CHAPTER I
INTRODUCTION

A low groan is uttered by the spirit medium as she rubs, pulls and massages her client's back. The groan is repeated and a low murmuring, muttering sound is also heard. The medium, in trance, is like a puppet, seemingly unconscious of what she is doing or the noises she is making. Gradually, she leans back and away from her client and with the same glassy-eyed detachment turns to pick up a small screw-top glass jar. She opens the jar and appears to deposit something inside. The lid is refastened tightly and she returns to continue massaging and pummelling her patient's back. In front of the client an aromatic plume of smoke rises from an incense burner and winds its way around the room.

There's a certain incongruity between the seemingly ancient practice which is being carried out and the setting in which it is taking place – the trappings of the healer's home are modern and comfortable, and this is perhaps most aptly demonstrated by a wide-screen TV blaring out in an adjacent room, hypnotizing its young audience. However, the queue of people waiting to consult the healer appear oblivious to the noise, displaying more interest in the treatment they are witnessing, and perhaps wondering how they will themselves fare in their consultation.

This thesis is a study of traditional healers called *bomoh* who live and work in the Pattani area of Southern Thailand. The healers are all Malay-speaking Thai Muslims, which means that their citizenship is Thai, but their first language is Malay, spoken in the local Pattani dialect. The aim of this study is to discover how traditional healing practice is able to continue to play a role and have meaning within the community given the rapid development and modernization of Thailand in the latter half of the twentieth century.

The focus is on the healer. Examining both the patient and the healer requires a broader study of the dynamic for seeking treatment, and of illness behaviour. For example, the inadequacy of the Health Belief Model (Good 1996: 39), which presumed the patient to be rational and pro-active (and in doing so reflected Western ethnocentric attitudes), makes it clear that any study involving patient choices requires a very close analysis of not just the

process of how decisions are made that treatment needs to be sought (Good 1996: 39-43; Yoder 1997:134-136) but also great discussion of how the labeling of an individual with the term 'patient' can occur. Often those who are sick (or who are considered by others to be sick) have little freedom of action and empowerment. Treatment seeking decisions are constrained by social factors and economic structures of inequality, and to include them in this thesis would have made the topic too broad and unmanageable. Focusing on the healers enabled a stronger base of not just the treatment, but also the philosophy and history which feeds and infuses the treatment, to be established.

As wide a variety of practitioners as possible were studied. The objective was to see whether underlying features or aspects of practice and technique could be determined that would explain the popularity of the healers and affirm their solid standing within their communities – and in many cases, farther afield.

An exploration was required of the form and content of traditional healing practice, accommodating not just the role of the healers, but also their œuvre in order to discover how practice sustained, reflected and thus reinforced the ethnic identity of the Malay-speaking Thai Muslims. It was believed that discussion at the micro level of the healers who are part of a minority population in Thailand would demonstrate, at the macro level, the theory and discussion of marginal, border identities.

Interactions between people involve a binary process of assumptions made about other – termed a 'marking' of difference by the Comaroffs (1992) in Chapter II. These notions are initially based more on non-verbal expressions and signals, and appearance falls within that range. Assumptions based on physical form often reflect cultural differences. Obesity, for example is perceived as positive, in some cultures, ie it is considered to suggest wealth and opulence because the individual clearly has enough money to eat; yet in other cultures it is predominantly seen as a sign of bad health, and can suggest greed or a lack of control.

A further example is observed among one of the tribes of the North American Indians. Congenital hip dislocation in newborn infants has been recorded quite frequently among the Navajo. This deformity is easily diagnosed and treated, resulting in completely normal hip function in adulthood; untreated, it results in a limping impairment. However, the Navajo do not perceive the need for treatment. "Impaired hip motion was not thought of as a social,

personal or economic problem. The appearance of limping was not stigmatized" (Anderson, 1996: 169).

Thus attitudes to the body, to its treatment and maintenance are strongly associated with identity and culture. Illness and ailments are profoundly affected by psychosocial factors, yet this fact is often dismissed in the 'broader' scheme of treatment. In the United States, it has been demonstrated that medical institutions, physicians and doctors often display little tolerance for the healing practices of ethnic minorities, opting to use a model of coercion rather than, say, one of mediation to force peoples from other cultures and belief systems to follow biomedical treatment systems. "Compliance is moral hegemony," suggests Anne Fadiman in her fascinating book 'The Spirit Catches You and You Fall Down' (1998) about a young Hmong girl and the medical treatment she received in the USA.

Following from Leslie (1976), who was one of the first anthropologists to draw attention and give respect to other systems of healing practice in the text, 'Asian Medical Systems', Kleinman really brought practice to the fore in his book, 'Patients and Healers in the Context of Culture. Comparative Studies of Health Systems and Medical Care' (1980). He devised a short list of simple questions that enabled the belief system infusing the healing practice to clearly be perceived without taint or biomedical judgment (1980: 106).

