

THE INTERPLAY OF TRADITIONAL THERAPIES IN SOUTH THAILAND

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Abstract—Discernible among the diversity of folk-medical practitioners of Songkhla, Thailand, are three prominent therapeutic traditions: those of the herbalists, folk psychotherapists, and supernaturalists. Most curers describe themselves as specialists in one or another of these modes, but at the same time, many also recognize multiple levels of causation and multi-modal treatment alternatives for any specific affliction. Accordingly, they liberally apply their own therapeutic orientation to afflictions ordinarily diagnosed as calling for treatment in modes other than their own. To treat afflictions normally outside their own domain, they call on metaphorical principles to render their traditional techniques and paraphernalia applicable to a greater variety of illnesses. In this way they strive to attract a wider variety of clientele in the increasingly competitive environment created by the expansion of modern medical facilities. An analysis of this system contributes to our understanding of therapeutic pluralism in these times of rapid culture change.

Key words—therapeutic pluralism, Thailand, ethnomedicine, culture change

INTRODUCTION

The traditional curing techniques of the Thai and neighboring peoples include a tremendous diversity of diagnostic and therapeutic procedures. In earlier publications I have described various cultural, sociological, and political factors that have fostered so heterogeneous an assortment of curing practices; for example: incompletely fused ritual traditions containing South Asian, Middle Eastern, Chinese, Western, and indigenous cultural elements; rivalry among neighboring practitioners restricting communication about curing techniques; and the use of contrasting curing traditions as cultural media for expressing sociopolitical separatism [1].

Behind this multiplicity of curing practices, however, lies an increasingly integrated, if complex, set of beliefs about the causes of, and cures for, illness. Drawing on data I collected in Songkhla Province, Thailand, in 1978, I will sketch a model of folk-medical systems theory that I found to be held in common among members of contrasting therapeutic orientations. These practitioners recognize multiple levels of causation and treatment for any particular affliction. The possibility of multiple etiologies for a single illness encourages representatives of very different specialties, like herbal medicine, folk psychotherapy, and animistic curing, to treat afflictions seemingly outside their traditional therapeutic jurisdictions. By liberally and creatively employing metaphorical principles, curers with specialized skills succeed in attracting a wider selection of clientele and thereby protect their livelihood in an era of expanding modern medical facilities. An examination of this complex curing system provides new insights into the nature of therapeutic pluralism, especially during times of rapid culture change.

The focus of this study is on the conceptualizations and methodologies of curers rather than on

curer/patient relationships or patients' perceptions of Songkhla's folk-medical systems. In the limited time I had to conduct this study, it seemed more practical to concentrate on a large fraction of a small, well-defined universe of practitioners rather than a tiny fraction of a huge, amorphous universe of former and future patients. Systematically collected comparative data on the patients' points of view would surely contribute significantly to our understanding of Songkhla's plural medical system as would parallel studies of Songkhla's modern medical facilities.

THERAPEUTIC SPECIALTIES

Between September and December, 1978, I interviewed 34 folk healers in and around the town of Songkhla in southern Thailand. Twenty-one of these practitioners were Buddhists and 13 were Muslims; all spoke Thai as their first language. Three were women and the rest were men. I learned about most of these individuals during informal conversations with merchants, clerks, barbers, and pedicab drivers, many of whom were former patients of one or more of these curers. Of the original 34 interviewees, I chose 12 especially knowledgeable and cooperative individuals for long-term in-depth interviewing [2]. These practitioners also permitted me to observe consultations with patients in their homes or monastic cells.

Considered collectively, the larger group of 34 practitioners claimed expertise in a wide variety of therapeutic specialties including herbal medicine, exorcism, psychotherapy, massage, and the administration of Western drugs by injection. Some had earned special reputations for their skill in treating specific problems such as skin diseases, splinters, fishbones lodged in the throat, snake bites, bone fractures, earaches, toothaches, backaches,

hemorrhoids, sexual impotence, infertility, or frigidity; others specialized in inducing the births of overdue babies, preventing bed-wetting, and pacifying crying infants. In Thailand even the most naturalistic specialties like herbal medicine, massage, or bone-setting call for an element of esoteric verbal magic. Traditional Thai practitioners (*mau*) are expected to have access to supernatural power with which they can influence the welfare of their patients. Those who effectively manipulate supernatural forces in overcoming afflictions are commonly perceived to command more generalized magical and/or sacred power. A competent specialist in any of the therapeutic arts is apt to receive requests for other, nontherapeutic magical services as well. Such services as love magic, sorcery, the tracing of lost or stolen objects, and the provision of invulnerability charms are customary sidelines for curers.

