



CHAPTER IV

ETHNOGRAPHY OF HEALING PRACTICE

INTRODUCTION

The objective of this chapter is to present the detail of the ethnographic data in order to illustrate the broad practice of the healers interviewed. From the research, four clear aspects - termed Ancestral Voices, Ancient Knowledge, Religious Guidance, and Modern Means - emerged; they are used to illustrate adaptability within practice. The link these four aspects have to a greater tradition of analysis has been presented in Chapter II. Within the data of the chapter the interaction of the four aspects is demonstrated, and thus the adaptability of healing practice is clearly evident in the blending and co-existence of what is often dissimilar or lateral content.

In the first section, ie the initial discussion of the process of becoming a healer, all the data is grouped together; in the later presentation of healing practice, it has been classified under three main headings: spirit healers, bonesetters, and herbalist healers (see Chapter I Introduction). These necessary divisions are purely for clarity of thought, to assist the reader's passage through the material, and are broadly based on the major treatment area offered by the healer.

Thus spirit healers are more proficient in dealing with problems caused by spirits, such as spirit possession. Bonesetters are more skilled and more in demand for the repair of broken bones, though they will usually also offer massage for sprains and treatment of other minor injuries. The herbalists' treatments are more diverse: Bae Lo (H9 - H refers to healer: see Table 4.1) deals with snakebite, Al Karim (H3) with common physical ailments, and Yussuf (H7) although also dealing with common physical ailments specializes more in the care and cure of young children. All three healers are able to deal with spirit possession though only Bae Lo (H9) and Al Karim (H3) expressed experience in this. Although having a were-tiger spirit guide, Yussuf (H7) is better known and more called on as a herbalist for physical ailments. The bonesetters also have knowledge of the use herbs.

Thus the divisions used in the ethnographical classification are not intended to be an absolute labeling of the individuals and their work. In the acquisition, philosophy, and expression of their practice, the healers display a diverse range of attributes that, it will be evident, blend and intermingle. The healers did not classify or label themselves as belonging to a certain 'type'. For example, when asked how he would describe himself in terms of being a healer,

Wae Hama H4 replied *bomoh* Gapo (the name of the village his family had lived in for three generations, prior to moving to his wife's village three years ago). This type of response was common.

A reader's desire for some form of astute classification may reflect a biomedical influence or bias where terms of practice slot more easily within defined categories. In this present study, such a need is unnecessary.

Simplistically outlined, the spirit healer and bonesetters represent two ends of the same scale with the herbalist healers occupying the positions in between. As the data for the latter 'group' of healers is diverse, they are analysed individually. In fact, as is discussed further in the chapter, the herbalists present a small sample of the diversity of practice and this enables a contrast to be demonstrated between a case of marked adaptability from the absorption of contemporary influences (Al Karim H3) and a case of potential attenuation resulting from role strain (Bae Lo H9). Altogether, the three healers present different areas of practice, but their attitudes and knowledge interlock with all other practitioners discussed. Throughout the ethnographic data we witness the part illustrating the whole. Each healer uniquely contributes a perspective to a shared body of knowledge.

None of the healers interviewed was limited in his or her skill to one type of healing technique, and, it should be noted, the practice of some *bomoh* ranged beyond dealing with ailments and problems of sickness. For example, Ba-soh (H8) also showed the interviewer a 'magic' banknote used in divination; other skills and aptitudes displayed (such as rituals and rites for an abundant catch of fish, or steps to be taken to discern the location of a stolen motorbike), however, are not the focus of this study. All the healers, apart from Ba-soh (H8), did distinguish a major area of practice, but as the data shows there are no defined boundaries for different practices. Different healing traditions feed and blend with others.

Ba-soh (H8) offered the interviewer a choice from two main areas of practice, bonesetting and the treating of snakebite. The first had been inherited, while the second was studied, along with other treatments, under a guru. Although both very different practices, connections between the two, for example with regard to humoral theory, were evident.

Table 4.1 gives a broad overview of the healers and their practice, showing the number of generations healing skills have been apparent within the family, and the number of years the

healer in question has been practising. The age of the healers ranged from 34 to 74 years old, and the number of years practising extended from four to sixty. It should be noted that there was no distinct matrilineal or patrilineal trend of inheritance.

BECOMING A HEALER

Three broad but dominant features involved in becoming a healer emerged from the interviews. These were as follows: inheritance through kinship, apparitions or dream experiences, and illnesses or ailments suffered by either the individual or a close family member. The following information is summarized in Table 4.2 Features of Becoming a Healer.

These three features do not exist in isolation, but as a cumulative connection. All of the healers acknowledged a connection of kinship, and some of them experienced dreams or apparitions. Of the healers who experienced dreams or apparitions, some did so in connection with an illness: either their own or that of a close relative.

Each of the features covers a broad range of experiences and influences. For example, the second feature, apparitions or dream experiences, could extend from possessing a directly religious overtone (Al Karim H3) to displaying an overt communication from ancestral spirits (Yussuf H7) or in some cases, both (Ba-soh H8).

1 FAMILY

There is no direct correlation between the healer's major area of practice and the type of induction experience. For example, one might expect the induction of a spirit healer to be a kinship connection in the form of ancestral spirit possession, and that of a bonesetter to be a hands-on connection through kinship, such as in guided practical tuition by an older family, but this is not necessarily the case. In fact, only Bae Ma (H2) stated he had learned the practice of bonesetting directly from a living relative, and he said it had taken only about two months to get the basic knowledge. The studying was not difficult, but the practice was, and it was only through practice that he could become an expert. He was also the only informant who had prayed to God to be granted the knowledge.

Each informant said that the ability to be a healer was passed down through his or her family. Most said it occurred automatically, apart from Bae Ma (H2) mentioned above. Ba-soh (H8) referred to acquiring the knowledge through repeated dreams. The healing tradition stretched back on both sides of Al Karim's (H3) family for many generations; and although he

said the ability came automatically he initially doubted that he could actually be called a healer even when he was repeatedly told so in dreams and apparitions.

Some healers suggested that the transition could only fully occur, ie be inherited, when the current healer had died. Wae Hama (H4), also a bonesetter, talked of acquiring the knowledge 'automatically' after his father died, although he had had a 'sense' of it at eight years old when he had massaged a teacher at school. He also added that his father had taught him supplementary information about the *angin*, the winds, while he was alive. Similar information was given by Bae Lo (H9), a herbalist curer of snakebites. Although he had had a dream when he was 8, he didn't start practising until he was 35, after his father had died.

Suda (H6), a bonesetter, described the ceremony that took place to transfer both the knowledge (in a basic form) and the role of healer from her mother to herself. She spoke of bathing in blessed water, wearing a special sarong and making an offering of a betel set and a sarong to her mother as guru. She added that the ceremony also included the reciting of verses from the Qur'an. However, she also said that it was only when her mother died (when her daughter, the healer interviewed, was 18 years old) that she started to practice.

The most vivid description of the process of becoming a healer was made by Abdul Allah (H5). He knew at 15 years old that he chosen to be a healer, that one day it would manifest, and this for him was when he was 45. He used the analogy of a gas bottle, "If you put gas in a bottle, bit by bit, one day it will explode!"

2 DREAMS AND APPARITIONS

The dream experiences of some healers have already been touched upon (Wae Hama H4, Bae Lo H9, Al Karim H3, Yussuf H7, Ba-soh H8). In one case it was seen that the dream experience appeared to confer or consolidate the status of the healer: Bae Lo (H9), who had a dream at the age of 8, stated that both he and his two brothers had been taught some basic knowledge by their father. However, as they had not experienced the dream, he, as eldest brother, had seniority. If all three were to live close together, he would be the only one who could practice.

The dreams or apparitions ranged in their potency from a 'sense', as experienced by Wae Hama (H4) to the repeated visions possessing a strong religious content of Al Karim (H3).

a) The Tiger Spirit

Both Yussuf (H7) and Abdul Allah (H5) described the tiger spirit, or were-tiger, that visited them in dreams and also manifested when they were treating patients. They both described the spirit as giving them knowledge and guiding them in the treatment of patients. Yussuf (H7) added that if he touched the tiger he would himself then take on the habits and actions of the tiger. Although he would not actually become a tiger, he would act and behave like one, and, he added, cats would have to be taken away from his presence. Abdul Allah (H5) described the tiger spirit as a real tiger that only he could see although others might notice a trace of its tracks if they looked carefully.

