

# *Education as Transformation: Becoming a Healer Among the !Kung and the Fijians*

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*Current education and training of community mental health workers in the West have focused on the accumulation of knowledge and on healing technology. Richard Katz, through ethnographic work in the Kalahari Desert and the Fiji Islands, presents an alternative model of healer education that stresses the transformation of the healer's character. This transformation connects the healer to healing resources beyond the self, commits the healer to service in the community, and becomes the context within which healing knowledge and technology can be used while the healer remains a fully contributing member of the community, disavowing the accumulation of power for personal use.*

Among both the !Kung hunter-gatherers of the Kalahari Desert in southern Africa and the farming and fishing people of the outer Fiji Islands, healing is a central community ritual with significance far beyond effecting a cure. I asked an experienced !Kung healer how one learns to heal:

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Finally, there is my debt to the !Kung and Fijian healers with whom I worked who wish to be known only to the community they serve. They taught me about education. This paper seeks to be theirs.

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Becoming a healer is difficult. The boiling energy, the [spiritual] power which lets us heal, is painful. It hurts. We fear it. . . . Before we can heal, we must want the energy to boil up in us, we must want it even though we fear it. When we accept that boiling energy we can heal. But don't let anyone fool you. Boiling energy is painful and the fear can defeat you.

A highly respected Fijian healer said the following about becoming a healer:

The spiritual power is close at hand here in Fiji. Some of us are called to bring that power to the people for healing. That can be frightening, but the hard part is just beginning. To become a healer we must learn to use that power properly . . . to use it only for healing. We say that to become a healer we must follow the straight path . . . and also find it. That is a long and difficult process.

In this article I present original field data on healing among the !Kung and the people of the outer Fiji Islands.<sup>1</sup> I will draw from these data an interpretation of the education of healers that could be called "education as transformation." The process of transformation, a concept deduced from the ethnographic material that follows, characterizes the education of healers in these two nonindustrial, non-Western societies.<sup>2</sup> Briefly, healers' education involves a transformation of consciousness in which potential healers experience a sense of connectedness, joining a spiritual healing power, themselves, and their community. This transformation establishes the possibility of healing but does not remove healers from the context of daily life. Healing involves the healers' struggle to serve as a vehicle to channel healing to the community, without accumulating power for personal use. That effort affects the inner quality of their lives, transforming them.

While some might consider "education as transformation" merely a prescientific precursor to Western approaches, I believe it offers a valid alternative perspective on current Western education. The approach is particularly significant for the community mental health movement, a Western system that most closely parallels !Kung and Fijian healing systems. For example, the healing systems in these two cultures help distribute resources fairly throughout the community, emphasize prevention more than treatment, and make extensive use of community support networks. These elements also represent central goals of Western community mental health programs, though often unrealized.<sup>3</sup> Studying education as transformation can suggest features that may be lacking in the education of community mental health workers. Specifically, I will discuss the education of community psychiatrists, the Western healers who most closely parallel the !Kung and Fijian healers.

Among both the !Kung and the people of the outer Fiji Islands, the education of heal-

<sup>1</sup> I did fieldwork among the !Kung in 1968 while a member of the Harvard Kalahari Research Group, and fieldwork in Fiji between 1976 and 1978 as part of a team effort with Mary Maxwell W. Katz.

<sup>2</sup> Statements about the generalizability of this approach, education as transformation, await a more systematic cross-cultural survey. In combination, the !Kung and Fijian material already presents an interesting picture. Since !Kung social structure is ordered so that spiritual power will be used for healing which is available throughout the community, education of !Kung healers stresses access to that power. Since Fijian culture is not ordered in that way, education of Fijian healers stresses the proper application of the power to healing and the distribution of that healing to the community. Each culture still deals with both aspects of the education of healers: access to the power, and application of the power to healing.

<sup>3</sup> See Gerald Caplan, *Principles of Preventive Psychiatry* (New York: Basic Books, 1964); and Julian Rappaport, *Community Psychology* (New York: Holt, Rinehart, & Winston, 1978).

ers deals with fundamental mysteries and dilemmas. Healers are taught how to respond to uncertainty and confusion, reactions that are accentuated in times of illness and stress. Knowledge of healing is respected, and its practice highly valued. Educating the healer in these two cultures is what we in the West would call a sacred process. While the !Kung and Fijian adaptations to their respective eco-niches differ from the adaptations that characterize the industrialized West, those two cultures present critical psychological and sociocultural perspectives on the education of healers that are strikingly absent in the Western approach. The !Kung and Fijians have much to teach us about the education of healers in a self-healing community.

### *Accepting Boiling Energy: Becoming a Healer Among the !Kung*

In Botswana, Namibia, and southern Angola, there are about 50,000 San people, of whom some 5,000 live primarily as hunter-gatherers. It was in a group of nearly 500 !Kung-speaking San, living as hunter-gatherers in Botswana, in the northwestern Kalahari, that I learned about the education of healers.<sup>4</sup> The !Kung typically live in camps of between ten and thirty people closely related through kinship. Half-a-dozen or so grass-woven shelters, usually forming a half- or quarter-circle, face an open area and physically define the camp.

The economic system of the !Kung is based on sharing collected food resources. Between 60 and 70 percent of the diet by weight consists of wild vegetable foods gathered primarily by women.<sup>5</sup> The men supply the remaining food by hunting small and large game. Local groups neither maintain exclusive rights to resources nor defend territories; a reciprocal access prevails. Frequent visiting among the different groups mitigates the effect of localized shortages. Allied groups cooperate, coming together in a given area when resources permit, living apart when sources of food and water are widely scattered. When food is brought into a camp it is distributed for all to partake.

Resources of all kinds circulate among members of a camp and between camps, so that any one person draws upon the entire community's resources. Little investment is necessary in what could be termed a capital sector of the economy. Elements of the material culture are made easily, with ample leisure time to make them. Since individuals and groups must move to stay close to their food sources, personal property is minimal, usually less than twenty-five pounds per individual.<sup>6</sup> Frequent moves and the !Kung emphasis on sharing keep food accumulation to a minimum. The environment itself is their storehouse.

Accumulation of food has distinct disadvantages in the Kalahari ecological niche. It is not gathered until needed, and what is collected is immediately distributed and consumed. There is a marked absence of disparities in wealth among the !Kung. No one is supposed to stand out from the rest of the group. If someone were to come back from a

<sup>4</sup> This ethnographic summary of !Kung life draws on the work of Richard B. Lee and Irven DeVore, eds., *Man the Hunter* (Chicago: Aldine, 1968); Richard B. Lee and Irven DeVore, eds., *Kalahari Hunter-Gatherers* (Cambridge, Mass.: Harvard Univ. Press, 1976); Lorna Marshall, *The !Kung of Nyae Nyae* (Cambridge, Mass.: Harvard Univ. Press, 1976); and Richard B. Lee, *The !Kung San: Men, Women and Work in a Foraging Society* (Cambridge, Eng.: Cambridge Univ. Press, 1979).

<sup>5</sup> Lee, p. 450.

<sup>6</sup> Richard B. Lee, "The !Kung Bushmen of Botswana," in *Hunters and Gatherers Today*, ed. M. G. Bicchieri (New York: Holt, Rinehart, & Winston, 1972), p. 363.

successful hunt showing excessive pride, he would be put back firmly in his place, even if the kill were a large animal. With the freshly killed meat still over his shoulder, such an improperly proud hunter would hear the pointed teasing of his camp: "What is it that you have there? What a scrawny little thing! You didn't kill that. It looks so sick and scrawny that it must have fallen dead into your arms."<sup>7</sup> Egalitarianism, including sexual egalitarianism, is the rule.