THREE THERAPEUTIC TRADITIONS

Despite the multiplicity of services that traditional curers in Songkhla provide, most of them nevertheless recognize a particular therapeutic mode as the core of their practice. I will discuss here the most common modes of therapy identified by practitioner-respondents as their basic healing strategies, namely, herbal medicine, folk psychotherapy, and supernaturalism (or exorcism). With the possible exception of herbal medicine, these modes do not comprise formal institutions, but they do represent clearly distinguishable diagnostic and therapeutic emphases to which sizable numbers of individual Thai curers subscribe. Some herbalists may display certificates from the Traditional Medicine Association of Thailand, while the majority are readily identified by the paraphernalia of their practice, such as tins or cabinets containing various herbal remedies and pots full of medicinal plants. Exorcists and folk psychotherapists are less identifiable through material trappings. Most traditional practitioners recruit patients by word of mouth. The neighbors of a practitioner are usually aware of his or her basic methodology and pass on this information to others. Curers who attract a large outside clientele typically have built up reputations on one or two categories of treatment, but many patients are also impressed by healers with charismatic personalities. In interviews most practitioners are unmistakably partial to the therapeutic mode in which they have earned the greatest recognition, although a few hesitate to be identified with that mode exclusively.

By no means do the proponents of any of these therapeutic traditions flatly reject alternative approaches to curing; rather, they recognize their own particular orientation as addressing the most fundamental causes of illness [3]. Many of these practitioners are well-versed in the techniques of contrasting traditions. Members of any of the three groups might also be qualified to perform Brahmanistic ceremonies such as the propitiation or recalling of a child's soul or spiritual essence when it has flown out of the child's body. They might also be accomplished astrologers or numerologists. Nor are adherents to these individual orientations exclusively recruited from single segments of society. Neverthe-

less, folk psychotherapists are mostly Buddhist monks residing in urban monasteries; supernaturalists stem predominantly from rural areas; and herbalists usually are people who have had more time than other practitioners to acquire their skills, either because they were financially secure or because they had the opportunity to pursue herbal medical studies while serving as Buddhist monks. Let us consider the basic tenets of each tradition and the creative ways these principles have been interpreted and applied in the treatment of all sorts of unrelated illnesses.

The herbalists

The first therapeutic tradition, that of the herbalists (Thai: *mau phaeen booraan* or *mau yaa samun phray*), derives its basic ideas about disease causation and treatment in part from Indian humoral pathology and in part from local hot-cold dietetic classifications of uncertain origin [4]. Herbalists attribute most illness, directly or indirectly, to disturbances in the natural balance of the four body elements: earth, water, wind (air), and fire. The principal causes of elemental imbalance are improper diet, sudden changes in climate, and psychosocial stress. Pathological excesses or deficiencies of particular elements in a patient's body are corrected by prescribing compensatory foods and medicines. Herbalists report that they customarily utter secret incantations while concocting herbal remedies in order to galvanize the components supernaturally.

Although published texts prescribe herbal medicines primarily for the treatment of *somatic* disorders, in actual practice many herbalists also treat patients who display psychological disorders or possession behavior. Many of these specialists recognize some madness symptoms to be related to circulatory, menstrual, postpartum, or febrile conditions and treat them accordingly with herbal sedatives. Usually the water element is strengthened to cool off the heat of psychological stress or to fortify the constitution of the blood. Madness or nervous disorders are commonly attributed to an excess of fire.

Perhaps the most remarkable aspect of Thai herbalist methodology in Songkhla is the manipulation of peoples' minds through the use of special herbal concoctions prepared with principles of imitative magic across various media. Herbalists creatively match medicinal 'flavors' or 'tastes' (Thai: *rot*) with analogous emotional states and/or behaviors. Mulholland has noted that Thai herbalists consider taste the most important characteristic of a drug, for the taste indicates the drug's other properties (such as elemental composition) and determines its use [5]. By manipulating the flavors of their herbal concoctions, some practitioners reputedly exercise control over the will of their patients or victims.

Herbalists in Songkhla utilize linguistic and non-linguistic metaphors from a rich variety of quasi-gustatory media when preparing their mind-controlling magic. Suppose, for instance, that an herbal practitioner wishes to manufacture a charm that will make its object amorous. Love is normally associated with a 'sweet' or 'fragrant' flavor. Therefore he or she will choose a combination of 'sweetness' and/or 'fragrance' symbols from such channels of meaning as melody (for example, humming a

'sweet' tune while mixing the charm's ingredients); gesture (for example, smiling 'sweetly' while mixing ingredients); onomatopoeic sound symbolism (pronouncing 'sweet-sounding' words); direct verbal representation [uttering or writing the basic words for 'sweet' or 'fragrant' (Thai; *waan* or *haum*) in verbal charms]; homophony (pronouncing or writing words that sound like that basic words for 'sweet' or 'fragrant'); synonymy (using words that are less common synonyms for *waan* and *haum*); synonymy and homonymy (using words that sound like synonyms for *waan* and *haum*); denotation (using words that denote something 'sweet' or 'fragrant'); connotation (using words that connote something 'sweet' or 'fragrant'); herbal components whose names can be used in any of the above types of linguistic symbolism [for example, onions (Thai *hua haum*, literally 'fragrant bulb'); flavored incantations (recited or written because their literal or figurative meanings suggest 'sweetness', 'fragrance', or love); sweet-smelling or sweet-tasting vegetable, mineral, or animal matter (used by the herbalist as ingredients in love philtres, such as: sugar, honey, scented woods, fragrant leaves and flowers, orange peels, perfume, etc.). This long list of symbolic representations is probably not exhaustive, but it reflects the many media into which imaginative practitioners can translate the abstract sensations of 'sweetness' or 'fragrance', which are themselves symbols for love [6].