Abdul Allah (H5) said that the tigers were ancestor spirits in disguise. In the past there was a village in Narathiwat where the tigers had lived. There was a small island in the village where the ancestral spirits existed as human beings. When they left the island, they became tigers. However, he added, "This was hundreds of years ago. Nowadays there is nothing, it has finished already. As no one has studied this knowledge it has disappeared."

Yussuf (H7) and Abdul Allah (H5) shared a similar experience and understanding of the tiger spirit. However, both also had other dreams, visions and experiences that were quite different from each other's. Yussuf (H7) additionally mentioned a vision of a male Arabic figure that both came to him in a dream and as an early morning apparition with the purpose of giving him knowledge. Abdul Allah (H5), however, talked of an apparition he experienced when he was 15 years old. It occurred during the night of Lailat' al-qadar, which is one day in the final 10 days of Ramadan. At this time, men would usually gather in the mosque in the evening to wait. A sincere individual who made a strong submission to God on that night would be granted the request. God sent the angel St Gabriel to the world and the angel's presence was felt as a special wind. The request would be granted through the angel as a reward to those with strong faith.

According to Abdul Allah (H5), it was at that time that his ancestors came as apparitions to give him knowledge. Dreams and visions had come to him frequently since that time, often when he was treating people. It was in this way that he acquired and developed his knowledge.

name	Nature of major area of practice (+ minor area in parentheses)	Age/ Yrs as healer	Marital status	Lived in the village/area for	Other employment
Fatima H1	Spirit healer (muscle strain) (midwife)	34 14 years	Married, 6 children	Pattani 3 generations	No other employment
Abdul Allah H5	Spirit healer	49 4 years	Married, 2 children	Mayo 5 generations (wife's family)	No other employment
Al Karim H3	Herbalist healer (eye tumour)	42 10 years	Married, 2 children	Panamae More than 3 generations	No other employment
Yussuf H7	Herbalist healer (muscle sprain)	67 37 years	Married, 6 children	Kamiyo 3 generations	Tends buffalo; runs small general store with his wife
Bae Lo H9	Herbalist healer - snakebite (spirit possession)	59 24 years	Married, 6 children	Barahoh 3 generations	Chief officer of sub district
Bae Ma H2	Bonesetter (haemorrhoids) (muscle strain)	61 15 years	Married, 11 children	Pattani 4 generations	Ice cream vendor at local school; in community, teacher of the Qur'an to young children.
Wae Hama H4	Bonesetter	56 30 years	Married, 6 children	Nong Chik 3 years. Previous village: 3 generations	Tends goats and buffalo
Sudda H6	Bonesetter (eye tumour)	78 60 years	Widow, 1 adopted daughter	Khok Pho More than 4 generations	No other employment
Ba-soh H8	Bonesetter & Herbalist - cures snakebite	74 24 years	Married, 6 children	Paka 60 years	No other employment

TABLE 4.1 Background Data of the Healers Detailing Name, Age, Sex, Marital Status, Location, Type and Years of Practice, and Other Forms of Employment

Name	Age/Sex	Practice	Family Connection	Dreams/Apparitions	Illness
Suda H6	78 F	Bonesetter (eye tumour)	AV – automatic , ceremony RG – God's will		
Bae Ma H2	62 M	Bonesetter (Haemorrhoids) (muscle strain)	AK – taught RG – prayed to be granted knowledge		
Wae Hama H4	56 M	Bonesetter	AV – automatic (at father's death) AK – humoral knowledge	AV – a sense at around age 7-8	
Bae Lo H9	59 M	Herbalist healer - snakebite (spirit possession)	AV – automatic (at father's death) healer at 35 AK – humoral knowledge	AV – dream at age 8	
Yussuf H7	67 M	Herbalist healer (muscle sprain)	AV – automatic; healer at age 40	AV – dreams of tiger, Arabic figure	
Abdul Allah H5	49 M	Spirit Healer	AV – automatic; healer at 45; 'gas bottle' analogy	AV – dream of tiger RG – night of Lailat' al-adar during Ramadan	
Fatima H1	34 F	Spirit Healer (muscle strain) (midwife)	AV – automatic	AV – fainting	Self Fainting
Ba-soh H8	74 M	Bonesetter & cures snakebite Herbalist	AV – not father, but grandfather and forebears AK – studied with other guru	AV – repeated dreams of great, great, great grandparents RG – during Ramadan	Self Rectal bleeding
Al Karim H3	42 M	Herbalist healer	AV – automatic	RG – dream	Wife – Severe sinus & heart problems

TABLE 4.2 Features of Becoming a Healer

Fatima's (H1) experience of fainting links this section with the next which focuses on the role of illness and dreams. Unlike the other healers, she started practising in her early 20's after suffering frequent fainting fits. These fits, which occurred as often as three times a day, were caused by her ancestors possessing her, asking her to become a healer. The fainting stopped once she accepted that she had been chosen.

3. ILLNESS

When he was 35, Ba-soh (H8) experienced a very serious illness of severe rectal bleeding for about 3 months. It was during this time that he experienced a dream in which his great, great, great grandparents came to him and showed him how to be a bonesetter. Several other dreams followed, but the first was the longest. However, like the others, he didn't start practising until he was 50 years old. In a special night during Ramadan the water started bubbling in the well and he interpreted this as a sign for him to start practising. From that point he became a healer, and started treating many people.

In the case of Al Karim (H3), the knowledge came to him when his wife was suffering and in terrible pain with both sinus and heart problems. He experienced repeated visions and apparitions in which three figures would speak to him in Arabic. He was able to remember the words and consulted a group of Islamic scholars who told him they were verses from the Qur'an and that it was a sign for him to become a *bomoh*. Using the same verses to bless some water, he treated his wife by giving it to her to drink. She was cured. Further apparitions occurred where knowledge and verses were given to him. However, his humility was such that he would not believe he had been chosen as a healer until one particular vision instructed him to find seven Islamic scholars who could act as guru. He felt it necessary for a healer to have a guru. This action acted as a formal acceptance and he finally felt believed he was supposed to be a healer.

4. THE FUTURE TRANSFER OF KNOWLEDGE

Two of the healers confirmed that their knowledge would be more fully transferred at their own deaths. Yussuf (H7) and Ba-soh (H8), both described their children as possessing the ability to heal, but both also stated that they were not doing so. Ba-soh (H8), who is a very fit and active 74 year old, said that if he got sick his son would be able to treat him and would take over his role. Yussuf (H7) stated that his son would have to reach 40 before being able to practice and there would also have to be a ceremony to transfer the knowledge.

Although both Bae Ma (H2) and Suda (H6) said that no one wanted to learn bonesetting, both did qualify their statements. Suda (H6) added that it would be God's will who was granted the ability (Suda H6). Bae Ma (H2) said that anyone who was interested in studying the practice would have to be able to understand the knowledge as given in the Qur'an or else he would not be able to teach the skill of bonesetting to that person properly. Fatima (H1) and Ba-soh (H8) had a more predetermined attitude towards the future transfer of knowledge. Although they felt the knowledge would pass through their families, it could not be taught, it would occur automatically. Wae Hama's (H4) opinion occupied a mid-point between the two when he stated that his children would be taught first as it was important to keep the tradition in the family. Others who wanted to learn could acquire the knowledge once it had been passed on.

Reference was made to the age at which it was appropriate to become a healer. In discussion a number of the healers felt that 40 was the most appropriate age to start practising. It was considered a special and important time in a person's life and was also identified with the Prophet.

Finally, the fact that neither Wae Hama (H4) or Bae Lo (H9) actually became healers until their late 30's, early 40's raises an interesting perspective on the view of some that traditional healers are dying out. This idea could in fact be a misinterpretation, ie if the younger generation do not take up the practice until the older generation has passed on and the older generation are living longer, it might certainly, but inaccurately appear as if the tradition were disappearing

5. ANALYSIS

Table 4.2 indicates, where appropriate, the different strands that appear in the process of becoming a healer. Ancestral Voices dominates and illustrates the automatic, predetermined acquisition of healing practice, ie through an inherited link of kin. In many cases aspects of Ancient Knowledge further support this inheritance; the invisible, but sensed passing on of healing tradition is supplemented with and supported by humoral theory or herbal knowledge.

Within the scope of dreams, apparitions and visions, aspects of both Ancestral Voices and Religious Guidance act to authenticate the acquisition of knowledge. Perhaps most interesting are the experiences of Abdul Allah (H5) and Ba-soh (H8) who both acknowledged

an ancestral connection in their visions and dreams (Abdul Allah (H5) – the were-tiger; Ba-soh (H8) – dreams of ancestors) and who also talked of heightened religious experiences which confirmed their 'calling' during auspicious times of Ramadan. The link to religion acts to temper the ancestral connection, yet neither type of experience denigrates or compromises the other. Both facets exist and are accepted laterally by the healers.