In a sense, the relationship between the dominance of biomedicine and the lack of status of traditional healing practice mirrors to some degree an assimilationist stance of a nation-state over ethnic minorities. And extending from that paradigm, the notion of identity, and the choices made in the construction of identity, also reflects the framing of and the interaction of power relations.

However, identity is not simply based on the marking of difference from 'other'. It is also expressed as a plural, fragmented self which shifts and manœuvres according to the situation, but which becomes most vulnerable when the individual is ailing or sick. Research conducted by Nishii Ryoko (2002) in a village on the West coast of Southern Thailand discusses the Buddhist ordination ceremony undertaken by the Muslims villagers that often results when a young child falls sick. The villagers acknowledge an ancestral Buddhist lineage arising from intermarriage in previous generations, and consider the sickness a demonstration of conflict between a Buddhist 'residue' in their Muslim identity. Nishi considers the sickness "manifests the existence of the other within the self and signals an uneasiness between them" and suggests

that the ordination ceremony (which is usually of a young female, who following the ceremony undergoes a ritual conversion back to Islam) is a means of "negotiating the other within the self" (Nishii 2002). Although a stronger analysis of the fragmented Self rather than of plural identity, the research does, however, demonstrate not only the vulnerabilities that can be raised through sickness, but also the sense of an ancient past being very much an aspect of the contemporary present.

In describing the relationship between ethnic identity and traditional healing practice, this thesis seeks to illustrate a link between the adaptive essence of healing practice and the circumstantialist stance of ethnic identity. It aims to prove that traditional healing practice offers a coherent ambiguity within which ethnic identity can be affirmed and sustained.

THE PURPOSE OF THIS STUDY

The purpose of this study is to illustrate the form and function of traditional healers and locate them with the Malay-speaking Thai Muslim community in order to identify the relationship between traditional healing practice and ethnic identity. The study examines whether the practice of traditional healers continues to contribute to the ethnic identity of the group in contemporary life in the Pattani area of Thailand. The author's contention is that ethnic identity continues to be sustained through traditional healing practice. This aim of this study thus is to demonstrate how this occurs, and to suggest that traditional healing practice is an adaptive process that has accommodated the phenomena of ethnic identity, which is here interpreted as situationally dependent.

OBJECTIVES

The objectives of this thesis are to answer the research question:

> In what way does traditional healing practice among the Malay-speaking Thai Muslims in the Pattani area of the South of Thailand sustain ethnic identity?

and the subsidiary questions:

> Where is traditional healing practice located in the broader history of socio-cultural development in the Malay Peninsula?
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> How has traditional healing practice facilitated and accommodated change?
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> How is traditional healing practice adaptive?
>
> What are the features of Malay ethnic identity, and how is it demonstrated?

DEFINITION OF TERMS

Malay Muslim refers to Muslims of Thai nationality whose first language is Pattani Malay, ie Malay with the Pattani dialect. The term is used interchangeably with **Malay-speaking Thai Muslim.**

Use of the word **sustain** means to continue, illustrate, reflect and maintain. Healers are able to understand and treat their patients' problems within a realm and environment that sustains ethnic identity. Traditional healing practice for Malay Muslim patients continues to exhibit a commonality, an understanding, a respect and recognition for shared values and thinking. There is mutuality in identification.

The term **ethnic identity** is approached from a predominantly circumstantialist stance. It is this approach that enables the discussion of the oscillation of identity to be substantiated. However, based on the Comaroffs' view of ethnicity (1992), a primordial element is also apparent in the marking of difference. Furthermore, the term is used within the context of culture. Sharing an ethnic identity indicates the sharing of cultural features that are different from the cultures of other ethnic groups. Within this study, ethnic identity is considered to be made manifest in the role and practice of the traditional healer.

The **Pattani** area extends to a 20km radius of the center of the city of present day Pattani. The **Patani** kingdom refers to the region prior to its division between Malaysia and Thailand.

Practitioner is used interchangeably with the terms **healer** and **bomoh**, and represents individuals from a wide variety of traditions, which for purposes of clarity and convenience have been broadly grouped under the terms bonesetters, spirit mediums, and herbalist healers. No healer works exclusively in one area.

One form of healing often predominates, but the healers interviewed all displayed capacities for and knowledge of treatments for other problems. Practitioners were both male and female and were born and had lived in the area for at least 3 generations. In the same context, the term **role** is used to illustrate not simply the position of the healer in the community, but also the content of practice. Healers adapt their role to suit the needs of their clients.

Traditional as used with the term **healing practice** is aimed at differentiating local practice from biomedicine, ie Western medical practices. The term is used holistically to include the practitioners' œuvre, their acquisition of knowledge and the philosophy of their practice. It should be noted that the term traditional is not used to suggest that practice is static and unchanging.