For the !Kung, healing involves health and growth on physical, psychological, social, and spiritual levels; it affects the individual, the group, the surrounding environment, and the cosmos. Healing is an integrating and enhancing force, far more fundamental than curing or the application of medicine. The healing tradition supports the culture's emphasis on sharing and egalitarianism, its belief in the life of the spirit, and its strong community ties.

The central event in the healing tradition is the all-night dance.<sup>8</sup> Sometimes as often as four times in a month, the women sit around the fire, singing and rhythmically clapping as night falls, signaling the start of a healing dance. The entire camp participates as the men, sometimes joined by women, dance around the singers. As the dance intensifies, *n/um* ("energy") is activated in those who are healers, most of whom are among the dancing men. As *n/um* intensifies in the healers, they experience *!kia* ("a form of enhanced consciousness") during which they heal everyone at the dance. The dance usually ends before the sun rises the next morning. Those at the dance confront, celebrate, and reaffirm the spiritual dimension of their daily lives. They find it exciting, joyful, and powerful. "Being at a dance makes our hearts happy," the !Kung say.

While experiencing *!kia*, one can heal. Those who have learned to *!kia*-heal are said to possess *n/um* and are called *n/um k"ausi* ("masters of *n/um*" or simply "healers"). *N/um* resides in the pit of the stomach and at the base of the spine. As the healer dances, becoming warm and sweating profusely, the *n/um* heats up, becomes a vapor, and rises up the spine. When it reaches the base of the skull, *!kia* results. Kinachau, an experienced healer, talks about the *!kia* experience:

You dance, dance, dance, dance. Then *n/um* lifts you up in your belly and lifts you in your back, and then you start to shiver. [*N/um*] makes you tremble, it's hot. . . . Your eyes are open but you don't look around; you hold your eyes still and look straight ahead. But when you get into *!kia*, you're looking around because you see everything, because you see what's troubling everybody. . . . *N/um* enters every part of your body right to the tip of your feet and even your hair.

*N/um* is held in awe, considered powerful and mysterious. It is this same *n/um* that the healer "puts into" people in attempting to cure them. So, once heated up, *n/um* can both induce *!kia* and combat illness.

<sup>7</sup> Personal communication with Richard B. Lee, Dec. 1974.

<sup>8</sup> See Lorna Marshall "The Medicine Dance of the !Kung Bushmen," *Africa*, 39 (1969), 347-381; Richard B. Lee, "The Sociology of !Kung Bushman Trance Performances," in *Trance and Possession States*, ed. Raymond Prince (Montreal: Bucke Memorial Society, 1966); also Richard Katz, "Education for Transcendence: !Kia-healing with the Kalahari !Kung," in Lee and DeVore, *Kalahari Hunter-gatherers*; and Richard Katz, *Boiling Energy: Community Healing Among the Kalahari !Kung* (Cambridge, Mass: Harvard Univ. Press, in press). Sections of this ethnographic description have appeared in or are based on material from Richard Katz, *Preludes to Growth* (New York: Free Press, 1973).

As healers learn to control their boiling *n/um*, they can apply it to healing. They learn to *≠twe*, ("to heal" or "pull out sickness"). *K"au ≠ Dwa* describes how one can heal while experiencing *!kia*: "When you *!kia*, you see the things you must pull out, like the death things that god has put into people. . .you see people properly, just as they are. . .your vision does not whirl."

*!Kia* intensifies emotions, be they fear, exhilaration, or seriousness. During *!kia*, *!Kung* healers perform cures, handle and walk on fire, describe seeing inside the body, and at times report seeing across great distances and traveling to god's village, activities never attempted in an ordinary state. *≠ Toma Zho*, a strong healer, spoke of the feeling *!kia* gives, that of becoming more essential, more oneself: "I want to have a dance soon so that I can really become myself again." A transcendent state of consciousness, *!kia* alters a *!Kung*'s sense of self, time, and space. A master of *n/um* says: "When I pick up *n/um*, it explodes and throws me up in the air and I enter heaven and then fall down." *!Kia* makes others feel they are "opening up" or "bursting open, like a ripe pod."

Through *!kia*, a *!Kung* transcends ordinary life and can contact the realm of the gods and the spirits of dead ancestors. Sickness is a process in which the *//gauwasi* ("spirits") try to carry people off into their own domain. The spirits, sent by the gods, are strong, but not invincible. A struggle ensues between two groups of relatives, those still living and those already dead. Each group wants the sick one for itself, and neither the realm of the living nor that of the spirits is seen as bad. In his or her ordinary state, a *!Kung* respects the gods and does not argue with them. In *!kia*, the healer expresses the wishes of the living and goes directly into the struggle. When a person is seriously ill, the struggle intensifies. If a healer's *n/um* is strong, the spirits will retreat and the sick one will live. This struggle is at the heart of the healer's art, skill, and power.

In their search for contact with transcendent realms and in their struggle with illness, misfortune, and death, the healing dance and *n/um* are the *!Kung*'s most important allies. Fiercely egalitarian, the *!Kung* do not allow *n/um* to be controlled by a few religious specialists, but rather want it spread widely among the group. While they see only increased benefits from having many healers, becoming a healer is a long and painful process, fraught with danger. To educate a healer requires a continuing reconciliation between these opposing needs and desires, which exist both in the community and the healer.

An unlimited energy, *n/um* expands as it boils. It cannot be hoarded by any one person. At the healing dance, *n/um* is shared by everyone, all are given healing. As one person experiences *!kia* at the dance, others likely will follow. The *!Kung* do not seek *!kia* for its own sake, but for its healing protection to the individual, the group, and the culture. Nor is healing reserved for just a few persons with unique characteristics; by the time they reach adulthood, more than half the men and a third of the women have become healers.

The dance provides healing in the most generic sense: it may cure an ill body or mind, as the healer pulls out sickness with a laying on of hands; or mend the social fabric, as the dance promotes social cohesion and a manageable release of hostility; or protect the camp from misfortune, as the healer pleads with the gods for relief from the Kalahari's harshness. Healing occurs as the people contact their spirits and gods through the enhanced consciousness of *!kia*, and receive the profound knowledge the healers gain in

their encounters with the gods. The dance also provides training for aspiring healers. It gives healers opportunities for fulfillment and growth, in which all can experience a sense of well-being, and some experience spiritual development.

These integrated functions reinforce each other, providing a continuous source of curing, counsel, protection, and enhancement. One could say the dance is the !Kung's primary expression of "religion," "medicine," and "cosmology" — their primary ritual. For the !Kung, it is an event of great importance, a point of marked intensity and significance. The healing dance is woven into their hunting-gathering life without undermining the execution of everyday responsibilities. !Kia-healing remains harmonious with the different levels of !Kung existence. Its effectiveness depends on this context. The healing dance is public, a routine cultural event to which all have access. The dance establishes community, and it is the community, in its activation of *n/um*, which heals and is healed.

Long before people try seriously to become healers, they play at !kia-healing. A group of five- and six-year-old children may perform a small healing dance, imitating the actual dance, with its steps and healing postures, at times falling down as if in !kia. A parent or another close relative, always a !Kung healer, is usually one's healing teacher. The teacher remains an ordinary person during the non-!kia state, rather than an intimate of the gods. Healers teach primarily by example and do not demand obedience or a long apprenticeship. Though originally obtained from the gods, *n/um* now passes regularly from person to person.

To heal depends upon developing a desire to "drink *n/um*," not on learning specific techniques. The healer's education stresses not the structure of the dancing, but the importance of dancing so one's "heart is open to boiling *n/um*"; it emphasizes not the composition of the healing songs, but singing so that one's "voice reaches up to the heavens." *N/um* is not "put into" someone who will not accept it; the student must seek to receive it. While there is conceptual clarity about what happens during !kia, there is experiential mystery at the time of !kia. At its core, the education is a process of accepting boiling *n/um* for oneself, a difficult process because *n/um*, painful and mysterious, is greatly feared.