We are unlikely to find any evidence of Modern Means in the acquisition of healing skills. However, it is suggested that a contemporary shift is evident. Bae Ma (H2) was the only healer who not only made no reference to the aspect of Ancestral Voices, but also prayed to God to be granted the ability to heal. As a devout 'new generation' Muslim, it would follow that he would wish to rid his practice of any reference to 'superstitious' attitudes that might detract him from God.

HEALING PRACTICE

1. SPIRIT HEALERS

Although Fatima (H1) and Abdul Allah (H5) are predominantly spirit healers, data from Bae Lo (H9) will also be featured in this section. Although his main form of treatment is for the cure of snakebite, he also interacts with spirits, for example in cases of spirit possession.

a. Philosophy

Both Fatima (H1) and Abdul Allah (H5) broadly, but absolutely stated that all ailments and problems come from God. Sickness is a trial from God and curing depends on God. This belief existed alongside discussion of animistic spirits. Although Fatima (H1) stated that she saw the sickness in the candlelight, both Fatima (H1) and Abdul Allah (H5) stressed the use of betel in diagnosing illness. According to Fatima (H1) the betel 'set' can be neither substituted nor separated because it represents the person, the body. For this reason, Fatima (H1) also used it to diagnose and heal at a distance. Fatima (H1) was also clear to differentiate between the offering of betel and the sickness. The sickness was not in the betel, but was removed from the patient during treatment and put in a container that was later disposed of. Thus the betel 'set' acted as an indicator of sickness and does not function in an imitative sense

b Diagnosing

Abdul Allah (H5) described using the betel set both externally and internally to diagnose the problem. See Table 4.3 for a summary of the information regarding the accessories used by

spirit healers. Examining the betel could tell him what the problem was, as did asking the patient to eat the betel and describe the taste. From this description, a sweet or sour taste, for example, enabled him to know the person's problem.

Both healers also talked of experiencing a 'sense' alongside the use of betel. Fatima (H1) described this sense as coming from her ancestors. She said that they could tell her what kind of problem the patient had and whether she could cure it. Sometimes she experienced this sense as a premonition that the individual had a fatal illness. Furthermore, it was her ancestors that classified problems as mental or physical, spiritual or normal. Abdul Allah (H5) talked of a similar sense that would tell him whether his knowledge was enough to cure the individual.

Fatima (H1) stressed that she was not conscious while treating people; her ancestors came into her body and took over. Once possessed, she had no knowledge of what she said or did. With Abdul Allah (H5), the tiger spirit (as described earlier) directed and guided him while he treated people.

Both healers stated that if they could not treat or cure the sickness they would tell the patient such and would not attempt a healing remedy. They also both stated that they would recommend the individual go to hospital if the problem appeared to be of a physical or 'regular' nature to the ancestor spirits.

Both Fatima (H1) and Abdul Allah (H5) stressed the importance of finding the nature and/or cause of illness, whether it was a physical ailment, or an affliction resulting from disturbing a spirit in nature or a curse from a spirit sent by another *bomoh*. Once determined, appropriate treatment could follow, or if the healer was unable to treat the problem – as in the case of a physical ailment -they would recommend what to do and where to go next.

Fatima (H1) had recently undergone an operation in hospital for cancer (*baroh* – Pattani Malay) of the small intestine. She clearly differentiated her illness as having no connection with the spirits, and thus it was natural for her to visit the hospital. She could not treat physical ailments, the doctor could. Thus, her attitude was pluralistic, ie that different healers treat different types of problems.

	Fatima – H1	Abdul Allah - (H5)
Betel leaf & Areca nut	Represents body, can use at a distance	Can substitute with money, but not comfortable Diagnoses through patient's taste; checks appearance to diagnose. To use as medicine by itself, the patient brings the betel nut and leaf together. After performing a ceremony H5 will return it to the patient to eat
Lime (Gamae)	Represents blood	✓
Thread (Beunae Meutah)	Protects from Satan	Represents ora the line. Usually tied round umbilical cord; usually
Benzoil (Gamyang)	Incense to relax, aid breathing	For the smell and the smoke.
Rice – Sticky (St), Cooked (C), Uncooked(U)	(C), sometimes	(U), very necessary, spirits will not come without it
Tobacco		Smoked with leaf, not cigarette paper
Candles	To see the problem	Acts as a passage. The candle is lit to access the spirits. It acts like a door.
Money	30 Baht	12 Baht
		History of the thread – before St Gabriel put the soul into Adam, Adam could not move, he was lifeless like a statue, When St Gabriel gave Adam his soul he tied this thread around his wrist and through his body so he could move, History of the betel leaf - After the prophet Adam ate the <i>qeldi</i> , he couldn't excrete. St Gabriel told him to eat the betel leaf. (<i>Qeldi</i> – in the Qur'an; apple – in the Bible)

TABLE 4.3 The Use of Accessories Among Spirit Healers

c Types of Problems

I Disturbing Spirits

Types of illnesses mainly dealt with were those caused by the interference of spirits. According to Fatima (H1), Abdul Allah (H5), and Bae Lo (H9) who also dealt with spirit possession these were either the result of disturbing a spirit occupying a natural, powerful location, or the result of 'disturbing' an individual who had then asked another *bomoh* to send a curse to that person. This latter situation could also work in reverse, ie where the patient was the one who had been 'disturbed' and had asked the healer for remedial action.

Fatima (H1) said she would sometimes visit the location where the spirit had possessed the individual, however, it was not strictly necessary as it was the spirit possession of the individual that required treatment. She added that with more people from outside moving into the area

where she lived there were more problems. The proper respect was not shown to the local spirits and they were disturbed more frequently. If she was consulted about this, her remedy was to show the proper respect, and formally invite that spirit to move to another place.

Bae Lo (H9), however, considered that cases of spirit disturbance were fewer now than in the past as there were fewer shrines or places to worship these spirits – thus appearing to suggest that the worship of the shrine made the 'force' of the location more evident. In the past, a 'weak' person walking past such a place could easily become possessed. However, he also added that if people did not think about spirits then the spirits would not be there, adding that "We worship in vain. We make it all ourselves."

Sickness caused by disturbing the spirit often resulted in the patient displaying unusual behaviour, such as falling into a somatic stupor. In cases such as these, Abdul Allah (H5) and Bae Lo (H9) would exhale strong breaths over the patient, at the same time uttering verses from the Qur'an, to literally 'blow the spirits away'. If necessary, they would also 'brush' the afflicted person's body with cloth to sweep away the bad spirit. Bae Lo (H9) added that most spirits were afraid of one particular verse from the Qur'an. About 10 minutes after saying that verse and 'sweeping' the person, the spirit would be removed. At this point, if the individual screamed and shouted, it indicated that he or she was once again conscious, and free of possession.

ii Curses Using Spirits

The spirit manipulated and sent by its owner to curse someone else was more difficult to remove. It required more force on the part of the healer and could involve slapping the possessed individual. Fatima (H1), however, said that depending on the situation, she would simply call the spirit of the sickness in the curse and return it to the person who sent it, or she might give her client some water blessed with verses from the Qur'an to drink. Abdul Allah (H5), offered a recipe for removing curses that consisted of grinding together rice, *bolla* (Pattani Malay - a spice similar to ginger), turmeric, very fine metal wire, and pepper. The addition of salt and vinegar caused the substance to smoke. It would then be sprinkled in the appropriate location, at the same time as verses from the Qur'an were uttered, thus dispelling the spirit.

