.11	1,464	.77
Sales Representatives, Commodities and Finance						
Sales representatives, finance and business services	10,660	2.57	6,461	2.87	4,199	2.21
Sales representatives, commodities except retail	4,493	1.08	3,144	1.40	1,349	.71
Sales workers, commodities-retail	16,303	3.93	4,754	2.11	11,549	6.08
Sales workers, commodities-not retail	1,857	.45	794	.35	1,063	.56
Cashiers	8,762	2.11	1,487	.66	7,275	3.83
Sales related occupations	170	.04	29	.01	141	.07
Administrative Support Occupations, Including Clerical						
Supervisors, administrative support	3,753	.90	1,820	.81	1,933	1.02
Computer equipment operators	1,114	.27	534	.24	580	.31
Secretaries, stenographers, typists	18,630	4.49	452	.20	18,178	9.57
Bookkeepers, accounting, audit clerks	8,198	1.97	1,335	.59	6,863	3.61
Financial records processing	1,534	.37	293	.13	1,241	.65
Mail and message distribution	2,511	.60	1,860	.83	651	.34
Material recording, scheduling, distribution	6,736	1.62	3,888	1.73	2,848	1.50
Other administrative support	30,718	7.40	5,900	2.62	24,818	13.07
SERVICE OCCUPATIONS						
Private household occupations	1,547	.37	171	.08	1,376	.72
Protective service occupations						
Police and firefighters	3,158	.76	3,072	1.36	86	-.05
Guards	3,384	.82	2,716	1.21	668	.35
Other protective services	1,036	.25	935	.41	101	.05
Food service occupations	32,721	7.88	13,066	5.80	19,655	10.35
Health service occupations	4,032	.97	337	.15	3,695	1.95
Cleaning and building services	16,397	3.95	8,052	3.57	8,345	4.40
Personal service occupations	11,874	2.86	4,109	1.82	7,765	4.09

SEX BY OCCUPATION
(Employed Persons 16 Years and Over)

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STATE
TOTAL POPULATION

OCCUPATION	TOTAL	% T	MALE	% M	FEMALE	% F
FARMING, FORESTRY AND FISHING OCCUPATIONS						
Farm operators and managers	2,486	.60	1,956	.87	530	.28
Farm occupations, except managerial	6,252	1.51	4,594	2.04	1,658	.87
Related agricultural occupations	4,633	1.12	4,083	1.81	550	.29
Forestry and logging occupations	85	.02	67	.03	18	.01
Fishers, hunters, and trappers	698	.17	669	.30	29	.02
PRECISION PRODUCTION, CRAFT AND REPAIR OCCUPATIONS						
Auto mechanics and repairers	4,674	1.13	4,555	2.02	119	.06
Mechanics and repairers, except auto	11,322	2.73	10,987	4.88	335	.18
Carpenters	6,448	1.55	6,373	2.83	75	.04
Construction trades, except carpenters	14,660	3.53	14,432	6.40	228	.12
Extractive occupations	102	.02	102	.05	0	.00
Precision Production Occupations						
Supervisors, production workers	3,477	.84	2,748	1.22	729	.38
Precision metal working occupations	1,914	.46	1,671	.74	243	.13
Plant and system operators	823	.20	818	.36	5	.00
Other precision production occupations	4,778	1.15	2,571	1.14	2,207	1.16
OPERATORS, FABRICATORS AND LABORERS						
Machine Operators, Assemblers, and Inspectors						
Machine operators and tenders	9,852	2.37	5,277	2.34	4,575	2.41
Fabricators, assemblers, handworkers	3,362	.81	2,696	1.20	664	.35
Production inspectors, testers, samplers, and weighers	786	.19	295	.13	491	.26
Transportation and Material Moving Occupations						
Motor vehicle operators	11,858	2.86	10,896	4.84	962	.51
Transportation occupations	614	.15	574	.25	40	.02
Material moving equipment operators	3,958	.95	3,828	1.70	130	.07
Handlers, Equipment Cleaners, Helpers, Laborers						
Helpers	1,297	.31	1,145	.51	152	.08
Construction laborers	3,366	.81	3,268	1.45	96	.05
Freight, stock, and material handlers	4,484	1.08	3,834	1.70	650	.34
Vehicle washers and equipment cleaners	590	.14	492	.22	96	.05
Miscellaneous manual occupations	8,256	1.99	5,973	2.65	2,283	1.20
TOTAL	415,181	100.00	225,331 (54.27)	100.00	189,850 (45.73)	100.00

SEX BY OCCUPATION
(Employed Persons 16 Years and Over)