The experience of !kia brings profound pain and fear, along with feelings of release and liberation. In describing the onset of !kia, healers speak again and again of a searing pain in the pit of the stomach and the area between the diaphragm and waist, especially towards the sides. Recalling his first experiences with *n/um*, a healer says: "*N/um* got into my stomach. It was hot and painful. . . like fire. I was surprised and I cried."

K "au ≠ Dwa described explicitly other dimensions of this feeling: "As we !Kung enter !kia, we fear death. We fear we may die and not come back!" Fear of death evokes its own special terror for the !Kung, as it does for people in all cultures. When potential healers can face the fact of death and willingly die, they can overcome fear of *n/um*, and there can be a breakthrough to !kia. The conviction that one is reborn or can come alive again is helpful, if not essential. /Wi, an older healer, describes this death and rebirth: "In !kia, your heart stops, you're dead, your thoughts are nothing, you breathe with difficulty. You see things, *n/um* things; you see spirits killing people, you smell burning, rotten flesh; then you heal, you pull sickness out. You heal, heal, heal. . . then you live. Then your eyeballs clear and then you see people clearly." The !Kung must give up the familiar to enter mysterious territory, they must die before they can be reborn into !kia.



Various aspects of the dance support students' critical passage to *lkia*, helping them to regulate the boiling *n/um* and resultant *lkia* so that healing can occur. The teacher, with perhaps one or two other healers, probably will be at the dance, trying to put the correct amount of *n/um* into the student. Others may provide physical support when the onset of *lkia* makes the student shaky. A most important support and inspiration is the group of women clapping and singing the healing songs. Their singing helps the *n/um* to boil, and helps regulate the depth of *lkia*. Finally, the participation of all those present offers support for the transition to *lkia*.

As they dance ever more seriously into the night, the potential healers' *n/um* may begin to boil, and *lkia* becomes imminent. As they feel *lkia* coming on, the potential healers try to regulate their condition, and they may resist the transition to an altered state. Others help them to overcome their resistance. They try to help students strike a balance between the oncoming intensity of *lkia* and their fear of it. Experienced healers go as deeply into *lkia* as they can, but must maintain control over the *n/um* to use it for healing. If the *lkia* is coming on so fast that fear escalates and prevents the experience of *lkia*, students may stop dancing for a while, or drink some water to "cool down" the too rapidly boiling *n/um*. The *n/um* must be hot enough to evoke *lkia*, but not so hot that it provokes debilitating fear. Throughout the dance, extensive physical contact between the potential *n/um* masters and experienced healers helps the students regulate the *n/um*. Learning to heal is focused within the dance and is an experiential education. Teaching consists of helping students overcome their fear and then guiding them in using *lkia* for healing. The physical, emotional, and psychological aspects of teaching are inseparable.

Two variables determine career patterns for *lkung* healers—age and experience with *n/um*. There are important male-female differences in these patterns.<sup>9</sup> /Wi, an experienced male healer, provides an overview of the male pattern: "The *n/um* of the young man is very painful, like fire. The old ones, the ones in whom the *n/um* has become weak, their *n/um* is light because they have given most of it to younger ones who are now struggling with the pain of it. The middle-aged man has power, pulling power, more so than the old man."

The career pattern is fluid, and variations often occur. In the early phase of the career, most males in their late teens and mid-twenties try to become healers and participate in the dances, seeking to drink *n/um*. Experiencing *lkia* marks a first turning point in the healer's career, and ends the initial phase. The middle phase is characterized by another turning point, applying *lkia* to healing. The ability to heal usually comes to the student between the ages of twenty-five and forty and brings recognition as a healer. Those still seeking to become healers between twenty-five and thirty-five feel some tension. But the fact that the community already has enough healers overshadows the dilemmas of anyone whose potential for healing remains ambiguous. If by the age of about forty, one has not yet experienced *lkia*, it is assumed that one is not meant to become a healer. Accepting that fact is another turning point. One who is not meant to heal is not stigmatized. At a dance, the emphasis is on working with those who can pro-

<sup>9</sup> See Richard Katz, *Boiling Energy*; and Richard Katz and Megan Biese, "Male and Female Approaches to Healing Among the *lkung*," paper delivered at Second International Conference on Hunting and Gathering Societies, Quebec, Sept. 1980.

vide healing to the group rather than on working with those who have not yet reached that point — and may never do so.

The experienced phase is characterized by still another turning point, when the healer is considered "completely learned." Such a healer heals dependably, frequently, and strongly. But there is not always consensus on who is "completely learned," and those who are will at times seek further assistance in their healing work.

Old age brings different responses. By the time healers reach their seventies, most retire from active healing, weakened by various ailments. This retirement, however, is neither irreversible nor strictly observed. A few healers continue into their seventies — it is said that their strong *n/um* keeps them healthy. Nonhealers may continue dancing until old age makes the necessary physical exertion impossible.

The career pattern of female healers is different. Unlike the men's long and difficult search for healing power, it takes only a few days for most women to get *n/um*, although actual reception of *n/um* is no less painful. They receive it from old women teacher-healers who visit their camp. Though *n/um* can be received from early adolescence to late middle-age it lies dormant in women during their reproductive years. The !Kung say that when the *n/um* boils within, it can be dangerous to the fetus or the nursing child. Women know they cannot develop their *n/um* fully until childbearing is over.

The education of healers emphasizes psychological and motivational, rather than social or economic, factors. Healers are similar to nonhealers on a broad range of social, economic, and political variables. For instance, Lee suggests that there are no differences between healers and nonhealers in such variables as owning hunting dogs, kin relation, amount of travel, or contact with Bantu groups.<sup>10</sup> While healers are not a privileged group, they do differ psychologically from nonhealers in ways that both prepare for healing work and result from that work. For example, T.A.T.-type tests show that healers have easier access to fantasy. Because these fantasies and !kia are both altered states of consciousness, the healers' access to their own fantasy life can be seen as conducive to and affected by !kia. As shown by an adaptation of the Draw-a-Person test, healers have a body image determined more by their internal states than by external anatomical criteria.<sup>11</sup> Although !kia is a very physical experience, it emphasizes processes that ignore or break out of the healer's anatomical boundaries. It is in psychological characteristics, which would predispose them to accepting boiling *n/um*, that healers are unique. It is a distinction they carry within. "We (!Kung) are not meant to boast of our healing. It is just something we do to help others."

### *The Straight Path: Becoming a Healer Among the People of the Outer Fiji Islands*

The island nation of Fiji, consisting of 100 inhabited islands and 500,000 people, is situated in the South Pacific, north of New Zealand. Approximately 50 percent of the population is descended from emigrants from southern India who came as indentured servants more than 100 years ago. My data on education of healers deal only with indigenous Fijians, and are limited to a district of rural outer islands, where they live in villages

<sup>10</sup> Personal communication with Richard B. Lee, Dec. 1974.

<sup>11</sup> The T.A.T. and Draw-A-Person test findings were significant at the .05 level. Due to the small sample size and lack of longitudinal data it was not possible to pinpoint the relative weight of these differences as criteria of selection for healing and/or effects of healing practice.



of about 100 people located several hours from each other by foot. There is no electricity, and there are no motorized land vehicles or roads. Outboard engines power some of their open twenty-foot boats.

The Fijians live by subsistence farming and fishing.<sup>12</sup> A village consists of several groups of closely related kin who jointly own land and choice fishing areas, often working them communally. Sharing of resources is highly valued. When Fijians sit down to eat in the village, their doors must always remain open. Whenever anyone passes by, they call out, "Please come in and eat." Fijian social structure is hierarchical, but humility, regardless of status, is valued.