Sleeplessness and the inability to rest was also often the result of a curse, according to Fatima (H1). She regularly treated people with such problems who had already been examined and told by their doctor there was nothing wrong.

iii Ancestral Calling

Both Fatima (H1) and Abdul Allah (H5) talked of another form of spirit disturbances caused by ancestral spirits calling that person to become a healer – as had been Fatima's (H1) own experience. For those who were fearful of and did not wish to accept the responsibility, Fatima (H1) said she recommended the individual to just think of God and in the name of God the spirits would go away.

iv Family & Social Issues

Curses could manifest in many different ways for a multitude of reasons. Fatima (H1) and Abdul Allah (H5) said most of the problems they dealt with necessitated the involvement of spirits within social issues. These issues included marital problems of quarrelling, straying husbands, and problems between the wives of one husband; within this context, Abdul Allah (H5) mentioned he was particularly skilled in the ability to return wives who had run away. Fatima (H1) said these types of issues that resulted in heartache were the majority of her work with her predominantly female clientele. An eyewitness account of one consultation noted how the ancestor spirit possessing the medium acknowledged the economic interdependence of the female client yet advocated a traditional gender role of 'obedient wife'. It was also noted in the account that the possessing spirit was not female, but a charismatic, authoritative male figure (Guelden 2002)

Abdul Allah (H5), however, considered that the most common problem he had to deal with was jealousy between people. He mentioned the case of a formerly successful food hawker visiting him because his sales had dropped, wanting to know whether he had been cursed. In the same context, Fatima's (H1) talk of love potions and certain practices to turn a straying partner away from his new love interest and back to his former partner concurred with this aspect of problems of jealousy. However, Fatima (H1) also considered that more powerful cursing was less common nowadays. She talked of former times when bomohs would demonstrate their great power against each other as a contest. Abdul Allah (H5) also stated though that there were times when an innocent person might be accused or suspected of performing black magic. To free themselves from these accusations, he offered the remedy of

bathing in water mixed with the juice of limes, a remedy that was also used by Al Karim (H3) with Buddhist patients for the purpose of cleansing their spirit.

v Treating Drug Addiction

Both Fatima (H1) and Abdul Allah (H5) talked of treating drug addicts. Fatima (H1) said it was probably the most common problem she treated after heartache. She explained that she was able to cure an individual and remove the addiction if she saw the person early enough. Once possessed, she would massage and 'scrape' the addiction from the patient. Once removed, the sickness was placed in a bottle and thrown away. She considered herself someone who dealt with illnesses of the spirit, and that drug addiction came from a weakness in the spirit. It was thus easier to cure at an early stage, ie before the individual's spirit had become too depleted by the use of drugs. Abdul Allah (H5) made the addict drink water blessed with verses from the Qur'an. He said this would make the person feel hatred for the addictive drug and for friends that had supplied them and shared the drug together. The treatment would enable the addict to separate from his or her friends.

d. Analysis

The skill of spirit medium healers lies firstly in their being seen to be able to commune with and control the spiritual forces in both removing and resolving afflictions, and secondly in being able to impart that knowledge, as advice, to their clients. The problems they deal with ranged from marital issues to environmental disturbances. Thus their role as a healer was necessarily multifaceted, flexible and socially adept. As Golomb noted, in this role they occupy an accommodating position within the community. Individuals with a grudge, a suspicion of others bearing a grudge, or many other forms of potential for social conflict or 'dis-ease' within a community will not confront the antagonist directly, but will use the services of the spirit healer to resolve the dispute or issue (Golomb 1988: 439). This aspect of the healer's role in facilitation and conflict resolution can be extended to include the spirit possession of the individual. This notion has more recently been conceptualised as 'resistance'¹.

The spirit medium's work in the treatment of these problems of social and environmental 'dis-ease' fundamentally reflects the aspect of Ancestral Voices, yet the other aspects are clearly

¹ (Good 1996: 58; Anderson 1996:135) Studies have been made of cases of spirit possession among young women working on the shop floor of multinational factories in Malaysia, and interpreted as a reaction to changes in identity. The women, in a very vulnerable position, are entering new phases in their lives, and react to the male domination they experience in the factory

apparent and interwoven. Ancient Knowledge is apparent in the reference to and use of betel as a means to diagnose the patient's problem, as well as in the remedy for removing spirits.

The fact that neither healer has any qualms about using and recommending the hospital signals a clear change in attitude, and reflects the Modern Means aspect. Golomb's study conducted during the violence of the secessionist movement during the 1980's found that spirit mediums actively reinforced ethnic separatism by proscribing treatment at modern public health facilities in Pattani (Golomb, L. 1985). This prohibition was not evident at all among the spirit mediums interviewed, however, later in the chapter there is evidence of some dissent and criticism of medical facilities, clearly connected to ethnic identity, among the bonesetters.

Modern Means is also apparent in the treatment of drug addiction. Abdul Allah's (H5) comment that the blessed water would repel the addict from re-associating with his former friends tapped into a contemporary aspect of drug rehabilitation. It has been established that ex-addicts who dissociate from their former peer group are far more likely to stay off drugs.

Although the nature of the spirit medium's practice reflect the aspect of Ancestral Voices, Religious Guidance exists as the foundational and fundamental aspect in the healer's work. The spirit healers (and in fact all the healers interviewed) stated the omnipotence of God. All illness comes from God; illness is a trial sent by God. God is stronger than the spirits; God can be called upon to dispel the calling to become a healer. The word of God is also apparent in the treatments and remedies that the healers use.

Whereas records from former times show the incantations and spells of the healers to display the broader influences of Hindu culture, Malay tradition as well as the Arabic language and Islam, nowadays, this mix of reference is no longer overtly apparent or at least stated. The healers firmly declared that the words they used were verses from the Qur'an. This change in emphasis reflects the influence of Islamic reform and the *Dakwah* movement over the past twenty years. Reforms have sought to remove 'superstitious' practices. It thus seems that healers aim to legitimize their practice by accommodating the tenets of reform within their practice. However, this adaptive quality also distorts, in a sense, the original objective of the movement.

By seeking to draw the attention of the local population to the folly of superstitious practices, the reform movement has created a reflexive awareness within the healers of their practices. This is witnessed in Bae Lo's (H9) comments about '*kramat*' - the power of sacred spaces and the spirits that inhabit those places. His contrasting comments - that spirits come to people who have a weaker, more sensitive nature, and that if you do not think about spirits they cannot be created - suggests a more detached viewpoint.

The adaptive attitude was most striking in the comments of Fatima (H1) who, after giving a number of comprehensive interviews about her work and allowing the informant to witness a healing session, then proceeded at the conclusion of the interview to opt for a more reflexive paradigmatic shift when she said, "Actually there is no supernatural thing". Although she talked about her ancestors, she did not believe in this. However, it was an easy way to explain to the people who came to see her. In fact, she believed she was guided by God.

While dismissing any need to over analyse the meaning of her statements, the author considers the contrast in information simply to be a demonstration of adaptability, and an essential lateral quality of healing practice ie that Fatima (H1) is able to shift the perspective and emphasis of her work depending on the client. She does this by drawing on a diverse, plural, and often lateral content of practice whereby contrasting elements can exist and be adopted and promoted at will within the same oeuvre.

2. HERBALIST HEALERS

As stated at the beginning of this chapter, the herbalist healers are approached and described individually as their practices are quite diverse. However, by analysing their different spheres separately, we are able to observe the contemporary resynthesis of Al Karim (H3) and the potential attenuation of Bae Lo (H9) through role strain. The three healers consist of Bae Lo (H9), a snakebite curer who also deals with spirit possession; Yussuf (H7), a healer who deals with all manner of minor ailments and Al Karim (H3) a herbalist who uses a blood pressure monitor to assist with his diagnosis.

	Al Karim (H3)	Yussuf (H7)	Bae Lo (H9)
Betel leaf & Areca nut	Useful to find cause of illness Can use to treat allergies and drug addiction	✓	SP – spirit possession SB – Snakebite
Lime (Gamae)	-	✓	SP/SB
Rice –Sticky (St), Cooked(C), Uncooked(U)	-	-	U, St - SB
Tobacco	-	-	SP
Money	12 Baht	12 Baht	SP – 12 Baht SB – 25 Baht
		Very important to bring betel set as it offered protection against evil spirits	The type of set depended on the type of treatment: SP or SB Betel acted as a barrier between the healer and the poison. If no betel offered, patient charged 200 Baht as a substitute. H9 would then supply himself

TABLE 4.4 The Use of Accessories Among Herbalist Healers

a Bae Lo (H9)

I Philosophy

As with other healers, Bae Lo (H9) stated that all sickness came from God; it was a trial to test belief. Some people had immunity to snake poison, and this was also granted by God.

ii Betel

The type of betel set offered depended on the type of treatment sought. For spirit possession, the patient was required to bring a betel set that included tobacco and 12 baht. For snakebite, the patient was asked to bring a set of betel, uncooked sticky rice and 25 baht (see table Bae Lo (H9) could offer no explanation for the difference as this was what he had been taught by his guru. See Table 4.4 for a summary of the use of betel, sticky rice and other accessories

An offering of betel was necessary as it acted as a barrier between the healer and the poison. If there was no betel offering, the healer could possibly get sick. In such cases, Bae Lo

(H9) would ask for 200 baht and this would be used as a substitute as he would be able to supply himself with betel.

iii Cause

There was a wide range of snakebite poisons and effects. With some, the poison would remain in the same area, with others they would spread throughout your body, some to the brain and some to the heart. Thus location was a factor in the seriousness of the problem. The closer it was to the heart or head, the more dangerous it would be in some cases. However, Bae Lo (H9) stated that he could cure all who came to see him. He had never had to send a patient on to hospital.