I have chosen to discuss 'sweetness' and 'fragrance' at length because of their wealth of metaphorical trappings. Alone or in combination, these are the most commonly used 'tastes' in Thai herbalists' imitative magic. They are generally supposed to produce positive feelings or enthusiastic behavior in those they are meant to influence. Practitioners dispense 'sweet' or 'fragrant' magic for clients who seek not only love but also sympathy, pity, cooperation, recognition, assistance, or obedience from other parties. Some herbalists prescribe 'sweet' or 'fragrant' components to make children more enthusiastic pupils or husbands more responsible breadwinners [7]. Many of these concoctions qualify as forms of psychosocial therapy, inspiring confidence in their users, whether or not they actually influence their intended targets.

Practitioners of this art of mind control vary greatly as to the number of tastes they recognize and the uses of those tastes. The herbalists I interviewed operated with repertoires of at least two but not more than 10 taste categories. Among those tastes (*rot*) I encountered in different curers' practices were: *waan* ('sweet'), *khom* ('bitter'), *phet* ('spicy hot'), *cyut* ('bland'), *haum* ('aromatic'), *priaw* or *som* ('sour' or 'vinegary'), *khem* ('salty'), *man* (either 'pleasantly crisp' or 'oily'), *faat* ('astringent'), *maw* ('intoxicating' or 'toxic'), *raun* ('thermally hot'), *yen* ('cool' or 'cold'), and *sukhum rot* (a neutral taste to counteract all others).

Many herbalist respondents cautioned me that while they themselves use metaphorical magic to effect constructive changes in people's behavior, others employ these techniques to manipulate people unfairly. Love magic and sorcery are said to be the most lucrative specialties, and the imitative magic of

herbalists could be as effective as animistic techniques in the practice of these specialties. Bitter, salty, and sour components are particularly efficacious in tormenting victims. Bland constituents can cause a person to grow bored too easily, to become anti-social, or to ignore his/her family. Cool components might deprive people of their motivation to achieve anything. On the other hand, thermally hot components are apt to make people impatient, impetuous, irascible, and generally unstable. The Thai language has facilitated the application of such metaphorical principles by supplying a host of semantically transparent idioms for the description of character traits or emotional states. For example, *yen cay* ('cool heart') means 'contented' while *cay raun* ('heart hot') means 'impatient' or 'hasty' [8].

While reports of herbalists' sorcery activities may be somewhat exaggerated [9], many practitioners are prepared to treat victims of supernatural aggression by dispensing herbal remedies. Some herbal practitioners I interviewed recommended foods or medicines with a minimum of wind element as a compensatory diet for possession victims on the grounds that intrusive spirits were composed almost entirely of wind or air. However, in driving out invasive spirits or removing the spells of sorcerers, many herbalists prefer medications whose ingredients are selected according to therapeutic principles other than those having to do with 'taste' or the restoration of elemental balance. The most common varieties of medicines in these cases are laxatives. Some practitioners combine laxatives with almost every concoction they devise to rid their patients of illness-causing forces. Laxatives, of course, are symbolic of expulsion of all kinds [10]. A common complaint among the patients of herbalists is that the prescribed concoctions cause them to become incontinent. Herbalists also utilize the leaves and roots of certain plants that are believed to be feared by spirits. A number of practitioners reported using camphor leaves [11] and/or cassumunar roots in exorcising or keeping away Thai spirits. Muslim spirits were driven away with lard. A couple of herbalists reported having confronted Western spirits with garlic [12].

The folk psychotherapists

Let us turn now to the second major therapeutic orientation in the traditional Thai healing arts of Songkhla, that of the folk psychotherapists. Folk psychotherapists have not been widely recognized as a separate category of specialists because they usually conduct their psychotherapy while pursuing some other speciality like supernaturalism or herbal medicine. Nevertheless, their numbers are growing, and some have begun identifying themselves as '*mau cit*', or 'doctors of the psyche'. These scattered individuals concentrate their efforts on the art of therapeutic conversation. Some claim their approach is very old. It is likely, however, that the recent growth in their numbers and popularity reflects increased exposure to Western psychotherapeutic ideas. To the folk psychotherapists it is a lack of psychological well-being, or lack of fulfillment, that is at the heart of many problems they encounter. One highly experienced monk among them suggested that 80% of all afflictions require some psychotherapy in order to

heal fully. This individual was representative of a small group of increasingly cosmopolitan monk-practitioners, who not only learn about Western psychotherapy from mass media but also manage to acquire Western-style medical and psychological texts for their temple libraries. He had been experimenting with various Western-style psychotherapeutic techniques for some time using patients with stubborn behavioral disorders as subjects.