Fijians in the outer islands describe the ideal Fijian in the following way: The most important characteristic is *vakarokoroko* ("respect")—respect for traditions and customs, and for others. A second is *duavata* ("togetherness")—living together, working together, sharing resources. A third is *yalo vinaka* ("kindheartedness")—giving from a kindness and goodness of heart without any expectation of return. A fourth is *dauloloma* ("love for all")—being full of love for all one meets. Becoming a healer means striving toward this cultural ideal. Though the Fijian people are Christianized, aspects of indigenous religion remain, and Fijian healers are the guardians of the indigenous system.

Ceremonial life is essential in Fiji, promoting economic and social exchange and celebrating the religious dimension. Three main elements characterize Fijian ceremonies generally and the healing ceremony in particular: the *Vu* ("ancestors"); the *mana* ("spiritual power"); and the *yaqona* ("a plant with sacred use") that brings this power to humans. Dead ancestors are accessible, generally benevolent, and are felt to be close at hand. Mana, the ultimate power, is an invisible, irreducible force that "makes things happen."<sup>13</sup> As Fijians say, "Mana is mana," and its effects are often described as miraculous. The *yaqona* is called the "nourishment of the gods."<sup>14</sup> When humans offer *yaqona* to the ancestors in the correct ritual manner, the channel of communication to the ancestors is opened, and their mana becomes available.

Healers may request the healing influence of mana, but others may subvert the *yaqona* to request mana to work against someone. Fijians call this latter practice witchcraft.<sup>15</sup> As one healer put it: "You can perform witchcraft because some of the ancestors

<sup>12</sup> Valuable ethnographic material on Fiji is provided by Laura Thompson, *Southern Lau, Fiji: An Ethnography* (Honolulu: Bishop Museum, 1940); R. Nayacakalou, *Leadership in Fiji* (Oxford: Oxford Univ. Press, 1975); R. Nayacakalou, *Tradition and Change in the Fijian Village* (Suva: University of the South Pacific, 1978); Marshall Sahlins, *Moala: Culture and Nature on a Fijian Island* (Ann Arbor: Univ. of Michigan Press, 1962); Asesela Ravuvu, "Fijian Religion," Unpublished Manuscript, University of the South Pacific, 1976; and Mary Maxwell W. Katz, "Gaining Sense at Age Two in the Outer Fiji Islands: A Cross-cultural Study of Cognitive Development," Diss. Harvard 1981. The Katz reference involves the same district dealt with in this paper; the Thompson and Sahlins references deal with other outer island communities. Dorothy Spencer, *Disease, Religion and Society in the Fiji Islands* (New York: Augustin, 1941) is the most recent work on healing and deals with a group of people on the main island of Fiji.

<sup>13</sup> The concept of "mana" plays an important role in the study of religion and its origins. See Mircea Eliade, *Rites and Symbols of Initiation* (New York: Harper & Row, 1965); Emile Durkheim, *The Elementary Forms of Religious Life* (New York: Free Press, 1968); and Raymond Firth, "The Analysis of 'Mana': An Empirical Approach," *Journal of the Polynesian Society*, 40 (1940), 483-510.

<sup>14</sup> *Yaqona's* botanical identification is *Piper methysticum*. It is widely used in the South Pacific, and is also called "kava-kava."

<sup>15</sup> Because of confusion in anthropology about the usage of the terms "witchcraft" and "sorcery," I will use the Fijian definition of witchcraft, that is, an activity which involves a specific ceremony.

are not entirely trustworthy." The healing ceremony deals with resolving uncertainty and making comprehensible the unknown. Most important, it is the primary arena in which the forces of good and evil— healing and witchcraft— struggle against each other. Because these forces are ever present, the healer must be educated in the "straight path," to use mana exclusively for healing purposes.

Fijians group sicknesses into two major categories, depending on their etiology. The "true" or "real" sicknesses are caused by natural events. For example, one may have painful joints from being in the cold ocean too long. The second type, "spiritual" sicknesses, are caused either by witchcraft or by some violation of cultural norms, punished directly by the ancestors. While Western medicine is reserved for treating "true sicknesses," both true and spiritual sicknesses are brought to Fijian healers. The same symptom pattern often can express either etiology.

In times of doubt, crisis, or illness the healer is the primary community resource.<sup>16</sup> No problem is excluded from his or her domain, but the majority of cases are illnesses with physical symptoms. Requests for help range from a boy with a swollen neck, to a childless woman who wishes to become pregnant, to a family seeking protection against others' evil intentions, to an entire village wanting to make amends for violating a sacred custom. As one villager remarked about the healer in her village: "He can't get sick, because without him, we would all be lost." Even though healers are highly respected, seen as "hard working" and closer than most to the "Fijian ideal," they remain fully contributing community members.<sup>17</sup> Healers are villagers first and foremost.

The healing ceremony, centering around the ritual exchange of yaqona, typically begins when the patient comes to the healer with a request for help or a cure. The patient incorporates the request within a ritual presentation of yaqona to the healer. The healer accepts the yaqona on behalf of the ancestors from whom he or she draws healing powers. Yaqona may be prepared with water and drunk by the healer. In the healer's act of acceptance, the healing is accomplished. In that moment, the mana is said to become available, making accurate diagnosis and selection of an effective treatment possible. The patient returns after four days for the conclusion of the treatment, or, if necessary, further treatment in the same or some new direction. Herbs and massage are used in about 25 percent of the instances to carry out the healing. Various types of massage can be employed, and there are numerous herbs in the natural pharmacopia, sometimes requiring elaborate preparations.

Yaqona is the ever-present accompaniment and stimulus of Fijian social life. A Fijian elder voiced what is common knowledge: "A Fijian cannot live without the yaqona. It is what makes our village live and work together." During day-to-day social occasions, the mana lies dormant. The healing ritual turns the yaqona into an active channel for the

<sup>16</sup> There are in fact a variety of traditional Fijian healers. The one we are considering is called a *dauvagunu*. In the rural area studied, twenty-two out of the twenty-three *dauvagunu* studied were men. This healer treats the broadest range of problems as well as those most severe. Each of these healers serves about three villages in the outer islands; kinship linkages guarantee the outer island Fijians access to a *dauvagunu*. One massage healer, often a woman, is found in every one or two villages and frequently two herbalists, usually women, are found in a village.

<sup>17</sup> When the Fijian healers were compared with a sample of nonhealers matched on a series of demographic variables, healers were rated as more "respected," closer to the "ideal Fijian," and "harder working." Significance was at the .05 level.

mana. Performing that ritual is one of the healer's many technical skills. Healing also requires substantial interpersonal skills and social sensitivity. Helping a patient may require the understanding and manipulation of belief, but resolving a village crisis may require the political realignment of groups.

Though meant for the protection and healing of humans, mana can be turned by some to opposite purposes. The education of the healer demands that the healer find and stay on what is called the *gaunisala dodonu* ("straight path"). The journey along that path is what enables healers to direct mana toward healing. Though mana is accessible to many, few know how "to begin walking on the path" and even fewer know "how to stay on it." Since being a healer is an achieved role, one is not prepared by birth to travel the straight path. As one healer put it: "It is hard to walk along this straight path because there are many times when we are tempted to stray, and times when we cannot clearly see where the path goes." The path itself is not straight, but the way one travels it should be.

Traveling the straight path means living out certain attributes that characterize the ideal Fijian. The healer's character creates the possibility of healing work, and the development of character marks the continuation and deepening of that work. Information about healing techniques is available only to those with character. There is respect for the technical aspects of healing, but character precedes and provides a context for healing technology.

The following attributes are often mentioned when prescribing the way a healer must live in order to follow the straight path:

*dauvakadina* ("telling and living the truth"): The amount of truth in each person determines the power of your healing. You must speak to your patients only what you have been told by your guardian ancestor. If you elaborate on that, and add your own opinions, or try to show how much *you* know, you are just lying.