PAGE 1 OF 3

STATE
HAWAIIANS

OCCUPATION	TOTAL	% T	MALE	% M	FEMALE	% F

MANAGERIAL AND PROFESSIONAL SPECIALTY OCCUPATIONS

Executive, Administrative, and Managerial Occupations

Officials and administrators, public administration	309	.69	256	1.04	53	.26
Officials and administrators, other						
Manufacturing	128	.29	71	.29	57	.28
Retail trade, self-employed	44	.10	6	.02	38	.19
Retail trade, salaried	485	1.08	206	.84	279	1.39
Other industries	1,961	4.39	1,161	4.71	800	3.98
Management related occupations	894	2.00	438	1.78	456	2.27

Professional Specialty Occupations

Engineering and Natural Scientists						
Architects	8	.02	8	.03	0	.00
Engineers	190	.42	170	.69	20	.10
Surveyors and mapping scientists	22	.05	22	.09	0	.00
Natural scientists and mathematicians	108	.24	78	.32	30	.15
Health diagnosing occupations	34	.08	29	.12	5	.02
Health assessment and treating occupations	261	.58	35	.14	226	1.13
Teachers, elementary and secondary	926	2.07	235	.95	691	3.44
Other teachers, librarians, counselors	511	1.14	226	.92	285	1.42
Social scientists and urban planners	47	.11	43	.17	4	.02
Social, recreation, religious workers	229	.51	94	.38	135	.67
Lawyers and judges	95	.21	84	.34	11	.05
Writers, artists, entertainers, athletes	733	1.64	383	1.55	350	1.74

TECHNICAL, SALES, AND ADMINISTRATIVE SUPPORT OCCUPATIONS

Technicians and Related Support Occupations

Health technologists and technicians	65	.15	16	.06	49	.24
Licensed practical nurses	149	.33	21	.09	128	.64
Technologists and technicians, other	552	1.23	392	1.59	160	.80

SEX BY OCCUPATION
(Employed Persons 16 Years and Over)

PAGE 2 OF 3

STATE
HAWAIIANS

OCCUPATION	TOTAL	% T	MALE	% M	FEMALE	% F
Sales Occupations						
Supervisors and proprietors, self-employed	50	.11	42	.17	8	.04
Supervisors and proprietors, salaried	241	.54	141	.57	100	.50
Sales Representatives, Commodities and Finance						
Sales representatives, finance and business services	532	1.19	278	1.13	254	1.26
Sales representatives, commodities except retail	213	.48	147	.60	66	.33
Sales workers, commodities-retail	1,165	2.61	302	1.23	863	4.30
Sales workers, commodities-not retail	232	.52	65	.26	167	.83
Cashiers	938	2.10	158	.64	780	3.88
Sales related occupations	6	.01	0	.00	6	.03
Administrative Support Occupations, Including Clerical						
Supervisors, administrative support	391	.87	172	.70	219	1.09
Computer equipment operators	120	.27	54	.22	66	.33
Secretaries, stenographers, typists	1,585	3.54	24	.10	1,561	7.77
Bookkeepers, accounting, audit clerks	482	1.08	56	.23	426	2.12
Financial records processing	133	.30	14	.06	119	.59
Mail and message distribution	329	.74	163	.66	166	.83
Material recording, scheduling, distribution	914	2.04	485	1.97	429	2.14
Other administrative support	3,594	8.04	600	2.44	2,994	14.91
SERVICE OCCUPATIONS						
Private household occupations	126	.28	9	.04	117	.58
Protective service occupations						
Police and firefighters	944	2.11	925	3.75	19	.09
Guards	774	1.73	590	2.39	184	.92
Other protective services	280	.63	236	.96	44	.22
Food service occupations	3,580	8.01	1,055	4.28	2,525	12.57
Health service occupations	473	1.06	43	.17	430	2.14
Cleaning and building services	2,616	5.85	943	3.83	1,673	8.33
Personal service occupations	1,543	3.45	557	2.24	986	4.93

SEX BY OCCUPATION
(Employed Persons 16 Years and Over)