All of these individuals are critical of government medical personnel for their impatient and impersonal bedside manner and their preoccupation with purely physical symptoms. Patients, they insist, need psychological encouragement above all else, if their ailments are to heal properly. Chronic depression, they note, can permanently affect the balance of the body elements. They believe that therapeutic conversation can cure diseases arising from psychological and social stress. Patients must be encouraged to voice their frustrations, whereupon their emotions should lose some of their negative and disruptive qualities. Heart disease can be treated in this way. The heart is the seat of the emotions, and if those emotions can be made positive and constructive, the physical mechanism will grow healthier by analogy. Just as psychosocial stress can destroy elemental balance, psychotherapeutic relief of stress can restore that balance.

Psychotherapists tend not to place much faith in supernaturalist techniques of curing, though they themselves may agree to conduct exorcisms as ritual placebos in order to set patients' minds at ease [13]. In a similar fashion, they may dispense personal amulets or holy water as tangible reminders that great powers are being mobilized to protect their patients. Most psychotherapists value supernaturalist therapy as a traditionally defined social context for the expression of a patient's fears or frustrations. Nevertheless, where possible, they will try to bypass exorcistic rituals by engaging patients directly in conversations about their psychosocial circumstances. While no psychotherapists denied the possibility of spirit aggression, they were apt to diagnose most cases of hysterical behavior as psychogenic 'nervous disease' (Thai: *rook prasaat*) rather than possession. They are generally aware of the decline in the number of possessions and the increased incidence of nervous disease, especially in modernizing areas. Both afflictions are seen as the natural end products of stress caused by such emotional dysfunctions as obsessive jealousy or excessive worry. As one curer remarked, in the old days distraught children from broken families were easy victims for spirits who would possess them and then censure the children's parents. Nowadays those children suffer nervous breakdowns instead. As a psychotherapist, he was prepared to treat these modern psychosomatic disorders. Evidently, these folk psychotherapists are stepping into a therapeutic niche created by the decline of supernaturalistic practices in urbanized communities [14]. People raised in towns and cities now have far fewer opportunities to witness possession behavior during exorcisms. Many simply have not learned how to diagnose abnormal behavior in others as being supernaturally induced. At the same time, the presence in Songkhla of a highly accessible

neurological hospital with a psychiatric ward has stimulated local interest in 'nervous' or neurological disorders.

A large fraction of the patients who are treated by folk psychotherapists are people with ambiguous or functional disorders which defy conventional biomedical diagnosis [15]. Thai physicians and Western missionary doctors typically classify these people as 'neurotics' or 'hypochondriacs' and prescribe tranquilizers or vitamins for them. Those who gain access to Western-style Thai psychiatrists are also treated with drugs rather than extended psychotherapeutic conversation. In many cases, what these patients seem to need is someone with whom they can talk over their personal problems in their own cultural idiom. Certain kinds of anxiety-producing psychosocial problems bring large numbers of patients to folk psychotherapists. These *panhaa look taeak*, or 'earth-shattering problems', include infidelity of a spouse or lover, and sexual disorders such as impotence or frigidity. Many folk psychotherapists will persuade their patients to discuss these problems after first dispensing herbal or exorcistic placebos. Seriously ill mental patients, too, have traditionally been placed in the care of folk psychotherapists, especially Buddhist monastic practitioners. People wishing to free themselves from drug, alcohol, or cigarette addictions also commit themselves to the strict supervision of certain monastic therapists.

The supernaturalists

The third basic therapeutic orientation found among traditional folk healers in Songkhla is that of the supernaturalists (Thai: *mau phii* and *mau sayyasaat*). These practitioners hold spirits and/or sorcerers to be at the root of most serious physical or mental suffering. This therapeutic mode prevails primarily in technologically backward rural areas. The principal form of therapy is the exorcistic ritual. This ritual is frequently performed by spirit-mediums who appeal to their spirit familiars for assistance after going into a trance. Other exorcists, especially Buddhist monks, rely upon a repertoire of incantations. These verbal charms consist of fragments of scriptural verses that reportedly instill fear in the hearts of mischievous supernatural intruders. The spirits may directly possess their victims and use the latter's voices to communicate their grievances and demands, or they may alter more subtly the personalities and behavior of those victims. Sorcerers or spirits may also launch invisible missiles programmed to enter victims and cause them great physical or psychological distress. Both missiles and intrusive spirits are expelled or persuaded to depart when they come in contact with some vehicle of verbal magic activated by a stern, imposing exorcist's personality. The exorcist may hurl intimidating incantations directly at a possessing spirit or channel them through various material media such as holy water, to be sprinkled on the victim, used by the victim while bathing, or drunk by the victim, Enchanted prods, like knives or sharp sticks, are jabbed at the patient's body to daunt a possessing spirit. Enchanted oils and powders are provided to be rubbed on the victim's body. Food may be enchanted and then eaten by the victim.