The use of the term **healing practice,** as combined with **traditional,** covers treatments for ailments of both a mental and physical nature, including treatments for injuries. Also included in this term are the approaches, attitudes and philosophies of the healers, and their methodology and training. The treatment of pregnancy is not considered an ailment or an injury; however, brief reference is made to the role of the midwife.

The following four aspects are part of the conceptual framework, and are used to elucidate the content and interweaving of practice as demonstrated in the ethnography of Chapter IV: **Ancestral Voices** is used to refer to the influence of Malays spirits, including ancestral spirits and thus also accommodates the supernatural and magic or cosmic forces. **Ancient Knowledge** refers to humoral theories of healing practice. **Religious Guidance** illustrates the influence of Islam, including reference to the Qur'an, within healing practice. **Modern Means** acknowledges reference to biomedical practice and contemporary technology - biomedical or otherwise.

METHODOLOGY

Combined methodologies of archival research, field research and content analysis are used. Theoretical and historical information from archival research is used as a foundation for the findings of the ethnographic data.

Fieldwork, conducted in a limited period of time owing to work restraints, was carried out over a two-week period at the end of December 2001 and over a seven-week period from the middle of March to the beginning of May 2002. During the time available in-depth interviews with nine healers were conducted. Interviews were also conducted with Malay-speaking Thai Muslims living in the area including local people, academics, as well as long-stay foreigners.

A number of interviews and informal discussions were held with a range of people who had knowledge of local healers, and not just the patients of healers, these people included

students and administrative staff at the university, also Thai Buddhist professors, visiting non-Thai professors, government officials, as well as Malay Muslim villagers and local traders. Regular correspondence was maintained before and after fieldwork visits, with follow-up conversations continuing after. A trip to Yala was also carried out in February to interview a Pattanian with a broad and thorough knowledge of traditional healers.

SCOPE AND ORGANIZATION

The scope of the research is restricted to a 20-kilometre radius from the center of the city Pattani. The primary focus is the contemporary situation, as illustrated through ethnographic fieldwork. The historical perspective, however, is also crucial in order to frame this information. This perspective is given through secondary sources published in English

The thesis contains five chapters. The Introduction presents the interest in the topic, raises questions and identifies the relevant issues to be explored.

Chapter 2 presents a conceptual framework with the purpose of clearly demonstrating the link between traditional healing practice and ethnic identity. There are many ways of interpreting both phenomena and the approach chosen here employs, for traditional healing practice, Landy's concept of adaptive roles (1977), and for ethnic identity Nagata's concept of oscillation (1974).

Nagata's data was derived from research in a multi-ethnic community, and the Comaroffs' (1992) theory of ethnicity is employed as a means to frame Nagata's work. Hall's more recent study of identity is used to consolidate and update the work of Nagata. Reference is made to Dentan (1976) and Berger (1999) in order to emphasize the need for an awareness of the Southeast Asian perspective in a study of this sort.

A further perspective presented for discussion in the chapter is the need both to understand the shadow that biomedicine throws on traditional healing practice, and to take 'mental' steps to effect a paradigm shift in order to remove the taint and influence. The aim of this section of the chapter is to create an awareness of local practice that is as free of a judgmental biomedical bias as possible. The chapter further presents an argument to support the terms used to illustrate the data in the ethnography, and demonstrates the validity of the terms by describing their connection to an established historical descent.

Chapter 3 presents an historical overview of the forces that have shaped the region. These include a discussion of the rise and influence of Islam. The evolution of traditional healing practice is also discussed and its role in the socio-cultural development of the region.

Focusing in greater detail on the Patani kingdom and its division between Malaysia and Thailand during the past century, the colonial era is discussed; reference is also made to the reform movement within Islam and its effect upon the area. At this stage the chapter also covers in more detail, using colonial sources, the description and demonstration of healing practice.

Finally, the chapter offers a contemporary analysis of the oscillating expression of ethnic identity. In the development of ethnic identity and traditional healing practice, illustrative contrast is also drawn with the border area of Malaysia

Chapter 4 presents the fieldwork. The four aspects of 'ancestral voices', 'ancient knowledge', 'modern means', and 'religious guidance', are used to guide and illustrate the ethnographic data.

The aim is to demonstrate the blend of influences that have shaped practice and made it adaptive. The data is presented under three main headings of spirit healers, herbalist healers and bonesetters. The healers classified under herbalist healers, which broadly occupy a 'mid-point' between the other two, are presented individually owing to the greater diversity of their practice.

The concluding chapter opens by outlining the structure and anatomy of the thesis argument. Two of the three stages are summarized, having been chiefly covered in Chapter 3. The third concluding stage, however, combines the data of Chapters III and IV and, using Landy's (1977) framework in particular, illustrates the adaptive quality of practice and demonstrates how ethnic identity is sustained.