His first step was to examine the puncture marks on and condition of the skin in order to ascertain the kind of snake, the kind of poison, and thus the appropriate treatment. The most common snakebite was from a striped red snake called *kapo* in Malay.

iv Treatment

The first stage of treatment was to create a blessed water incanted with verses from the Qur'an. Once prepared both he and the patient would drink it. He, however, did not swallow the liquid, but held it in his mouth before spraying it over the bite, and chanting verses at the same time. At this stage, he would then touch the area and while doing so would experience the poison in himself, too. If the area surrounding the bite was warm to the touch, the poison was still in the early stages. If cold, then it had spread and the injury was more severe. He would prepare a poultice using the appropriate herbs to draw out that particular poison.

The verses he used depended on the type of snakebite poison. Some verses he knew by heart, and some came to him automatically when he saw the patient.

When people waited for treatment he recommended that they calm themselves by praying to God, and at the same time used their right thumb to massage the soft palate in the mouth; this would stop the poison from spreading.

The wound would take between one to two weeks to heal. Bae Lo (H9), who also treated spirit possession, compared the two. He observed that once the possessing spirit is removed

the person returns to normal, ie there is no trace or residue of the spirit remaining; however, snake poison is more virulent as it can destroy, cause decay in the body.

v Donation For Cure

Unlike all other healers, the snakebite healer required a special offering from the patient after curing, once the wound had healed. This consisted of a sarong, a chicken, two litres of sticky rice, and one coconut. In return the bomoh prepared a blessed water for the patient to wash his or her face. This water was taken home for the patient to bathe in

vi Analysis

Out of all the healers interviewed, Bae Lo (H9) was the only one to occupy a local government position, ie that of sub district chief officer. In this position, it was important for him to expand his knowledge and become more in tune with events and changes in society. He was responsible for the development of local facilities such as sanitation and transport, and had recently submitted a plan to improve the roads in and around his community.

This sense of being in tune with modern times, contrasted with his healing practice of spirit possession (discussed in more detail in the spirit medium section) and snakebite cure. Both practices indicated the interweaving of three aspects. His knowledge of herbs and the use of verses from the Qur'an demonstrated the combination of Ancient Knowledge and Religious Guidance; the acquisition of knowledge and the practice of spirit exorcism demonstrated Ancestral Voices. Yet, as was mentioned in the previous section, there was a reflexive quality in his discussion of *Kramat* and the power vested in worshipping places considered sacred or powerful by some.

It is suggested that there is potential for conflict in the two roles he occupies within his community. His leading 'modern' role as sub district chief officer potentially overrides his more integrated 'traditional' role as a curer of snakebite and healer of spirit possession.

b Yussuf (H7)

The interview with Yussuf (H7) demonstrated the mix and variety of problems and treatments a healer could be versed in. Like Abdul Allah (H5) he had at one time been a volunteer health worker for the government, but had stopped as he felt he did not have enough time to devote to the work.

i Philosophy

As with all the healers, Yussuf (H7) believed that all sickness came from God. Like the bonesetters and Al Karim (H3), he believed the immediate cause of physical ailments was from wind – *angin* which created problems in the body concerning circulation and metabolism. He also acknowledged the possible spirit causes of ailments and problems.

ii Betel

It was very important for the patient to bring him an offering of a set of betel and 12 baht or he would feel very uncomfortable about giving any treatment. His apprehension that his head would turn round and he would become unconscious suggested a fear of possibly invasive spirit forces. If the person did not bring betel, he or she would have to offer a larger sum of money

iii Cause

His first objective was to find the cause. As with Fatima (H1) and Abdul Allah (H5), while he sat with the patient he developed a sense of the problem and whether it was connected to the spirits or of a physical nature. He talked of also being able to sense a child's ailment when initially visited by the parents alone. At this stage, he would also start to determine whether the problem was within his range of expertise. When the sickness was caused by spirits or another bomoh, the tiger would appear (as discussed in the Spirit Healer section) and would guide and protect him in his treatment of the patient. However, the tiger spirit would also appear to guide him or advise him indirectly. It sometimes appeared to inform him that a patient was coming to see him. In the past Yussuf (H7) had treated a Buddhist woman for polio. When she was at the stage where she could almost walk again, the tiger had visited him and forbidden him to continue treating her. Since that time he had not treated any Buddhist patients

iv Treatment

When the problem was of a physical nature he would look for a particular point, like a pressure or pulse point, and check the rate of the pulsing. This would determine the nature of the wind problem, whether it was blocked, too fast or too slow. Wind was a feature of the diagnosis of all the healers except the spirit mediums (Fatima H1, Abdul Allah H5), and the snakebite healer (Bae Lo H9). When the problem was beyond his own knowledge, he would recommend the patient visit hospital, unless he or she did not want to go, in which case, he

would try to treat the individual. He considered hospitals were good, although he considered some of their practices were wrong, such as amputation. He was similar to Wae Hama (H4) in attitude in that he felt although doctors had the knowledge, they had not been given the ability to heal by God. He knew of other healers, but would not necessarily recommend them to the patient, unless he was sure the healer was skilled in the appropriate treatment, such as bonesetting.

He was particularly known for treating young children, especially those who suffered from asthma or allergies. However, he also dealt with a diverse range of problems that included "wind in the stomach, fainting, headache, disappointment, asthma and ringworm." He talked of dealing with problems that he classified as inside or outside sicknesses. For example cancer was an inside sickness, whereas shingles was both inside and outside. He said that nowadays sicknesses were more complicated, and more difficult to treat. He blamed this on the weather, that the lack of rain and the increase in temperatures caused more problems.

One method of treatment was to use massage, either in the same manner as the spirit mediums, ie – to remove the troubling spirit or affliction, or in a standard manner as treatment to redress the imbalance of wind and cure physical problems. Home produced herbal remedies would be used for physical problems, but he also included some shop bought medicinal powders among the treatments he used.

His remedy for asthma was to utter verses from the Qur'an over a glass water which was then given to the child to drink. He would also recite verses while massaging a patient or preparing herbal remedies. These words came to him automatically. He said he would think of God and the prophet and the appropriate verses would come to him immediately; they were not verses he had learned by heart.

v Analysis

Typically the treatment of the herbalist healers leads us to the Ancient Knowledge aspect in the use of humoral theory. This is apparent in Yussuf's (H7) reference to the *angin*, the wind, and diagnosis and treatment through certain pressure points, and herbal remedies. However, Yussuf's (H7) practice is also permeated with elements of the Ancestral Voices, ie in the role of his spirit guide. The were-tiger also guides him to discriminate in the treatment of Buddhist patients.

The inclusion of biomedical terms, such as cancer within his knowledge and practice indicates evidence of the aspect of Modern Means. This is further compounded by the fact that although Yussuf (H7) disagrees with some hospital practices (see the information on amputation in the section on bonesetters), he has no qualms about hospitals or recommending them to patients he is unable to treat. Though, it should be added that he would clearly not expect the hospital to have any Muslim doctors.

However, the clearest aspect of his oeuvre is Religious Guidance. It acts as the conduit for his practice, ie in the sense that all sickness is a trial from God, but it is also at the core of his practice, in the verses that he uses during his treatments. Though whether the words he uses are actually from the Qur'an or figuratively so, is difficult to say. What is important is that he believes them to be so.

c Al Karim (H3)

I Philosophy

As with all other healers, whether illness could be cured depended on God's will. However, Al Karim's (H3) attitude toward illness was more philosophical and contemporary in its perspective.

He said the treatment of a physical problem also involved work on the mental attitude. Curing the 'mind' problem was half the problem solved, and enabled him to concentrate on curing the physical aspect of the sickness.