Supernaturalist practitioners occasionally incorporate components of humoral pathology or Western germ theory into their diagnoses. Many describe spirits who willfully employ germs to disrupt the four elements of their victim's body. Beliefs that spirits can control the body's elemental balance are widespread in Southeast Asia [16]. Specific spirits have often been associated with specific body elements whose malfunctioning in turn precipitates specific diseases. The wind element, in particular, has a complex history of associations with spirit-related afflictions. The spirit essence of a dead person is commonly identified as the wind element that separates from the other elements upon death [17].

Whereas supernaturalist curers might once have attributed most somatic disorders to the ill will or evil deeds of spirits or sorcerers, they now tend to implicate such malevolent agencies only in the most stubborn cases. The primary focus of supernaturalist therapy today is on behavioral abnormalities. Exorcism has always been an important form of psychotherapy, although exorcists are not apt to perceive their roles in that light. Spirit possession, with its ritual trappings, has served as a multipurpose idiom for the expression and interpretation of disturbing psychosocial problems. Possession victims, through the voices of intrusive spirit spokesmen, have been prompted by exorcists and concerned onlookers to vent pent-up frustrations. Thai women, in particular, have used dissociative possession behavior, either consciously or unconsciously, to resolve sexual and marital problems. Exorcistic ceremonies, like modern folk psychotherapy, have afforded an institutionalized context for patients to externalize anxieties.

Some supernaturalist practitioners acknowledge that spirit possession often follows crises in interpersonal relations. Disturbances in social relations, they say, make certain people 'weak-hearted' (Thai: *cay ?aun*) and therefore especially susceptible to spirit aggression. Effective exorcisms that expose disorders in social life and expel mischievous spirits should check the decline in the patient's well-being. People in urban communities who have forgotten how to dramatize inner conflicts in possession behavior, and who now diagnose most noncongenital psychological disorders as 'nervous disease', have lost a valuable traditional technique for mobilizing group support on behalf of the patient or victim. However, even in cosmopolitan settings, some families of patients who have been declared mentally ill by modern physicians or psychiatrists still call on exorcists as a last resort before resigning themselves to their relatives' condition.

THE INTEGRATION OF FOLK-MEDICAL TRADITIONS

The preceding discussion illustrates how southern Thai herbalists, folk psychotherapists, and supernaturalists widen the scope of their material, conversational, and animistic therapies to confront pathological developments traditionally addressed through other therapeutic modes. Their forays into the therapeutic jurisdictions of other specialties are facilitated by the liberal application of metaphorical principles that permit them to identify analogies between vaguely similar physical, mental,

and behavioral phenomena. Thus, an exorcist might correct an elemental imbalance due to excessive wind by exorcising a spirit; a herbalist might expel a spirit by prescribing a strong laxative or a diet low in wind element; a folk psychotherapist might reduce a feverish condition with soothing conversation.

Underlying the apparent diversity of traditional Thai curing techniques are certain shared assumptions about the nature of health and illness. All therapeutic approaches are consistent in postulating a normal state of well-being, despite the canonical Buddhist concept of *samsara*, which dictates continuous cycles of suffering caused by karma. Except for a few recognized congenital disorders, and the deteriorating effects of natural aging [18], most health problems are believed to arise in response to destructive forces in either the natural, supernatural, or social environment. Natural threats have traditionally included such things as unsuitable climate, diet, or demands on one's physical or mental energies (all of which easily upset the delicate balance of the body's elements); supernatural menaces include antagonistic spirits and/or sorcerers; destructive social forces almost always involve conflict in interpersonal relations. Pathogenic conditions in any one of these environmental systems can influence a patient's health status in the others as well. Obversely, effective treatment in any therapeutic mode can enhance a patient's resistance to health threats in the other environmental systems. Therefore, an herbalist correcting an elemental imbalance, an exorcist removing intrusive spirits or objects, and a folk psychotherapist resolving social conflict are all contributing to the restoration of the patient's overall normal condition.

Many practitioners now recognize Western medications as combatting another environmental threat—namely, germs—in still another domain of illness causation, the invisible microbiological world. Under pressure to modernize, these curers have adopted a simplistic version of Western germ theory and incorporated it into their pre-existing folk-medical systems model. They commonly characterize germs and parasites as passive disease-inflicting instruments that must be activated by sorcerers and spirits or catalyzed by enervating elemental imbalances. Traditional curers will advise their patients to purchase modern medicines to destroy germs—they may even prescribe or dispense such remedies themselves. But then they will reinforce the curative power of these drugs with verbal charms to fend off spirits or with herbal remedies to restore the equilibrium of the elements.

