

Contacting spirits and poisons: Suffering and healing in northern Thailand

Junko Iida
Kawasaki University of Medical Welfare

Paper presented at the 11th International Conference on Thai Studies
Bangkok, 26–28 July 2011

Since ancient times, it has often been observed that healers in various societies provide healing by touching patients' bodies. On the other hand, it is now believed that physical contact can cause infection or diseases. An epidemic of an infectious disease increases anxiety because of the possibility of contact with invisible pathogens anywhere at any moment. Every time new infectious diseases have broken out, modern science has identified pathogens to cope with them. This study deals with suffering and healing caused by contact with spirits and poisons in northern Thailand, which have similarities and differences to the anxiety and treatment of infectious diseases.

Magic, religious healing and the senses

James Frazer analysed the 'Law of Contact or Contagion' as one of the two principles of magic. His discussion regarding Contagious Magic was, however, not the feeling but the logic of 'primitive' people [Frazer 2003(1890)]. Marcel Mauss also described non-verbal rites to 'cover the use of substances whose virtues are transmitted through contact' [Mauss 2001(1902): 66] and noted that 'magical contagion is not only an ideal which is limited to the invisible world. It may be concrete, material and in every way similar to physical contagion' [Mauss 2001(1902): 82], but he argued that 'magic is believed and not perceived' [Mauss 2001(1902): 119].

Influenced by practice theory and phenomenology, however, increasing numbers of anthropologists have shifted their focus to participants' sensory experiences to study religious healing and healing rituals [Csordas 1990, 1994; Desjarlais 1992; Roseman 1991, Laderman and Roseman 1996]. Taking into account the importance and cultural specificity of the sensory experience in the process of religious healing, this study explores the sensory experience and its effects on the reality of suffering and healing, focusing on the sense of touch.

The 'anthropology of the senses' has demonstrated the diversity of perception and the

culturally specific relationship between different modalities of the senses, and has suggested that modern Western societies are visually centred [Howes 1991, 2003, 2005], although even the classification of the 'five senses' in itself is a cultural construction [Classen 1993: 1, Geurts 2002]. Cultural historians have shown how each modality of sense has been differently valued throughout history and how tactility has started being regarded as inferior to vision (and sound) in Western societies. Aristotle viewed touch as the most basic yet primary sense, in comparison to vision, which is considered the most highly developed of the senses [Synnot 1991: 63, Classen 1993: 3, Paterson 2007: 7]. This Western visualism has influenced scientific thinking and practice, providing models of the universe and becoming the root of detachment and 'objectivity' [Classen 1993: 6]. In contrast, tactility has been emotionalised, sexualised and thus interiorised in the 'civilising process' [Harvey 2003, Classen 2005: 71].

However, anthropologists have demonstrated that the sense of touch is differently valued in other societies. For example, Anlo-Ewe people in West Africa, who have coined various terms for indicating contact and touch, even emphasise the senses of touch and balance in socialisation processes [Geurts 2002]. Touch has also played an important role in some societies' understanding of the body and medicine. For example, contrary to the visual inspection of anatomy in modern Europe, tactile exploration of living bodies, including emotional and psychological states, was important for Chinese doctors in the third and second century B.C., and they thus systematically trained their tactility [Hsu 2005]. In other words, the focus on touch and tactility contributes to relativizing the modern Western sensory world and knowledge construction.

To overemphasize this point, however, is to essentialize touch and magical healing as Oriental phenomena. Indeed, the anthropology of the senses and cultural phenomenology has been sometimes criticized for their overemphasis on cultural specificity [Ingold 2000, Herzfeld 2001, Bendix 2005]. This study, therefore, does not reduce an actor's experience to static culture but examines it within social dynamics.

Lindquist and Csordas have studied touch in religious healing. In an article on the construction of a Russian healer's charisma, Lindquist suggested that the bodily sensation of a healer's touch became the basis for the further construction of the perceived efficacy of her treatment. Lindquist described that the healer was 'immediately recognised as "real" because of the purely bodily sensations' which were pre-objective and pre-meaningful [Lindquist 2002: 351]; however, she did not examine how the physical contact made the patient recognize the treatment as 'real'. In Csordas' study of the Catholic Charismatic Renewal in North America, he has mentioned that the performative force of laying on of hands in Christian society is related to the energy interface where divine love enters and negative energy exits a person [Csordas 1994: 52-54]. In the magical healing in northern Thailand described in this paper, touch is not only the act of expelling the 'bad thing' which causes illness but also the act of making the typically imperceptible cause of illness perceptible.

Contact with agents

This study is based on the fieldwork conducted in a Khon Mueang village in Mae Jaem District, Chiang Mai Province, since 1995. While various causes of illness and pain are present in Khon Mueang aetiology, villagers often refer to spirits (*phii*) and poisons (*pit*) which are believed to make people sick through physical contact.

Spirits bite

In literature, the actions of various guardian spirits and evil spirits are often described as ‘to possess’ when they cause illness. The villagers, however, describe it in their actual conversations as ‘to bite (*kat*)’, ‘to eat (*kin*)’ or ‘to greet (*tak*)’. Although greeting does not involve physical contact, villagers say that they are affected by *phii* by proximity to them.