*dauloloma* ("love for all"): In this healing work you should love everybody, whether a relative or foreigner. They are all the same for you. You must help them all because of your love.

*i tovo vinaka* ("proper or correct behavior"): The mana is getting weaker in Fiji because people are not now following ancient customs. We must observe these customs, like the taboos, if our behavior is to be proper.

*sega ni vukivuki* ("humility"): This work is your secret. Showing this work to everybody, even those who do not need your help, is boasting.

*vakarokoroko* ("respect"): Everybody must be respected. Each person deserves our love and help. And the traditional ways of the land must be respected. We show our true nature by such respect.

*sega ni lomaloma rua* ("single-mindedness"): You must firmly and fully believe in your work and faithfully worship your guardian ancestor. Once you decide about something and judge what is right, you must stick by your word and seize the moment to act. No wavering or turning back.

*vei qaravi* ("service"): The power is to be used only for healing and serving others. You cannot use it to harm or kill others, or for your own personal gain, to get money or other things. That must be very clear. If you do, the power leaves you.

Though these attributes are often phrased in terms of the healing work itself, they generally prescribe the way a healer must live.<sup>18</sup>

Almost all prospective healers work first as assistants to established healers. Approximately a third of them are assistants to a healer who has just cured them and offer their help out of appreciation for the cure and respect for the healing power. About half of the healers, at the beginning of their careers, have a close relationship with an experienced healer, who helps the apprentice with difficult cases and provides general guidance. Through his or her behavior, the teacher demonstrates the straight path to the student. By traveling the path, one learns how to walk it.

Healers mark the beginning of their work with a first vision, one that calls them to healing. They place life-changing significance on the experience. Loti's first healing vision—composed of temporally separated segments—is typical:

I was sleeping or maybe just resting a bit. The ancestor of our village appeared to me as a woman. She told me to go to the cliff by the shore and jump on the ancient Fijian canoe that lay in the bay. I went to the cliff. The boat lay beneath, far below. I was afraid to jump . . . but jumped, landing on the deck. The canoe sailed out to sea. Suddenly a sea-snake appeared, and around its neck, hanging by a gold chain, was the mana-box. The ancestor told me to take the box. She said it was for me. But I was very afraid, afraid the snake would bite. I approached carefully, using a long pole from the sail to try to lift the mana-box off the snake's neck. I hesitated more than once, and moved cautiously. I reached out with the pole . . . and failed. I was undecided about continuing on. A second time I reached out with the pole . . . and again failed to get the box. The ancestor said that I must return to the village. "The mana is not for you today," she said. The next day she appeared again. "You have one more chance. Leap onto the canoe and take the mana-box." Again I went to the shore, leaped onto the canoe and soon found myself facing the sea-snake with the mana-box around its neck. This time I did not hesitate. I slipped the mana-box off its neck and didn't even need the pole. The ancestor told me that I was now to use that mana for healing, that I was to begin the healing work. The next morning I awoke somewhat confused. How could I begin to heal, I wondered, since I did not know how to perform the healing ceremony. The ancestor spoke to me again: "Don't worry. You have the mana with you. Use the mana for healing and the ways of healing will come to you."<sup>19</sup>

The ancestor who wishes to provide mana for the healing work appears during that first vision, requesting that the person engage in healing work on his or her behalf. In offering the straight path, the ancestor makes clear what is needed to follow that path. Loti, for example, learns about the importance of being single-minded. The first vision calls for a commitment to use the power of mana only for healing.

These first healing visions, enhanced states of consciousness, vary in detail and in intensity. For some, the vision occurs in a dream state, at times moving into or out of a

<sup>18</sup> Although healers use phrases and describe values that are similar to those of Christian belief, there are many aspects of their ideology that are not identical with Western church doctrine. Where there is an overlap in the two systems, it is impossible to know the origin. Since identifiable Western elements are at present thickly blended with others that do not seem of recent Western origin, and since traditional Fijian legends often exemplify these attributes, it is likely that the attributes were also part of the indigenous system before Christian influence.

<sup>19</sup> Richard Katz. Field notes. 1976-78.

waking state; for others, the vision occurs while the person is awake, and most often alone. Frequently, the person sees the ancestor, and usually they converse. In many cases, the healer reports leaving his or her body, traveling (often flying) away to contact the ancestor more directly or to see something the ancestor wants to show, such as the traditional canoe in Loti's trip.

Altered states of consciousness in which the ancestors are felt, seen, or heard are common among people of the outer Fiji Islands, whether or not they are healers. Fear dominates encounters between nonhealers and the ancestors. These encounters are brief, and the opportunity for communication is not pursued. The prospective healer's acceptance of the ancestor's communication and the commitment to work in alliance with that ancestor distinguishes his or her experience from that of others. The first vision presents to the healer a new way of being and behaving, a new way of viewing him or herself as one now capable of directing mana toward healing. The vision signals permission to hold a healing ceremony.

In affirming the healing value of the ancestors, the healer shows courage in overcoming a fear that many Fijians believe is "natural." This fear is supported by some urban ministers who say that seeking communication with the ancestors can lead to working with *tevoro* ("the devil") and the practice of witchcraft. The healer must continually disprove that supposition. By engaging in extended communication, the healer creates a relationship that makes healing possible, and by staying on the straight path, he or she counters the presumption of witchcraft.

The first vision lays the foundation of the healing work — the connection with the ancestor who will be the source of power and of the commitment to use that power for healing. It inspires the appearance of the path and sets in motion a process I call "envisioning." Envisioning helps healers to actualize the straight path which unfolds along the lines suggested by the first vision, filling in the details of healing techniques as one works. Envisioning is more than carrying out the intent of the first healing vision. It involves advice and instruction from a teacher, if there is one; subsequent visions; lessons learned from one's patients; and most of all the actual practice of healing and learning to live with that practice in one's community.

The first vision calls on the healer's emotional commitment to healing rather than presenting information about healing technology. The healer must affirm belief in mana without knowing how to conduct a healing ceremony and agree to begin the healing work, trusting that specific healing techniques will come as the work is done. The call is felt as a painful challenge, a necessary responsibility, since Fijians do not seek the healing power. One must try first to refuse the ancestor's request, acceding only when the ancestor insists. Feeling humble and unworthy of the responsibility of power, one also intuitively feels the pain and difficulty that characterize the healing work, a life filled with temptations, tests, and others' suffering. Many, especially those not yet adults, do not take up the healing work immediately after their first vision. Weeks, months, even years may pass. The vision may be reconsidered, its consequences reevaluated. Another strong emotional experience often precipitates the practice, perhaps an unexplained request for healing from a sick person.

Only one phase in the career of the Fijian healer is universal, the first healing vision. The median age for first visions is forty; they commonly occur in mature adulthood, but

can occur during adolescence or early adulthood. The first vision marks the entry onto the path, and the career of the healer consists of traveling on and development in that path. The life of the healer is an unfolding of the first vision, and an actualizing of the envisioning process. In traveling the path, the healer's power deepens as the ability to use and live with healing power matures.

A common metaphor of the straight path is a path cut by hand with a bush-knife through heavy underbrush of the Fijian forests. In creating the path one must follow, dead ends and shortcuts, torturously difficult passages and relatively easy ones, cause the person's movement to fluctuate in rhythm and speed, sometimes circling back on itself. Western concepts of development, including clear directions, linear progress, and success defined by levels of attainment, do not apply here.

The straight path challenges character, which unfolds amidst confusing situations. Education of the healer deals with subtle movements back and forth along dimensions of character, at increasingly demanding levels. The movement itself releases increasingly potent healing power. But as one travels the path, living out the attributes of character becomes increasingly difficult. The healer is constantly tested—tempted, for example, to charge money for a healing ceremony, to become sexually involved with one's patients, and otherwise to betray the attributes that define the path. Increased power is determined by meeting severe tests.