Most practitioners acknowledge that treatment by a specialist of any orientation will probably do some good, and treatment by several curers of different therapeutic orientations may actually produce beneficial cumulative results. They differ markedly, however, in their estimation of the relative merits or effectiveness of each kind of treatment. Each specialist promotes his or her own therapeutic mode as addressing the most fundamental link in a chain of causation. Depending on the curer's therapeutic orientation, humoral, psychological, or supernaturalistic causes will be deemed primary. For example, many herbalists now recognize fundamental

causal chains involving such links as weather or diet, psychological conflict, elemental imbalance, and germs. They hold that elemental imbalance is basic to all health problems. Once the natural balance of elements is upset—for instance, by changes in climate or diet, or following psychological stress—the body is no longer able to withstand the harmful influence of germs, which they believe to be present everywhere in the environment. The causes postulated for some illnesses thus consist of complicated sequences of events in several different domains. The causal sequence need not stop with germs. A herbalist with an exorcistic inclination will diagnose scenarios wherein germs leave their victims vulnerable to spirit possession. All the same, that herbalist will typically promote herbal medications rather than Western drugs or exorcism as the most effective long-term remedy addressing the underlying causes, regardless of the most immediate cause of the patient's ill health.

A few traditional practitioners, especially those in urbanizing areas, will recommend treating a particular case in several ways *simultaneously*, using different therapeutic modes to address different levels of causation. In promoting such multifaceted therapy, these healers are usually making a case for their own continued indispensability in an age of modern scientific medical facilities. They see a combination of remedies as accelerating the healing process, particularly when the immediate cause of the illness is uncertain. One reputable monk-herbalist in Songkhla listed three causes of malaria (Thai: *khaycapsan*): 'germs' carried by mosquitoes, elemental imbalance caused by changes in the weather, and the consumption of 'hot' foods when one's bodily condition is already 'hot'. If the immediate cause was not clear, one could treat a malaria victim with a single category of remedy, like a germ killer, or an herbal medicine to reduce excessive fire element, or a controlled diet of 'cold' foods. Any of these remedies might eventually restore the victim's overall health, but a combination of remedies would probably speed up recovery [19].

In a very subtle but intriguing way, these folk-medical explanations resemble those of prominent Western theoreticians. Consider, for example, René Dubos's concept of multifactorial causation [20]. Dubos has demonstrated in numerous publications how "most disease states are the indirect outcome of a constellation of circumstances rather than the direct result of single determinant factors" [21]. Like the Thai monk-herbalist mentioned above, Dubos would have us employ a combination of tactics in controlling malaria along its causal chain: "The incidence of malaria in a community can be reduced by drugs that attack the parasite, by procedures that prevent mosquitoes from biting man, by insecticides that poison the mosquitoes, or by agricultural practices that interfere with their breeding" [22].

What appears at first glance to be a chaotic collection of historically unrelated curing practices seems to be evolving into a system of fluid and adaptable interacting therapeutic modes, at least in the practices of many thoughtful Thai practitioners. While diagnostic and therapeutic techniques have actually increased in diversity, the traditional

therapeutic modes seem to be converging in their conceptualizations of the overall health system. Concomitantly, practitioners of different therapeutic modes now offer to treat many of the same patients, irrespective of those patients' preconceived notions about the causes of their illness. Remaining loyal to their own preferred therapeutic orientations, but employing considerable metaphorical license, curers treat patients whose perceived afflictions do not necessarily fall within their traditional areas of expertise. Some have even co-opted Western etiologies and drugs as subordinate components in their elaborate models of illness and health care. In these ways they maximize their case loads and endeavor to curb the loss of traditional clientele to modern health facilities.

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2. These were, unfortunately, all men. Two of the three women practitioners I interviewed were Buddhist spirit-mediums whose knowledge derived almost entirely from their spirit familiars. The spirit familiar of one was mysteriously unavailable when I requested an interview, and a familiar of the second insisted on boasting of previous miraculous accomplishments rather than discussing specific curing techniques. The third female curer, a Muslim convert and widow, practiced herbal medicine and massage, specialties she learned from her deceased Muslim husband. Because she lived alone with her children, frequent interviews with her or observation of her practice would have incited unpleasant gossip. This woman struck me as quite competent in her specialties and was reported to have a large clientele. She could read no Pali, Arabic, or Malay (Jawi), but worked with Thai translations or transliterations of these foreign language materials. She was, in fact, one of the few Thai women practicing herbal medicine. Most women are not free to wander about in search of magical or medical knowledge except for that having to do with the techniques of midwifery and massage—techniques which can be more readily learned from neighbors. Otherwise, the typical female Thai curer allegedly acquires her therapeutic powers through revelations in trances or dreams, and practices as a shaman or spirit-medium. Thai men, on the other hand, enjoy greater access to the teachings of established master practitioners, many of whom have had careers as Buddhist monks or Islamic scholars.
3. By 'fundamental' I do not mean 'ultimate' causality. When prompted, Buddhist curers acknowledge that