Invasion of poisons

When a rash appears on their skin or when they have pain in any part of their body, including a knee, leg, back or arm, villagers suspect that poison has entered their bodies. *Pit* is also thought to be contagious. They say that *pit* exists around water and in the mud, and it enters their bodies when they step on it. Villagers also say that *phii* sometimes put *pit* in people’s bodies, as Brun and Schumacher mention [Brun and Schumacher 1994: 70, 79]. The body part affected by poison is often swollen (*poong*) and some say *poong* is a type of *pit*, while others say it is a type of *phii*.

According to healers, increasing numbers of villagers are currently complaining of pain caused by *pit*. Interestingly, healers explain that it is because increasing numbers of food items contain pesticides, additives and chemical seasoning. Quite a few villagers share this interpretation. Although *pit* is not limited to pesticides and additives, it seems that villagers link their experience of pain with the change in dietary habits via the concept of *pit*.

People can neither perceive the existence of these agents nor their contact with them. Villagers supposedly live in the environment with the imperceptible possibility of contacting the causes of illness. It is after having symptoms or being diagnosed/treated, as the following description shows, that they reflect, ‘I might have been bitten by an evil spirit when I went to the neighbouring village’.

Diagnosis and treatment by touching

When spirits and poisons are suspected to cause sickness, villagers visit healers called *maw*, *maw phii*, *maw duu* or *maw mueang*. Among various remedies for the distress caused by spirits

and poisons, they often use therapies in which the healers directly and indirectly touch sufferers' bodies. Villagers stress healers' special knowledge of incantations which are believed to have the power to make the agents obey and to exorcise them, as well as to protect healers themselves. In the following treatment, incantations are blown on the patient's body, as well as on materials and the healer's finger, which are then put in contact with the patient's body.

Wiping (jet)

When a villager has a pain or rash on a part of the body, the easiest way to expel *pit* from the sufferer's body is to 'wipe (*jet*)' the affected part of the body using leaves on which incantations are blown. Villagers use the leaves of turmeric, sugar apple or betel. When villagers have pain, they usually try this treatment first. If their condition improves, they interpret that *pit* was causing the problem; however, if the result is not successful, they try other treatments.

Shaving (haek)

Shaving is also one of the remedies used to expel *pit* from a sufferer's body, but it is used only for inner pain. This consists of putting a dull knife, wooden sword or buffalo horn into lard, liquor or water with herbs and scraping the affected part of the patient's body in a vertical direction in relation to the knife edge. The incantation is also blown during this treatment. After doing this for a while, the surface of the skin becomes warm and the colour of the skin turns red or green. Villagers say that the change in colour shows evidence of *pit*, which goes away after doing *haek*. This treatment visualizes the invisible *pit* as the colour of the skin. The change in skin colour makes the existence of *pit* real both for healers and sufferers.

Calling with sesame oil (hiak nammannгаа)

For a relatively severe pain that cannot be healed by *jet* and *haek*, a treatment called '*hiak nammannгаа* (calling with sesame oil)' is administered. This uses a knife with sesame oil to scrape the affected part of the body. After putting the knife in a can of sesame oil and scraping several times, the healer finally heats the sesame oil. The black pasty substance left over is considered to be *pit*, and this treatment is said to discharge *pit* out of the body. The black substance is then burned so that children do not step on it.

While *jet*, *haek* and *hiak nammannгаа* are basically therapies that eliminate the causes of illness to relieve pain, they are also a diagnostic process as they make *pit* visual and tactile. In any case, the cause of pain is not identified until the pain is healed. However, both the healer and patient feel an obstacle and the patient feels pain when the healer wipes, shaves or scrapes the body part where *pit* is suspected to exist. In the process of these treatments, the healer rubs the patient's body from the upper part towards the lower part, from the centre towards the tip. A healer explains, '(a healer) does not scrape up (*haek khuen*) but scrapes down (*haek long*) so it

(*pit*) goes out. For example, he scrapes the arm towards the tip of the hand'. He says, 'If there is *pit*, the knife doesn't slide but it sticks (*tit*). Liquor must make the knife slide well, but the knife sticks. He feels like the knife is sucked (*duut khau pai*) into the body, so he scrapes until it slides'. If they feel no obstacle and the patient feels no pain during the treatment, they think that the cause of the pain is not *pit*. Feeling the changes in skin colour and temperature, as well as the obstacle, the healer and the patient perceive the existence of *pit* simultaneously. While scraping until the knife slides, they share the feeling that *pit* has left.

Rubbing with egg (jet khai)

The treatments examined so far are mainly used for pain. The act called 'rubbing with egg (*jet khai*)' is applied to illness in general. A healer removes the yolk of a boiled egg, puts a silver coin in the egg white, blows incantations over it and covers it with a piece of cotton cloth. He uses the egg white package for rubbing the patient's body, blowing incantations over the egg and the body and then taking out the coin. Then, he examines the colour of the coin to identify the cause of distress. When the healer shares the result with the patient, he shows the patient the coin with its different colour as evidence. Doing *jet khai* thus visualizes the cause of illness, which is usually not perceptible.