In this manner, Al Karim (H3) considered that thinking too much caused stress as it often created a tension in the stomach. A particular manifestation this was apparent in what would be termed materialistic craving. He considered this a kind of sickness, and it occurred when a person wanted something, such as a motorcycle, that he could not have. The 'desire' created a type of stress, and combined with an all too common nowadays lack of attention to diet could cause sickness. "The need of people is a kind of sickness. When we want what we don't have it can be a kind of sickness too, it can lead us to feel stressed or sick."

ii Cause

Al Karim (H3) considered that the mass production and processing of food was the major cause of sickness today. Nowadays too many chemicals and preservatives were used in food production. He explained that chemicals were used to increase the amount of produce and

to have more frequent crops of fruit, for example, during the year. Chickens were kept under electric light all the time and fed constantly to make them grow faster. All this, he stated, to suit the greed of the businessman. He emphasized that the wrong food, or chemically treated food, could cause sickness and this could affect a person's metabolism. The chemicals used in fertilizer affected the blood in the body, and resulted in problems with pressure or wind. That problem would then make a person more susceptible to illness. The chemicals used in food gradually built up in the system and could eventually lead to allergies and rashes.

iii Procedure

Sometimes he started his diagnosis by using the betel nut and leaf set to see the illness. He would then always quote verses from the Qur'an and pray to God, asking Him to guide him to the cause of the illness. He would then continue by checking the pressure in the patient's body using the blood pressure monitor. Ordinarily, he said, this should be between 70 and 75; a number higher than that could be problematic for the patient. Finally, he would look for the *ora*, the line, and make a diagnosis from there. Sometimes he placed two fingers on the line and then checked with the monitor. The meter on the monitor changed every two minutes.

He would also know the cause of the illness by sensing it in himself "like a magnet". For example, if the person came to see him with a pain in his shoulder, Al Karim (H3) would feel a pain in his shoulder too. And when someone came to see him who was possessed by spirits, he would also feel the sense of that person's problem in his body too. The sensation in his body informed his mind. He used the blood pressure monitor to check and confirm his own feeling and sensation.

In the early days of his practice he had treated a patient who had a stomach problem. Initially he had tried to quote verses from the Qur'an, and had prayed to God to ask Him to help find the mistake. Then he touched the person's stomach to try to find the problem along the line, which would feel hard (indicating the strength of the problem). He then used his finger to relax the passage and to get the wind to blow easily. The problem had disappeared after this.

iv Problems

In the past people came to see him with simpler problems, such as fever, and headaches. Nowadays the problems were more complicated and often patients waited until their illness was quite severe before coming to see him. When people were slightly ill they did not bother visiting the healer.

He generally divided the problems into those connected with low and high pressure. Low pressure problems usually appeared as a headache, heart pain, or stomachache. Stomachache was mostly due to low blood pressure and poor blood circulation. Low pressure also caused frequent fainting. High pressure problems caused paralysis.

If the patient had high blood pressure, he would have to decrease the pressure first before treatment. He could not use herbs if the person had pressure of 220 or more. In these cases herbs and compresses could not be used to relax the line because they increased the pressure. However, a liquid herbal medicine could be used to decrease the pressure. Thus, in cases of low pressure, he used his finger and a compress to increase it.

v Black Magic

The symptoms of a black magic curse and drug addiction from amphetamines were very similar, and in order to distinguish one from the other he has to look into the person's eyes. The outward manifestation would be the same, but the eyes would be different, which corresponded with comments made by Bae Lo (H9).

There were many illnesses resulting from black magic, as it depended on how the curse was implemented. Urine from a wild elephant added to food while uttering a curse would cause the person to lose their mind. Cursing the water in well would have a different effect. However, if he diagnosed the use of black magic, to cure the individual he would have to free the 'bond' of the curse first and then cure the physical problem. He used verses from the Qur'an to free the magic. He treated drug addiction with betel and herbs.

vi Cancer

According to Al Karim (H3), a sign of cancer was a thickness in the saliva. If the saliva was not thick, there was a chance of a cure. When the saliva was thick the healer would give the patient a cool liquid to make the body cool. It was important that the patient's body did not

become dry or hot. The liquid was water mixed with turmeric. It would comfort the patient (as the saline drip did in hospital)

With cancer cases, it was important that the doctor comforted the patient, reassured him and told him not to worry about the disease. It was important to make the individual as relaxed as possible, if not, the cancer would get worse. Stress, he said, weakened the immune system.

Cancer came from pressure in the body. Everyone had cancer in his or her body, but it depended on the degree of stress or pressure whether it developed. Hospitals often operate on or x-ray lumps and growths, but in his opinion he said there was no need as the cancer could come and go automatically. If the person's pressure was high, cancer would show; if it was normal it would disappear.

Thus, the first thing for him to do was to relax the patient and tell the person the cancer could be cured. This was the most important thing with every patient, ie to comfort the patient and to encourage them to think positively.

vii Treatment

The main focus of treatment was to use verses from the Qur'an. He never changed the verses, and quoting them could cure every kind of sickness. Sometimes there was no need for any herbs. However, he added that he could not use verses from the Qur'an with Buddhist patients because they did not believe in God. In those cases he would pray to God to have mercy on the person, and would use his own words, not those from the book. He would also give the Buddhist patient lime leaf mixed with water and to wash with, take a bath or drink, as a cleansing agent.

viii Herbs

Cold sicknesses were treated with hot herbs, hot sickness with cold herbs. They were used to balance the body. He experimented with herbs on his patients, and considered that this was not dangerous because the herbs were from nature and were not dangerous. The dosage of herbs would be altered depending on the problem and the patient.

Betel nut was used in the treatment of a food allergy or rash. He would recite verses from the Qur'an and would chew the quid and apply it to the skin to make the area dry. Alternatively, he might give it to the patient to eat having first made sure the patient was not allergic to it.

ix Analysis

Out of all the healers, Al Karim (H3) illustrated most closely the aspect of Modern Means; his practice exhibited strong influences of the contemporary psychology of not just patient-doctor relationships, but also the mind-body connection. Thus it was not surprising to learn that he was also the only healer who professed to actively read about his subject. He also talked of watching television programs about health and fitness that were shown late at night. Al Karim's (H3) approach illustrates the absorption of more contemporary attitudes within his work. Not only the fact that he talked about material cravings, but also that this desire was a potential cause of illness showed a marked difference from a healer such as Bae Ma (H2) who disputed any link between mental and physical illness. Al Karim's (H3) attitude of being supportive to the patient also showed an awareness of the psychology of sickness not evident among the other healers interviewed.

Al Karim's (H3) belief that food processing can be a cause of illness again showed an awareness of contemporary concerns of food production, but his information appeared framed within and adapted to a local context.

However, it is in the use of the blood pressure monitor that Al Karim's (H3) resynthesis of biomedicine becomes most apparent, and as described under the term Modern Means, indicates an internal adaption and accommodation of a biomedical practice. This is further compounded by his approach to the diagnosis and treatment of cancer.

Throughout his practice he maintains an integration of the other three strands. This is particularly apparent in the diagnosis of a problem – he combines the use of betel, verses from the Qur'an, and an analysis of the *ora* to determine the problem. At the same time he does not negate or deny the role of spirits and curses in the cause of illness.

d Analysis of Herbalist Healers

Although approached individually, the contrast between the healers offers striking insight into the range of approaches to and practice of healing traditions. Perhaps the practice of Yussuf (H7) could be seen as displaying a central point of balance among the practitioners, yet at the same time displaying an integrated healing tradition that reflected the fundamental elements of humoral theory, herbal knowledge and religious support. However, there is an evident lack of any reference to the contemporary world.

This is not the case with Al Karim (H3) and Bae Lo (H9). Their position on an imaginary scale exists on opposite sides of Yussuf (H7), and almost suggests a dyad of the internal absorption/external pull of contemporary influence. The practice of Al Karim (H3) is adapted in the face of the modern world. He seeks to upgrade and authenticate his practice by accommodating biomedical equipment and promoting a more contemporary psychology in his treatment of patients. In doing so, he absorbs and adapts the outside world into the interior of his practice, and by this, strengthens it. The practice of Bae Lo (H9) on the other hand appears to be compromised and almost denigrated through the pull of external contemporary responsibilities. The demands and focus of his position as Chief Sub District Officer do not and cannot feed into his practice as a healer. In fact, as the Comaroff's point out, the desire for upward mobility can result in former attributes and practices that cannot be adapted and 'upgraded' being 'left behind'. Yussuf's (H7) reflexive comments on healing practice could be seen as a first step in that process.

3. BONESETTERS

a Philosophy & Cause

Although the nature of their treatment, in a sense, existed at the opposite end of the scale from the spirit healers, ie one dealt with invisible forces, the other with physical ailments, the belief that all illness came from God was as strong and apparent among the bonesetters. They all considered sickness was a trial from God, however the immediate influences on the healing process were described through a more humoral paradigm. Finding the cause, essential for the spirit healers, was not an important feature in the general philosophy of the bonesetters. Suda (H6) did state, however, that for a person who was in pain, but had had no accident, she would ask questions to find the patient's history, and to find the "real cause", "the same as the doctor in the hospital".