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STATE
HAWAIIANS

OCCUPATION	TOTAL	% T	MALE	% M	FEMALE	% F
FARMING, FORESTRY AND FISHING OCCUPATIONS						
Farm operators and managers	213	.48	162	.66	51	.25
Farm occupations, except managerial	762	1.70	655	2.66	107	.53
Related agricultural occupations	880	1.97	771	3.13	109	.54
Forestry and logging occupations	11	.02	11	.04	0	.00
Fishers, hunters, and trappers	82	.18	82	.33	0	.00
PRECISION PRODUCTION, CRAFT AND REPAIR OCCUPATIONS						
Auto mechanics and repairers	513	1.15	500	2.03	13	.06
Mechanics and repairers, except auto	1,194	2.67	1,172	4.76	22	.11
Carpenters	425	.95	421	1.71	4	.02
Construction trades, except carpenters	2,064	4.62	2,039	8.28	25	.12
Extractive occupations	25	.06	25	.10	0	.00
Precision Production Occupations						
Supervisors, production workers	383	.86	319	1.29	64	.32
Precision metal working occupations	135	.30	124	.50	11	.05
Plant and system operators	117	.26	117	.47	0	.00
Other precision production occupations	268	.60	162	.66	106	.53
OPERATORS, FABRICATORS AND LABORERS						
Machine Operators, Assemblers, and Inspectors						
Machine operators and tenders	1,024	2.29	573	2.33	451	2.25
Fabricators, assemblers, handworkers	500	1.12	380	1.54	120	.60
Production inspectors, testers, samplers, and weighers	104	.23	53	.22	51	.25
Transportation and Material Moving Occupations						
Motor vehicle operators	2,967	6.63	2,537	10.30	430	2.14
Transportation occupations	114	.25	106	.43	8	.04
Material moving equipment operators	1,180	2.64	1,120	4.55	60	.30
Handlers, Equipment Cleaners, Helpers, Laborers						
Helpers	209	.47	174	.71	35	.17
Construction laborers	652	1.46	642	2.61	10	.05
Freight, stock, and material handlers	738	1.65	664	2.70	74	.37
Vehicle washers and equipment cleaners	96	.21	68	.28	28	.14
Miscellaneous manual occupations	1,052	2.35	731	2.97	321	1.60
TOTAL	44,720	100.00	24,637	100.00	20,083	100.00

NOTE: See adjusted Table HS-6 in Part II.

MEDIAN HOUSEHOLD INCOME IN 1979 BY TENURE (Households)	STATE TOTAL POPULATION

TENURE	NUMBER OF HOUSEHOLDS	MEAN	MEDIAN
Owner occupied	152,261	31,910	28,336
Renter occupied	142,673	16,631	13,812
All Households	294,934	24,519	20,473

MEDIAN HOUSEHOLD INCOME IN 1979 BY TENURE (Households)		STATE HAWAIIANS

TENURE	NUMBER OF HOUSEHOLDS	MEAN	MEDIAN
Owner occupied	14,560	26,951	24,815
Renter occupied	14,400	15,293	12,762
All Households	28,960	21,154	18,420

GROSS MONTHLY RENT, INCLUDING UTILITIES (Renter-Occupied Housing Units)		STATE TOTAL POPULATION

GROSS MONTHLY RENT*	NUMBER OF HOUSEHOLDS	2
TOTAL RENTER HOUSEHOLDS	122,883	100.00
WITH CASH RENT		
Less than \$50	646	.53
\$50 to \$59	989	.80
\$60 to \$69	1,013	.82
\$70 to \$79	1,262	1.03
\$80 to \$89	1,216	.99
\$90 to \$99	1,517	1.23
\$100 to \$109	1,639	1.33
\$110 to \$119	1,415	1.15
\$120 to \$129	1,129	.92
\$130 to \$139	1,230	1.00
\$140 to \$149	1,057	.86
\$150 to \$159	1,907	1.55
\$160 to \$169	1,594	1.30
\$170 to \$179	2,082	1.69
\$180 to \$189	2,314	1.88
\$190 to \$199	2,501	2.04
\$200 to \$224	8,249	6.71
\$225 to \$249	9,036	7.35
\$250 to \$274	8,430	6.86
\$275 to \$299	8,986	7.31
\$300 to \$349	15,130	12.31
\$350 to \$399	14,744	12.00
\$400 to \$499	17,877	14.55
\$500 or more	16,920	13.77
NO CASH RENT	16,443	13.38
Median Contract Rent	\$ 270	
Median Gross Rent	\$ 311	

* GROSS MONTHLY RENT is sum of contract rent plus utilities.