As the healer accumulates power, he or she begins treating broader problems, such as hostilities between villages. Because the magnitude of power makes it more volatile, harder to control or direct, the healer becomes more vulnerable to practicing witchcraft. Many healers who are considered very powerful are also suspected of witchcraft. Tests of the healer then become even more important.

Popular but sometimes superficial criteria for judging the healer's movement along the path include: the response of clients, the number of clients one sees, the importance of these clients, and the degree to which one's cures are considered "miraculous." The increasing severity of the tests faced and resolved by healers also determines his or her movement. Accessibility of visions to the healer, their frequency, the number and power of the ancestors who visit, and the extent of direct communication between healer and ancestor indicate the healer's movement.

Those criteria that healers use to judge each other are most important, and include a total dedication to healing, expressed in the proper performance of the healing ceremony rather than in achieving specific cures. The healer's understanding, in contrast to knowledge, is most essential. Understanding is associated with the heart rather than exclusively with the mind, a broadly emotional rather than a narrowly cognitive way of knowing.

Of those healers who embark on the journey, not all continue on the straight path. Some give up working with yaqona entirely, as they find the path too demanding, and see themselves as unwilling or too weak to continue. This infrequent outcome typically occurs early in the career, perhaps during the first phase of tests. Others may continue practicing the healing ceremony, though it becomes an empty performance, since their commitment is a pretense. They can harm people by building false expectations, and they are particularly prone to attempt witchcraft.

Becoming a healer in Fiji does not bring economic rewards or increased social status.



On a variety of economic and social indicators, healers are the same as nonhealers. However, they do differ in their response and relationship to mana.<sup>20</sup> For example, healers connect mana more frequently with healing than do nonhealers, respect it more, and consider it more powerful than do nonhealers. Healers also feel less surprised, afraid, and anxious when mana comes to them, since for them the experience of mana is more familiar. Fijian healers work hard and contribute fully as respected members of their community. They are given no special privileges in order to perform their healing, which in fact takes little time. Their distinctiveness remains a private affair, a motivation and set of beliefs that prepares them for their healing work, allowing them to work extensively with mana where others cannot.

### *Education as Transformation*

In reflecting on the education of healers among the !Kung and the Fijians, certain principles common to both systems emerge. These principles can be said to describe a model that I call "education as transformation." The concept of transformation is alien to mainstream approaches to education and individual development in the West. But insofar as human illness and healing involve universal psychological processes, we must seriously consider the education of healers in these two cultures and ask whether their education includes essential characteristics absent from our approach.

Several general principles characterize the education of !Kung and Fijian healers, one of which is the healer's experiences of transformation. Becoming a healer depends on an initial transformation of consciousness, a new experience of reality in which the boundaries of self become more permeable to an intensified contact with a transpersonal or spiritual realm. At this juncture, prospective healers experience a sense of connectedness that joins a transpersonal or spiritual healing power, themselves, and their community. But gaining access to the healing power is not enough; healers must then learn to apply that power to healing within the community. This occurs through the process of envisioning, during which the experience of transformation is continually enacted and reaffirmed in the healers' daily lives. Envisioning occurs in the details of ordinary life as the healer's life is transformed from the inside by the healing practice. Thus transformation initiates the intensive phase of becoming a healer and also characterizes the healer's subsequent development.

In these transformations the emphasis is on the psychological process of transition rather than on the nature of barriers crossed or stages reached. Healers move continually between their fear of the transforming experience and their desire to heal others, their search for increased healing power and the difficulty of working with it. The emphasis on transition establishes flexible boundaries between career phases and psychological states.

A second principle is that the experience of transformation, which makes healing possible, does not remove healers from the context of daily living nor diminish their everyday responsibilities. !Kung and Fijian healers are as hard-working in ordinary subsistence activities as nonhealers, and they contribute fully to their communities. The service orientation of the healing work is a third principle. Though healers themselves must

<sup>20</sup> Reported differences which follow are significant at the .05 level.

become engaged in a difficult educational process, they do so as their community's emissary. The healers' commitment is to serve as vehicles that channel healing to the community rather than to accumulate power for personal use. Healers struggle for a sense of connectedness joining self, community, and the spiritual domain and their commitment to community service guide the unfolding of their healing practice and lives. A fourth principle is that transformation sets in motion an inner development that is not manifested or rewarded by changes in external status. As one old Fijian healer said: "Being a healer is a silent thing."

A fifth principle is the emphasis on character as a critical context for healing and healing technology. It is qualities of heart—courage, commitment, belief, and intuitive understanding—that open the healers to the healing potential and keep them in the healing work. Healing technologies become available only to those with the necessary character. Technologies serve the healing aim, but they do not justify or measure the healing work. A final principle is that the education of healers stresses the proper performance of the healing ritual rather than discrete outcomes. The cure of a patient assumes importance only in the larger context of the community's healing ritual. Proper performance demands that the healer serve as a focal point of intensity, embodying an unswerving dedication to healing and reaffirming the community's self-healing capacity.

Though the term "transformation" has been used among Western psychologists and educators to describe both a process and an outcome, it generally connotes changes that remain within the intra- and interpersonal spheres of a person's life. Change limited to this personal level does not address transformations described by I-Kung and Fijian healers, with the accompanying permeability of the self's boundaries to the transpersonal and the resulting restructuring of the sense of self.

Both theoretical and research literature in the West attempt to deal with these transpersonal changes, usually referring to them as "altered states of consciousness."<sup>21</sup> But the framework employed emphasizes these changes of consciousness as states generally divorced from the context of ongoing daily life. Thus the literature misses an essential ingredient of transformation, namely, how it initiates an envisioning process. A second line of consciousness research—commonly known as biofeedback—has examined changes in consciousness more grounded in daily life. These processes, however, are less encompassing than those which occur during transformation.

The core of the model—a radical change in consciousness that is an accepted part of the work and process of daily living—has largely remained a paradox in Western thinking. William James pointed this out when he described transformation as characteristic of "unusual" states, such as religious conversion and dissociative states.<sup>22</sup> The Outward Bound Schools and various recent transpersonal education approaches are examples of educational settings whose aim is transformation.<sup>23</sup> But owing to the brevity of these interventions and their discontinuity with the students' ongoing lives, they often have only

<sup>21</sup> See Charles Tart, ed., *Altered States of Consciousness: A Book of Readings* (New York: Wiley, 1969); and Tart, *States of Consciousness* (New York: Dutton, 1975).

<sup>22</sup> William James, *The Varieties of Religious Experience* (New York: Mentor Books, 1958).

<sup>23</sup> Richard Katz and David Kolb, "Challenge to Grow: The Outward Bound Approach," in *Opening the Schools: Alternative Ways of Knowing*, ed. Richard Saxe (Berkeley: McCutchan, 1972); Thomas Roberts, *Four Psychologies Applied to Education* (New York: Halsted, 1975); and Katz, *Preludes to Growth*.

short-term effects and so fail to achieve the transformation described in the two cultures.

Several Western theorists have sought to incorporate the idea of transformation into their view of individual development, thereby tying the experience of transformation into the context of daily life. But, again, they differ with the idea of transformation as presented in the model. Two such major theorists are Jung and Erikson.<sup>24</sup> The person who has achieved "wisdom," by Erikson's definition, may briefly contact spiritual realms, receiving some guidance. The person who is "individuated," in Jung's sense, may have longer or more frequent contacts, receiving more extensive guidance. !Kung and Fijian healers, however, have more pervasive contact with and guidance from the spiritual dimension, a contact that is more woven into the fabric of their daily life.