The bonesetters, were questioned, as were all healers, about their broader philosophy and attitude toward the causes and curing of illness. Although within the treatment framework of the spirit mediums, the interaction between the spirits and the healer in the healing process was apparent. With the bonesetters their humoral knowledge did not directly influence the immediate treatment they gave for, say, a broken bone. Humoral knowledge could however, determine any remedies prescribed to help the bone heal.

The bonesetters Bae Ma (H2), Wae Hama (H4), Suda (H6) and Ba-soh (H8) all said that sickness came from God. Bae Ma (H2) and Wae Hama (H4), in particular, talked at length about their attitudes toward the meaning of sickness. According to Bae Ma (H2) all problems could be cured, but not through one healer. No one healer had all the knowledge necessary to be able to cure every sickness. Theoretically, though, if the healer were to concentrate on developing this knowledge, it would be possible. However, ultimately any and all outcomes depended on the will of God. It was God who decided who would or would not be cured. Bae Ma (H2) had initially prayed to God asking to be granted the knowledge to study and practise bonesetting; his ability rested on his faith in God. He believed that as an individual, he was incapable of curing anybody. All he could do was just practice, and the result would be up to Him. It thus followed that, as a servant of God, he could not worry about the outcome. It was simply important for him to act in and through his faith and let the result be up to God; let God decide. Wae Hama (H4) said he practiced what God ordered, and God rewarded him. In fact, he felt he had to practice more than others because he had received so much in return. In the same vein, he added that every healer had to believe that everything was from God, that was the most important thing.

Sickness was a natural thing that every human being had to face. A serious illness, as a trial from God, acted as a test of endurance and patience. Passing this test developed and strengthened faith. Thus, every Muslim who became sick or ill, had to be patient, to endure and to continue always to give praise to God. They would be rewarded if they followed this way.

Although he stated that fundamentally all sickness came from God, Wae Hama (H4) added that, more specifically, the cause of illness came from food, in particular the chemicals in food, in every vegetable that was eaten. In the past there were fewer chemicals used in food production and thus fewer incidences of rashes and allergies, but nowadays people ate many things that could irritate the skin.

b Offerings and Payment

Bae Ma (H2) and Suda (H6) considered that the offering of a set of betel was not necessary, see Table 4.5. Suda (H6) said that it was quite difficult to find nowadays, and therefore not essential to bring, and H2 did not want to use betel in any procedure or rely on any other tool or object - except oil - as he felt this would sway him from God. The other healers would all accept an offering of betel and both Wae Hama (H4) and Ba-soh (H8) also requested the

patient give 12 Baht. Generally, there was no fixed payment, except for Suda (H6) who appeared to operate a sliding scale where patients with small injuries would be charged a small fee and those with more severe injuries would be charged more. Usually all her patients had to pay 100 baht and this would cover herbs and the bamboo splint. Sometimes for a very minor problem she would only charge 50 baht. None of the other healers had such a system and instead would accept whatever the patient wanted to offer them, once the injury had healed. This would often be a sarong.

c Treatment

A number of the healers talked about the changes in the cause of injuries. In the past there were many accidents from climbing coconut trees, but nowadays, most of the patients seen by the healers had been involved in motorcycle accidents, "bitten by a Japanese dog" as Suda (H6) described it. Most of the healers dealt with broken arms, legs and wrists.

Wae Hama (H4) had also dealt with what could be termed a fractured skull. Bae Ma (H2) said that although he had never dealt with that kind of a problem if it happened he would be able to treat it. The first time would be the initial practice. Each time following would enable him to develop his skill further. This sense of developing knowledge case by case was apparent in all the interviews, and was combined with an unerring faith in the guidance of God.

	Bae Ma (H2)	Wae Hama (H4)	Suda (H6)	Ba-soh (H8)
Betel leaf & Areca nut	-	Represents the body and the blood	(✓)	✓
Lime (Gamae)	-	✓	(✓)	✓
Thread (Beunae Meutah)	-	Represents the lines, the <i>ora</i>		✓
Rice –Sticky (St), Cooked (C), Uncooked (U)	-	U, 1 Kantang – nearly 4 litres		ST, U
Tobacco	-	-	-	Can bring cigarettes
Money	-	12 Baht		12 Baht
	H2 has no fee, and uses no procedure like betel nut because he believes that will sway him from God		Nowadays not necessary to bring as it is difficult to find	

TABLE 4.5 The Use of Accessories Among Bonesetters

I Touch

Before agreeing to treat a patient, Suda (H6), somewhat unusually, would check that the patient believed their injury could be healed. If the person expressed any doubt, she would not treat them. She considered that if the individual did not believe in bonesetting then, although the bone would heal, they would still feel it had not completely regained its former function.

When treating patients, the healers would examine the injury, usually a broken arm or leg, to determine how severe it was. Suda (H6) said after touching the injury and reciting verses from the Qur'an she would understand what was wrong with the bone. She considered that God told her what the problem was. Although she learned from experience, it was God who guided her. Wae Hama (H4) also quoted verses from the Qur'an as he touched the patient's broken bone, but added that he also used some Malay verses too, taught him by his father. If the injury was diagnosed as a broken bone, all the healers said they would be able to treat it. Suda (H6) said she would send a patient to hospital if there were a wound that needed to be cleaned first, but she would repair the broken bone herself. The only time Wae Hama (H4) said he would recommend another healer would be if he did not have time to treat the person himself.

ii Oil

Once the injury was examined, a special oil would be used to assist the healers in 'massaging' and resetting the broken bone. Each of the healers prepared the oil by themselves using their own recipes. However, once the oil was ready the final step was to utter some verses from Al Qur'an, praying for the blessing of God. These would be 'blown' over the oil.

iii Massage

The most important aspect of the treatment was the massaging and rubbing of the afflicted area. The oil acted to lubricate the process, but did not possess magical healing qualities. The knowledge and skill of the bonesetter was in how to straighten the bones. After massaging the limb, sometimes it would be wrapped in a bandage or a bamboo splint support. Suda (H6) also sometimes used a poultice made of ground up herbs mixed into a paste that would then be applied to the limb and covered with a cloth and bamboo splint.

iv Healing

Not all the healers felt it was necessary to use splints. Sometimes this would inhibit the natural movement of the limb. However, all said the limb would ache and be painful for at least 15 days after treatment, and that, depending on the type and location of the break, would take between 20 to 40 days to heal completely. During the initial healing stage, the limb should not be 'worked' in any strenuous manner. After 30 days, usually, it could be used with ease.

The healer would need to see the patient three or four times altogether. The first time to set the bone, the next time to massage and check it was in the appropriate position, and the final time to check it had set and healed properly. Not more than 3 or 4 visits were necessary.

Wae Hama (H4) felt that weak bones or bones that were easily broken were a much more common problem than in the past, and this was not restricted to the older generation; he treated young people as frequently. In his opinion, this problem was caused by a lack of calcium in the diet. Ba-soh (H8) added to this point by stating that healing depended on the vitamins in your body. Younger people healed more quickly, the older took longer.

Wae Hama (H4) also considered that cases of paralysis (which was understood to be a numbness in the limb or whole body) were on the increase. Although he did not treat this particular ailment, he felt the increase in numbers was due to changes in food, its production and processing. Suda (H6) also talked about paralysis saying that she had been told not to treat this condition as it would affect the bomoh also. An individual coming to her with such a problem would be recommended to visit the hospital.

vi Other related ailments treated

The healers interviewed also treated muscle strain, and many of them talked about being well known to and called upon by local sports teams to deal with injuries. Bae Ma (H2) said that an aching muscle was usually caused by bruising from an accident, but would never be related to stress or tension. Those kinds of problems created a mental not a physical illness. Suda (H6) stated that she would not treat congenital back problems, that there was nothing she could do if the patient had been born with the condition.

vii Wind

For ailments or injuries that occurred repeatedly, Wae Hama (H4) said he would have to examine the patient first to check whether it was within his field or not. Sometimes the problem in the bone was cancer, which he could not treat. Otherwise it might be a problem caused by poor 'wind' circulation, or as Suda (H6) stated, blocked wind. This could cause a problem like a slipped disc, which would not be the result of an accident. According to Suda (H6) to cure a wind problem, the passage of the wind through the body had to be relaxed to enable it to blow easily. This could be encouraged by massage.

Wae Hama (H4) considered that problems that were not the result of accidents usually had three causes - wind, blood and flesh. The blood was like fire; when the blood circulation increased it resulted in a headache; when low it would result in stomachache or pain in the knee. Blood and wind went together, with wind acting in a sense as the driving force for blood. Studying, thinking of exams, having to be serious, all could give you a headache. This would mean that the blood and wind had increased. Wae Hama (H4) added that it was not easy to balance wind. There were many pressure points on the body that had to be relaxed first, the most important being located near the ankle tendon. Although close in position, Wae Hama (H4) was clear to state it was not the same point as used in Thai massage.