GROSS MONTHLY RENT, INCLUDING UTILITIES (Renter-Occupied Housing Units)		STATE HAWAIIANS

GROSS MONTHLY RENT*	NUMBER OF HOUSEHOLDS	%
TOTAL RENTER HOUSEHOLDS	13,162	100.00
WITH CASH RENT		
Less than \$50	38	.29
\$50 to \$59	45	.34
\$60 to \$69	74	.56
\$70 to \$79	65	.49
\$80 to \$89	92	.70
\$90 to \$99	143	1.09
\$100 to \$109	176	1.34
\$110 to \$119	202	1.53
\$120 to \$129	123	.93
\$130 to \$139	241	1.83
\$140 to \$149	138	1.05
\$150 to \$159	200	1.52
\$160 to \$169	202	1.53
\$170 to \$179	214	1.63
\$180 to \$189	264	2.01
\$190 to \$199	222	1.69
\$200 to \$224	1,031	7.83
\$225 to \$249	937	7.12
\$250 to \$274	882	6.70
\$275 to \$299	1,072	8.14
\$300 to \$349	2,047	15.55
\$350 to \$399	1,645	12.50
\$400 to \$499	1,902	14.45
\$500 or more	1,207	9.17
NO CASH RENT	1,108	8.42
Median Contract Rent	\$ 258	
Median Gross Rent	\$ 305	

* GROSS MONTHLY RENT is sum of contract rent plus utilities.

MORTGAGE STATUS AND SELECTED MONTHLY OWNER COSTS (Owner-Occupied Non-Condominium Housing Units)		STATE TOTAL POPULATION

MORTGAGE STATUS AND SELECTED MONTHLY COSTS	NUMBER OF UNITS	%
TOTAL OWNER NON-CONDO UNITS	109,102	100.00
WITH A MORTGAGE		
Less than \$50	16	.01
\$50 to \$74	116	.11
\$75 to \$99	272	.25
\$100 to \$124	440	.40
\$125 to \$149	604	.55
\$150 to \$174	1,193	1.09
\$175 to \$199	1,804	1.65
\$200 to \$249	5,460	5.00
\$250 to \$299	7,583	6.95
\$300 to \$349	6,994	6.41
\$350 to \$399	6,776	6.21
\$400 to \$449	5,951	5.45
\$450 to \$499	5,835	5.35
\$500 to \$549	4,700	4.31
\$550 to \$599	4,843	4.44
\$600 to \$649	4,273	3.92
\$650 to \$699	3,553	3.26
\$700 to \$749	2,992	2.74
\$750 to \$799	2,687	2.46
\$800 to \$899	3,534	3.24
\$900 to \$999	2,476	2.27
\$1,000 or more	5,342	4.90
NOT MORTGAGED		
Less than \$50	1,310	1.20
\$50 to \$74	4,508	4.13
\$75 to \$99	7,256	6.65
\$100 to \$124	6,934	6.36
\$125 to \$149	4,996	4.58
\$150 to \$174	2,912	2.67
\$175 to \$199	1,675	1.54
\$200 to \$249	1,330	1.22
\$250 to \$299	421	.39
\$300 to \$399	252	.23
\$400 or more	64	.06
MEDIAN OWNER COSTS		
With a Mortgage	463	
Not Mortgaged	110	

MORTGAGE STATUS AND SELECTED MONTHLY OWNER COSTS (Owner-Occupied Non-Condominium Housing Units)		STATE HAWAIIANS

MORTGAGE STATUS AND SELECTED MONTHLY COSTS	NUMBER OF UNITS	%
TOTAL OWNER NON-CONDO UNITS	11,752	100.00
WITH A MORTGAGE		
Less than \$50	0	.00
\$50 to \$74	19	.16
\$75 to \$99	43	.37
\$100 to \$124	55	.47
\$125 to \$149	94	.80
\$150 to \$174	210	1.79
\$175 to \$199	232	1.97
\$200 to \$249	703	5.98
\$250 to \$299	1,356	11.54
\$300 to \$349	988	8.41
\$350 to \$399	919	7.82
\$400 to \$449	651	5.54
\$450 to \$499	626	5.33
\$500 to \$549	481	4.09
\$550 to \$599	482	4.10
\$600 to \$649	364	3.10
\$650 to \$699	259	2.20
\$700 to \$749	294	2.50
\$750 to \$799	170	1.45
\$800 to \$899	334	2.84
\$900 to \$999	176	1.50
\$1,000 or more	220	1.87
NOT MORTGAGED		
Less than \$50	163	1.39
\$50 to \$74	356	3.03
\$75 to \$99	722	6.14
\$100 to \$124	596	5.07
\$125 to \$149	526	4.48
\$150 to \$174	371	3.16
\$175 to \$199	159	1.35
\$200 to \$249	138	1.17
\$250 to \$299	40	.34
\$300 to \$399	5	.04
\$400 or more	0	.00
MEDIAN OWNER COSTS		
With a Mortgage	385	
Not Mortgaged	112	