- karma is the ultimate cause of human suffering and Muslim curers conceptualize the will of Allah in much the same way. Nevertheless, with the exception of some devout religious leaders who are recognized as vehicles of karmic or divine power, most practitioners only fall back on karmic or divine causal explanations after more worldly (or less sacred) therapeutic techniques have proven abortive.
4. See Hart D. V. *Bisayan Filipino and Malayan Humoral Pathologies: Folk Medicine and Ethnohistory in Southeast Asia*, pp. 33–34, 38–40. Southeast Asia Program Data Paper No. 76, Department of Asian Studies, Cornell University, Ithaca, N.Y., 1969; Anderson E. N. and Anderson M. L. Folk dietetics in two Chinese communities, and its implications for the study of Chinese medicine. In *Medicine in Chinese Cultures: Comparative Studies of Health Care in Chinese and Other Societies* (Edited by Kleinman A. et al.), p. 146. U. S. Dept of H. E. W. Publication No. (NIH)75–653, Washington, D. C., 1975; Laderman C. *Wives and Midwives: Childbirth and Nutrition in Rural Malaysia*, pp. 35–62. University of California Press, Berkeley, Calif., 1983. Whereas the more recently introduced Indian humoral system (borrowed in turn from the Greek) contains numerous terms of Indic origin, the hot–cold dietetic classifications of Thailand and neighboring countries use only indigenous terminology. This no doubt reflects the antiquity of the latter in the region but also conceals their origins.
 5. See Mulholland J. Thai traditional medicine: ancient thought and practice in a Thai context. *J. Siam Soc.* 67, 106–108, 1979. Mulholland, however, does not mention the use of tastes in manipulating people's emotions or behavior.
 6. Thais may not always express 'sweetness' with the same word in every medium. Thus, 'sweet-smelling' is usually expressed with the word 'haum', 'sweet-sounding' with 'phrau?', and 'sweet-looking' with 'suay'. But the Thai word 'waan', meaning 'sweet-tasting', is also used in a more generic sense and can be applied to almost as many media as the English 'sweet'. The Thai word 'haum', meaning 'fragrant', also refers to the traditional Southeast Asian form of 'kissing' in which people express affection or eroticism by touching cheeks and inhaling each other's bodily scents [see Textor R. B. *Roster of the Gods: An Ethnography of the Supernatural in a Thai Village*, p. 179. Human Relations Area Files (HRAFlex), New Haven, Conn., 1973]. Then, too, perfumes, or 'nam haum' ('fragrant water'), are used in Thailand, as elsewhere, for their aphrodisiac qualities.
 7. Even when the intention is not to manipulate other people's behavior or emotions, sweet-tasting concoctions are preferred. Herbalists commonly add sweet-tasting components to their medicinal tea mixtures just to encourage patients to drink these strange-tasting remedies.
 8. See Sethaputra S. *New Model Thai-English Dictionary*. So Sethaputra's Press, Samud Prakan, Thailand, 1965. Regrettably, I can only speculate about the antiquity and distribution of this herbalist mind manipulation. Certain aspects of love magic in Thailand reflect Brahmanistic influences which may have penetrated the area directly from South Asia or by way of the Khmer Empire. See, for example, Somchintana T. R. *The Socio-Cultural Setting of Love Magic in Central Thailand*, pp. 7, 10. Wisconsin Papers on Southeast Asia, No. 2, Center for Southeast Asian Studies, University of Wisconsin, Madison, Wis., 1979. Much of the humoral theory employed by herbalists is certainly of South Asian origin. The texts used by practitioners I interviewed were all handwritten and identified with ancestral Buddhist figures. If this use of herbal ingredients is indeed very ancient, I would guess that Sinhalese Buddhist monks who introduced Theravada Buddhism to south Thailand had some knowledge of it.
- Metaphorically equating bodily humors with comparable temperaments or behaviors is a widespread custom. Ingham J. M. (On Mexican folk medicine. *Am. Anthropol.* 72, 83, 1970), for instance, describes how Mexican villagers draw parallels between 'hot' and 'cold' humoral qualities and people's character traits: '...greed, envy, eating, sexual desire, and aggression are linked with hotness; generosity and exploitability are associated with coldness'. In a similar fashion, the medieval European version of classical humoral theory assigned specific temperaments to people depending on which of their bodily humors was believed to be predominant. Those with surplus blood were characterized as sanguine; those with surplus yellow bile, choleric; those with a surplus of phlegm, phlegmatic (or impassive); and those with surplus black bile, melancholy. According to classical humoral pathology (see Hart D. V. Ref. [4], p. 4), the blood humor was centered in the liver and was hot and wet; yellow bile emanated from the gall bladder and was hot and dry; phlegm had no specific body location and was cold and wet; black bile was centered in the spleen and was cold and dry. The basis for the metaphorical associations between humors and temperaments was apparently the equivalence of temperamental qualities and the physical properties of the humors.
9. See, for instance, Golomb L. *An Anthropology of Curing in Multiethnic Thailand*, pp. 243–247. University of Illinois Press, Urbana, Ill., 1985.
 10. One herbal practitioner I met in Songkhla believed that constipation and concomitant hemorrhoids were major factors in the onset of mental illness. He prescribed laxatives for all psychological and psychosomatic symptoms. Laxatives are only one type of expedient for purging the body of illness-causing forces. Eighteenth-century American physicians regularly prescribed such purgative remedies as bleeding, blistering, emetics, and laxatives for all sorts of maladies. In describing the traditional Navaho treatment for sickness, Morgan W. [Navaho treatment of sickness: diagnosticians. In *Culture, Disease, and Healing: Studies in Medical Anthropology* (Edited by Landy D.), p. 167. Macmillan, New York, 1977] observes that "only on rare occasions does a patient escape from a shaman or diagnostician without at least one sweatbath, emetic, or cathartic."
 11. For further discussions of this use of camphor leaves (Thai: *bay naat*), see Ref. [6].
 12. This use of garlic may reflect the influence of European vampire stories; on the other hand, garlic has traditionally been used in this same way in parts of Southeast Asia.
 13. Spiro M. E. (*Burmese Supernaturalism*, p. 57. Prentice-Hall, Englewood Cliffs, N. J., 1967) has reported similar token exorcisms in Burma. One of his respondents explained that the act of exorcising or propitiating spirits increases patients' sense of security.
 14. For a more detailed discussion of 'nervous disease' in Thailand see Golomb L. *An Anthropology of Curing in Multiethnic Thailand*, pp. 89, 99n28, 233, 235, 236. University of Illinois Press, Urbana, Ill., 1985.
 15. See, also, Boesch E. E. *Survey of Problem and Analysis of the Consultations*, pp. 17–18. Part One of the series *Communication Between Doctors and Patients in Thailand*. Socio-Psychological Research Centre on Development Planning, University of the Saar, Saarbrueken, 1972.
 16. See, for example; Landon K. P. *Southeast Asia: Crossroad of Religions*, p. 27. University of Chicago Press, Chicago, Ill., 1949; Hart D. V. Ref. [4], pp. 40, 46; Laderman C. Symbolic and empirical reality:

- a new approach to the analysis of food avoidances. *Am. Ethnol.* 8, 481, 1981; Winstedt R. O. *The Malay Magician: Being Shaman, Saiva and Sufi.* p. 101. Routledge & Kegan Paul, London, 1951.
17. For an extended discussion of the relationship between spirits and the wind element in Southeast Asian curing systems, see Golomb L. *An Anthropology of Curing in Multiethnic Thailand*, pp. 137–138. University of Illinois Press, Urbana, Ill., 1985.
 18. Inevitable aging and death are, of course, important aspects of samsara, but people are not expected to spend most of their lives in misery.
 19. Multiple etiologies are common in many folk-medical systems. For instance, Hart D. V. [Disease etiologies of Samaran Filipino peasants. In *Culture and Curing: Anthropological Perspectives on Traditional Medical Beliefs and Practices* (Edited by Morley P. and Wallis R.), p. 71. University of Pittsburgh Press, Pittsburgh, Penn., 1979], in describing the disease etiologies of Samaran Filipino villagers, reports: "Some diseases have multiple etiologies. For example, dysentery may be caused by overeating (especially of fruit) during the summer when food is abundant, by 'thorn' projectiles 'shot' into the body by the spirits or *barangan*, or by excessive 'heat' in the body, often blamed on failure to take a daily bath . . .".
 20. See, for instance, Dubos R. *Man Adapting*, pp. 323–330. Yale University Press, New Haven, Conn., 1965.
 21. Dubos R. *Mirage of Health: Utopias, Progress, and Biological Change*, p. 102 Harper Colophon Books, New York, 1979 (1959).
 22. Ref. [21], p. 104. Obeyesekere G. [The impact of Ayurvedic ideas on the culture and the individual in Sri Lanka. In *Asian Medical Systems* (Edited by Leslie C.), pp. 201–226. University of California Press, Berkeley, Calif., 1976] discusses comparable concepts of multifactorial causation subscribed to by practitioners in Sri Lanka. For example, an illness might be brought on by a malevolent spirit sent by a sorcerer, but inevitably the balance of the humors is upset as well. The gravity of the illness also depends on astrologically bad times which in turn are due to accumulated bad karma. Similar causal chains could probably be elicited from Thai-Buddhist respondents. Obeyesekere's practitioner informants also recommended simultaneously treating more than one level of causation (pp. 206–207). Elsewhere his informants postulated interactions between bacteria and the Ayurvedic humors (pp. 225–226).