For Erikson and, to a lesser extent, Jung, spiritual factors play an important role in development only in the final stages of adult development. In fact, biological, psychological, and social dilemmas must be met and resolved before the spiritual dilemmas become a major influence in one's life. Similarly, Maslow delineates a "hierarchy of needs." He argues that what might be called spiritual needs become relevant only after a series of "earlier" and "more basic" needs have been met, such as needs for shelter, food, security, and love.<sup>25</sup>

By contrast, among the !Kung and Fijian healers, transformation itself initiates the healers' development. The transforming experience stimulates the solution of biological, social, and psychological dilemmas, whereas, for Erikson and Jung, transformation is more a result of a life's unfolding. Thus the model presents transformation as a life-changing process as well as a description of the unfolding of that changed life.

Fowler's work on "faith development" considers the influence of spiritual factors throughout development and approaches the idea of transformation.<sup>26</sup> But it is not until the final stage, Universalizing Faith, that he deals with a spiritual influence as direct and pervasive as that which occurs among !Kung and Fijian healers. In contrast to the transformation experienced by those healers, which keeps them within the culture's mainstream and close to its ideals, the transformation experienced by Fowler's Universalizers often brings them into conflict with their culture, as they are often seen as subversive. And unlike Fowler's stage of Universalizing Faith, which he describes as extremely rare, becoming a healer in Fiji or among the !Kung is neither uncommon nor at odds with the cultural ideology.

While the idea of transformation is part of some Western approaches to religious education, this idea differs greatly from the !Kungs' and Fijians' in cases where stress is placed on participation in organized religion rather than on changes in daily life. In the West, even when transformation is expressed in a religious approach, it is often outside the mainstream, where education is primarily secular, seeking to move beyond "religion" towards "science."

<sup>24</sup> Carl Jung, *Symbols of Transformation* (Princeton: Princeton Univ. Press, 1952); Jung, *Two Essays on Analytical Psychology* (Princeton: Princeton Univ. Press, 1972); and Erik Erikson, *Childhood and Society* (New York: Norton, 1964).

<sup>25</sup> Abraham Maslow, *Motivation and Personality* (New York: Harper & Row, 1970).

<sup>26</sup> Jim Fowler and Sam Keen, *Life Maps: Conversations on the Journey of Faith* (Waco, Tex.: Word Books, 1978).

The idea of transformation is, however, central to a variety of other educational paths, whose influence on mainstream Western education has been practically nonexistent. Some of these approaches, like education as transformation, stress the education of the heart. Examples include the Lakota (Sioux) way of educating healers;<sup>27</sup> the Bhakti path in Hinduism;<sup>28</sup> the Christian devotional life;<sup>29</sup> the Mahayana-Buddhist way of compassion;<sup>30</sup> and the life of the *curandero*.<sup>31</sup> While stressing the way of the heart, education as transformation and these other educational paths, also include the way of the "head" and "hand." The classical Western distinction between thought, feelings, and beliefs is not important in those approaches.

### *Education of the Community Psychiatrist*

The structure of Western societies, characterized by specialization and professionalization, prevents an exact comparison between Western healers and those of the !Kung or the Fijians, but the community psychiatrist offers a reasonable parallel. Community psychiatrists are health professionals in the West who assume medical, social, and psychological responsibilities; they are often called "priests of the new science" or "scientists of the new religion." Though my specific focus is on the community psychiatrist, the implications of education as transformation are relevant to community mental health workers in general. In spite of the fact that community psychiatry has relatively few workers in the community mental health field and comprises a small specialty within psychiatry, community psychiatrists are exemplary community health workers because their discipline shapes the education and practice of other mental health workers such as clinical psychologists and social workers. While there are factors common to all forms of healing, I will stress the role of transformation because I believe the lack of attention paid to this process in the community psychiatrists' education creates problems that interfere with their functioning effectively.<sup>32</sup>

The !Kung and Fijian healer and the community psychiatrist each expresses the dominant values of and respond to needs in his or her respective culture. Each is educated in a culturally appropriate way. In the West, medical school still dominates the education of the community psychiatrist. The psychiatric component of that education stresses a psychoanalytic orientation, as well as a biomedical approach. There is a practicum compo-

<sup>27</sup> John Fire/Lame Deer and Richard Erdoes, *Lame Deer, Seeker of Visions* (New York: Simon and Schuster, 1972) and John Niehardt, *Black Elk Speaks* (New York: Pocket Books, 1972).

<sup>28</sup> Swami Muktananda, *In the Company of a Siddha* (Oakland, Calif.: Siddha Yoga Dham of America [SYDA], 1978).

<sup>29</sup> Thomas Merton, *Seven Storey Mountain* (New York: Harcourt Brace Jovanovich, 1978).

<sup>30</sup> Chogyam Trungpa, *Cutting Through Spiritual Materialism* (Boulder, Colo.: Shambala, 1973).

<sup>31</sup> Douglas Sharon, *Wizard of the Four Winds* (New York: Free Press, 1978).

<sup>32</sup> I base the description of the education of community psychiatrists on the writings of Howard S. Becker, Blanche Geer, Everett C. Hughes, and Anselm L. Strauss, *Boys in White: Student Culture in Medical School* (Chicago: Univ. of Chicago Press, 1963); Gerald Caplan, *Principles of Preventive Psychiatry* (New York: Basic Books, 1964); and Donald Light, *Becoming Psychiatrists* (New York: Norton, 1980), supplemented by observations I made while working for four years in a community mental health center and by reflections on my own training as a community psychologist. Other researchers have discussed factors they believe are common to all forms of healing, such as a rationale or myth which includes an explanation of the cause of the distress and a method of relieving it; see esp. Jerome D. Frank, "Therapeutic Factors in Psychotherapy," in *Psychotherapy 1971: An Aldine Annual*, ed. Joseph D. Matarazzo, Allen E. Bergin, Jerome D. Frank, Peter J. Lang, Isaac M. Marks, and Hans H. Strupp (New York: Aldine, 1971).

ment, including a residency, usually in a community mental health center. Among medical and psychiatric peers, community psychiatrists are often the ones struggling most actively to respond to the needs of their communities.

In comparison to education as transformation, the education of community psychiatrists, however, does not emphasize a new experience of reality. The psychiatrist learns a new set of values and attitudes, a change that does not require the restructuring of self as experienced by !Kung and Fijian healers. Community psychiatrists learn a "scientific" approach to behavior and human problem solving which stresses their own mastery over a body of concepts and techniques that are the result of their colleagues' collected wisdom. Unlike their !Kung or Fijian counterparts, they do not draw upon transpersonal knowledge and are dependent on what they can conceptualize and control.

The education of community psychiatrists serves to separate them from responsibilities of everyday life in the community. As rare and valued specialists, they are protected and isolated. They literally are hard to reach. The highly differentiated and individualistic nature of Western society makes a sense of unity between self and community impossible. Rather than serving as community emissaries, community psychiatrists often act on the basis of professional commitments. They pursue individual careers, often at odds with what the !Kung and Fijians would see as their healing role. The development of empathy, a skill stressed in the psychiatrist's training, is necessary because of a preexisting gap between healer and client. In fact, the community psychiatrist is at times taught to treat the disease or problem, rather than the person, in order to maintain distance from the patient.

In sharp contrast to the !Kung and Fijian healers, the career growth experienced by the community psychiatrist is expressed by increased status. Achieving status is in fact a major contribution to this growth. Those seeking psychiatric help often judge competence on the basis of the psychiatrist's status, and little attention is given to erasing status differences between "doctor" and "patient." More than their !Kung or Fijian counterparts, psychiatrists are prey to expectations that may exceed their actual competence.