The healers talked about the *ora*, which Wae Hama (H4) described as being like and having the quality of a "thin noodle". The term was initially translated as muscle, which, in a sense could describe the power of its function. However, it is probably easier to consider it as more closely resemble the *sen*, the 'lines' apparent in traditional Thai massage or the meridians in Chinese acupuncture. These are considered lines of energy. Wae Hama (H4) talked a little of the relationship between the different elements, mentioning that water extinguishes fire, wind blows on water and earth too. Based on this humoral theory, wind people have the ability to control and manage others. He also added that there was a pattern to the birth order of children and their major element. The first child is earth, the next is water, then fire, then wind.

vii Food

To assist the healing process of breaks and sprains the healers all proscribed certain foods, though they varied depending on the severity and location of the problem. All banned cassava and coconut water. Ba-soh (H8) also prohibited *nasi gabo*, (Malay) a locally made

salad featuring the local '*budu*' (Pattani Malay - fermented fish) sauce as it contained fried coconut; however, he did allow coconut milk. Bae Ma (H2) added that for broken legs, bamboo shoots were also prohibited. Wae Hama (H4) made no reference to bamboo shoots, but prohibited jackfruit – fresh or fried, longon, grapes, apples, sticky rice, *khanom jiin* (Thai - white flat rice) noodles, and sour or fermented fruit. Suda (H6) also banned sticky rice, and bamboo shoots – for very severe injuries – and also added banana to the list. Both Basoh (H8) and Wae Hama (H4) advised eating shrimp, *pla chon* (Thai), because of the calcium content, and other seafood; however, there was some difference of opinion about chicken and beef. Bae Ma (H2) said that sometimes chicken, and also tuna fish, would not be allowed. Proscription would thus occur on a case-by-case basis.

The bonesetters stated that if these foods were consumed while the break was healing the patient would feel tired and weak, could experience an itchy rash, and the limb could become swollen, infected or painful at night. Consumption of these foods would also delay the healing process of the break or sprain.

d Hospitals

None of the bonesetters objected to the general practices of doctors and hospitals. Most had never been. Suda (H6) said she often went to the hospital when she had a fever or headache as she now had a government card for old people, and this meant she could get medicine from the hospital. Her attitude towards patients going to hospital was quite simple: if they believed she could cure them, she would; if they preferred to go to the hospital, that was fine too. If she had a patient whose problem fell outside her realm, she would recommend they go to the hospital.

Bae Ma (H2) had only ever been to hospital for check ups, as part of his contract of employment. When he got sick he just thought of God and if God was willing he would get well. He thought that maybe if he got a very serious illness he might go to hospital, but he was a little fearful of visiting a doctor for a minor ailment. He felt his body was weak and that if the doctor examined him he might find something else more seriously wrong. In general, his attitude towards the role of doctors and hospitals was pluralistic. He felt everyone had his or her own duty, and that doctors provided a service as much as any other healer.

Wae Hama (H4) had never been to hospital, but said he would like to go to get treatment for his cloudy vision. However, his attitude towards doctors was not as accommodating as Bae Ma (H2) and Suda (H6) as he hinted at when he stated that he considered himself to be just a local healer who was available around the clock, unlike the doctor in the clinic who worked set hours.

He said that doctors and hospitals had a different theory. Doctors believed in the knowledge that they studied, they believed in their own skill and expertise; however, the local healers did not believe in themselves, they only believed in God. According to Wae Hama (H4), "If we just study the knowledge we can cure nothing, we just have to believe in God, pray to God and try our best. After that it will be the responsibility, the will of God whether that person can be cured or not."

None of the bonesetters recommended using the hospital for fractures, breaks or sprains. In fact, they all criticized the hospitals heavily from a number of perspectives for what they considered poor and often inept treatment. All the healers talked of treating people who had had their bones incorrectly set at the hospital. Bae Ma (H2) saw a patient who had been under hospital care for a number of months for treatment of a fracture. Although the pain had disappeared the person had visited him because the bone did not feel right. The bone had, in fact, been set incorrectly. Wae Hama (H4) and Ba-soh (H8) had had many similar experiences.

Bae Ma (H2) considered that there was no need to cut the skin open or use plaster on a break, as happened in the hospital. In his opinion, this would traumatize the injury further. Massage from the healer and due care and attention on the part of the patient was sufficient.

On four occasions Ba-soh (H8) had received calls from patients at Pattani hospital asking him to visit and treat them. The doctors, however, would not allow him to; the reason being, he felt, because the doctors were afraid he would be able to cure the patients and they would then lose face.

Ba-soh (H8) described in great detail an incident involving a patient and the medical staff at Had Yai hospital. The patient had called three times asking him to come to the hospital. Fortunately, the head doctor was curious and wanted to see his practice. Ba-soh (H8)

received a letter from the hospital asking him to treat this patient who had suffered a badly smashed arm and fractured skull in a serious car accident.

At the hospital, a number of doctors gathered to watch him as he first prayed and then set to repair the fractured arm using his oil and the verses from the Qur'an. Their astonishment was palpable as they watched him uttering the verses, and 'calling the bones back' (the bones make a noise as they are massaged back into position) all within 15 minutes. As it was a severe fracture, he used three chopsticks as a splint. The patient was then able to move his arm again.

As a result of the accident, the doctors had apparently also had to remove a piece of the man's skull, and had sewn up the wound leaving a small soft area. When Ba-soh (H8) found out they still had the piece of bone he asked a doctor to make an incision opposite the original head wound. He then inserted the piece, and within three days the bone had shifted round and returned to its original position.

As a result of this episode the doctors wrote and offered him a position at the hospital, but Ba-soh's (H8) attitude was to ask himself, how could he leave his village and the people who needed him there.

In a discussion with Yussuf (H7) about doctors and hospitals, he said the problem with local hospitals was that too often they would decide to amputate without really trying to save the limb. In contrast, the local healer worked to heal and restore the whole body. Sometimes there were cases where the local healer was able to reconstitute the amputated part into the body and make it whole again. Even if the bone had been smashed into small pieces, the local healer would always be able to bring it back together.

Yussuf's (H7) abhorrence of amputation stemmed from his religion and the belief that only God can decide whether a person was to lose a part of his or her body. Thus local healers considered that the body should stay complete, it should not be changed or altered. In the same vein, Islamic scholars state that hair must not be dyed with artificial colours because then the individual is unable to get ablution – the water cannot touch the real person because the chemicals create a barrier. Henna is acceptable because it is organic. This belief applies to every kind of cosmetic treatment – including teeth braces. Thus the healer always aims to keep the body whole.

e Analysis

Whereas Ancestral Voices guided the practice of the spirit healers, Ancient Knowledge underlies and sustains the practice of the bonesetters. Religious Guidance appears in the general philosophy of the healers and also in the use of oil. Modern Means is clearly apparent in the discussion of biomedical facilities and the treatment of fractures, and combines with Religious Guidance to assert ethnic identity most clearly.

CONCLUSION

The ethnographic data presents a broad, dynamic, multifaceted picture of healing tradition. The four core aspects, used to demonstrate healing practice at this point in time, help to illustrate the weave and interplay of what are at times quite lateral qualities. The concluding chapter brings together aspects of healing practice as described in Chapter III and in this chapter.

Islam creates the boundary for the oeuvre of the healers through the fundamental belief that all illness comes from God. The use of verses from the Qur'an acts to bind, affirm, and authenticate the practice in a more immediate sense. This is especially evident through the fact that only one healer acknowledged using verses from other sources within his healing practice. This can be seen as the result the increasing awareness of Islamic reform in the region over the past twenty to thirty years. The practice of Bae Ma (H2) illustrated this most keenly.

The accommodation of biomedical practice is a major feature within the work of the healers. Whereas twenty years ago, the local spirit healers acted to prohibit patients from seeking biomedical treatment, now they act as a conduit for referrals. Biomedicine has been absorbed into the pluralism of healing practice. In fact, as the spirit healers become more accommodating, the discrimination of the bonesetters becomes more stark. Their criticism of the hospital doctors' treatment of fractures and breaks stemmed from a position of not just ethnic identity but also professional practice.

It is important to acknowledge that within the tradition of pluralism, the practice itself is plural: no healer confines him or herself to one particular type of treatment or theory or philosophy. This has been clearly apparent in this data presented in this chapter. At the same time, using the four aspects it has been possible to observe an interweaving of different facets of practice and build a picture of the adaptability of healers sustaining identity.