Community psychiatrists are expected to become individual repositories of healing. They are both respected and feared for their personal knowledge. Instead of being continuously available to serve the people, this knowledge serves different masters, including personal gratification. This is in marked contrast to the fact that healing power and knowledge is neither meant to be personally owned nor even controlled by the !Kung or Fijian healer.

Though some young people feel they have been called to medicine, the calling becomes less important, less of a guide to future action as their medical education progresses. Envisioning is a process that is absent from the education of most community psychiatrists, and largely unsupported for the few individuals for whom it plays a role. The profound, continuing influence of the Fijian first vision is rare.

At times, the education of the community psychiatrist has been described as a journey, but the journey is rarely a guiding metaphor. Compared to the !Kung and Fijian healers' careers, the psychiatrists' course follows a logical and linear progression, with clear markers of progress, such as grades, and discrete boundaries of transition, such as becoming a resident or staff psychiatrist. There is more emphasis on sociological transitions, such as career changes, than on the fluctuations in the healing knowledge or

power that characterizes education as transformation. Regulating healing knowledge or power is not a focus in the education of psychiatrists. While transition states are of value in themselves in the transformation model, such periods are seen more as delays or side-tracks in the central business of career development for the community psychiatrist.

The "heart" is often seen as a hindrance in the community psychiatrist's education rather than as the foundation of knowledge. This is partly a consequence of a narrow Western definition of heart, which reduces it at times to an "antiscientific" emotionalism. Intellectual skills are stressed; emotions, courage, commitment, and belief are often dismissed as old-fashioned and sentimental. For !Kung and Fijian healers, technology follows in the wake of character. For the community psychiatrist, however, technical knowledge is the main ingredient of education, the measure of educational success, and the sign of competence. It is offered to students with few preconditions that they be prepared to use it properly by dint of character.

A recent movement in the medical community has begun to address some of the very principles proposed in the approach of education as transformation.<sup>33</sup> Internal medicine and community mental health, for example, have taken some important steps toward stressing the importance of caring in health delivery.<sup>34</sup> Even though the importance of education as transformation is beginning to be realized, it plays, at most, a minor role in the education of community psychiatrists.

To what extent are the central features of education as transformation culture-dependent, and embedded in specific demographic, economic, technological, and other sociocultural conditions? !Kung and Fijian societies both differ from the industrial West on all those dimensions.<sup>35</sup> The necessity of describing the !Kung and Fijian material in English can create an illusion of familiarity with these two cultures in the Western reader.<sup>36</sup> The degree to which particular aspects of education as transformation are embedded in the patterns of economic and social adaptation characteristic of !Kung and Fijian life remains an empirical question. While particulars may be culture-specific, there are some general aspects of education as transformation that seem applicable across cultures. Two important examples are the healers' relationship to a source of healing power beyond the self, and their service orientation to the community.

A Western equivalent of "envisioning" is essential, and the community psychiatrist is sorely in need of a community healing ritual. Compared to the !Kung and Fijian healers, community psychiatrists are placed in a vulnerable position. They are personally expected to produce specific cures without any community support, a situation doomed to failure and sure to promote antagonism between healer and community. Education as

<sup>33</sup> Howard S. Berlinger and J. Warren Salmon, "The Holistic Alternative to Scientific Medicine: History and Analysis," *International Journal of Health Services*, 10, No. 1 (1980), 133-147.

<sup>34</sup> Personal communication with Andrew Billings, June 1980.

<sup>35</sup> !Kung and Fijian societies also differ from each other in important ways we have not considered in this paper.

<sup>36</sup> A number of studies compound this presumption of familiarity by casting traditional healers into the role of "prescientific" or "untrained" psychiatrists, minimizing their intrinsic validity, for example, Ari Kiev, ed., *Magic, Faith and Healing* (New York: Free Press, 1964); and Robert Edgerton, "A Traditional African Psychiatrist," in *Culture, Disease and Healing: Studies in Medical Anthropology*, ed. David Landy (New York: MacMillan, 1977).



transformation suggests ways to reconceptualize the issue of healing so that it entails mutual support between healer and community.<sup>37</sup>

Education as transformation respects both aspects of a dialectic that seem necessary to individual and community health.<sup>38</sup> It supports experiences ordered by the structures of daily life as well as those that occur in transition between and beyond those structures. Education as transformation gives added weight to the experience of transition itself, emphasizing the intrinsic value of the psychological movement that animates that transition. The experience of the transpersonal is intensified during these transitions but not restricted to them. Insights and power received during the transitions are activated only as they are applied within the structure of everyday life. Education as transformation emphasizes the intermingling and the continuum between everyday life and the transpersonal, eschewing any dualism.

Education of the community psychiatrist does not effectively maintain that dialectic. It emphasizes a definition of reality which is based more on structures than transitions, and is confined more to an existence within the person and his or her social environment than beyond the person. Community psychiatrists learn what their culture teaches, but what they learn is inadequate to their tasks. Educated to emphasize the personal accumulation of healing power, they are ill-prepared to meet the overriding need in community mental health for a wide distribution of healing resources and a pervasive collaboration between helper and community. They would be better trained to meet that need if their education stressed a broader definition of reality, which would allow for transformation and for a source of healing beyond the person.

The economic and political power that accompanies Western ways of education usually leads to their domination over an approach based on transformation.<sup>39</sup> If misunderstood, an approach based on education as transformation can encourage such attitudes as passivity and submission to the healer, which might impede access to resources in a modernizing context. But such attitudes are not intrinsic to the model, which stresses the collaborative and communal nature of healing. In fact, one could argue for the particular necessity of education as transformation in the industrialized context, not just for the community mental health worker but for all helpers and teachers charged with the responsibility for the maintenance and growth of their respective communities.

<sup>37</sup> Another way in which education as transformation can effect changes in the community mental health system is by supporting multiple healing paradigms. Research suggests not only that people in distress are able to utilize multiple and "conflicting" healing paradigms, but also that this is an effective strategy. See Richard Katz and Edward Rolde, "Community Alternatives to Psychotherapy," *Psychotherapy Theory: Research and Practice*, forthcoming. Rather than focus only on improving the education of the community psychiatrist, one could support, alongside the Western healing system, the development of healing systems that already use education as transformation in the training of their healers. Data on usage of multiple healing paradigms in Fiji suggest ways to increase the likelihood this usage strategy will provide better care: healers from each system recognize the different assumptions of each system and respect the work of each other; they should recognize the limitations and strengths of each system, especially their own; and they should be knowledgeable about making referrals between systems and willing to do so.

<sup>38</sup> Victor Turner, *The Ritual Process* (New York: Aldine, 1969); Roy A. Rappaport, "Adaptation and the Structure of Ritual," in *Human Behavior and Adaptation*, ed. N. Blurton-Jones and Victor Reynolds (London: Taylor Francis, 1978).

<sup>39</sup> Philip Singer, ed., *Traditional Healing: New Science or New Colonialism* (Buffalo: Conch Magazine, 1977).

Rappaport suggests that rituals in which we experience a transpersonal bonding are essential for the survival of the human species.<sup>40</sup> He claims that only through participating in such rituals can we overcome our separateness as individuals and know the reality of the transpersonal which enables us to accomplish the communal tasks so essential to the survival of the human community. The present individualism and consequent fragmentation of these communal efforts in industrialized society is well documented.<sup>41</sup> By connecting healing power, healer, and community, education as transformation stresses transpersonal bonding. By describing the special contributions of healer education among the !Kung and the Fijian people, I hope to have demonstrated the value of this non-Western approach, which I believe offers a fundamental, perhaps necessary, resource for healing in and of the human community.

<sup>40</sup> Roy A. Rappaport, 1978.

<sup>41</sup> Peter Berger, Brigitte Berger, and Hansfried Kellner, *The Homeless Mind: Modernization and Consciousness* (New York: Vintage Books, 1973).