A healer explained to me how to distinguish the colour of a coin, as follows:

If there are tiny white or yellow dots like stars or lines on the coin, the illness is caused by an evil spirit (*phii taai hoong*). A line from the centre towards outside indicates that it is the spirit of house (*phii huean*), the spirit of the old temple (*phii wat haang*) if you find a small spot on the edge and the guardian spirit of Mueang (the traditional country) (*paw jau luang*) if the figure on the coin looks like wearing a hat. And (a) line(s) on the edge show(s) that the soul spirit (*khwan*) of the patient has fallen into the river.

Although the explanation above makes us think that it is possible for anyone to identify the cause of distress by using these laws, it is not so simple because another healer follows a different set of laws. However, villagers think that this particular healer above, Mr U, makes correct judgements most often.

While *jet khai* is basically a type of diagnosis for identifying the cause of distress, it is sometimes thought to be a therapeutic practice at the same time. For example, one healer says 'Pit and *phii* eat eggs, so they go out with the egg', while another healer says 'If you press the top of the head, below the ear and under the arm of the patient, *pit* and *phii* come out of the body towards the egg', although the patients do not feel it.

Holding lines (jap sen)

The methods described thus far are used to cope with distress caused by spirits and poisons, which can be both diagnosis and remedies. In contrast, ‘holding lines’ (*jap sen*) is performed exclusively to identify the cause of the distress. This is a type of pulse diagnosis that asks questions while holding the wrist and the arm of the patient; a difference in the pulse is used to identify the cause of the distress. A healer asks, almost without a voice, ‘Has the spirit of xx bitten?’ ‘Has the soul spirit fallen into the river?’ etc. If the pulse does not beat, that is interpreted as ‘yes’. He then continues to ask, ‘Has it fallen into yy river?’ and so on.

Mr U, the healer I have described above, is also thought to have a special ability for *jap sen*. Another healer explains this by saying, ‘He doesn’t know how to read and write. He learned a different way. ... His sense is different. Nobody feels, but he feels. He has a (special) sense’. The healer who explained this has years of experience as a Buddhist monk, and his knowledge about remedies includes written northern Thai texts that he learned at the temple. On the other hand, instead of written knowledge, Mr U is considered to have a special sensibility.

Discussion

Touching as an action to connect the routes of agency

Tambiah pointed out that, in Trobriand rituals, objects and substances are used as agents and vehicles for transfer of the magical power of words through contagious actions. He analysed the sensory qualities of these objects, including colour and hardness, in connection with the Trobriand scheme of symbolic classification [Tambiah 1985: 17-59]. In many of the cases explored in this paper, the objects are used as vehicles for transfer of the power of incantations. The focus of this paper, however, is on the action— how actors use the objects— rather than the objects themselves. As Csordas suggests, ‘meaning is not *attached* to experience, but is constituted by the way in which a subject *attends* to experience’ [Csordas 2002: 57]. It is more important for the actors to make the incantations effective than to know the reason they use a boiled egg. Touching is a key to making the spells effective. The substances on which incantations are blown must have contact with the patient’s body, and the side of a leaf on which spells are blown must have contact with the affected part of the patient’s body. In other words, the healer’s incantation affects spirits and poisons through contact with the patient’s body, and the surface of contact is thought to be the route through which the incantation works. This schema can also be applied to the mechanism of being affected by contacting spirits and poisons.

Duality of touch and diagnosis/therapy

Most practices examined in this paper are diagnoses as well as therapies. This point concerns the dual aspect of touch, which is simultaneously an active movement and a passive receptivity [Merleau-Ponty 1967(1945): 165, Mazis 1979: 324, Paterson 2004]. This duality may be an important factor in the frequently observed phenomena of healers in various societies who touch their patients.

Perceptibility and uncertainty of agents

The diagnostic and therapeutic practices implemented through touch may call for imagination as they directly affect the participants' sensory experiences. The healer, the patient and the people around them share the intersubjective and intercorporeal experience to a certain extent. The materiality perceived together is an important aspect of the reality construction of the experience of magical healing.

On the other hand, these experiences have uncertain and indeterminate aspects; several methods can be used to distinguish the colour of a coin, while the pulse diagnosis requires a special sensibility. In modern science, while tactile information tends to be recognized as subjective since it is difficult to share it with other people, visual information is thought to be objective as it is possible to share. Therefore, biomedical doctors, for example, visualize the lump they feel during palpation as an image to prove the tactile information and to share the information with other people. In contrast, a large part of the information gathered by inspecting the colour of a coin and the feel of the pulse is not shared and remains uncertain for other people. People can do nothing but imagine the uncertain aspect—or we could say uncertainty provides room for imagination.

Concluding remarks

In the ethnography of Nyole's way of dealing with misfortune in Uganda, Whyte suggests, '...you may never achieve certainty, though you may gain some degree of security. Sometimes you simply have to accept uncertainty and live with it or try to ignore it' [Whyte 1997: 224]. However, magical healing has reality because it has some perceptible aspects. Csordas has shown that the ambiguous boundary between image and sensation is a key to the way that imaginal self-process in revelation becomes, in Geertz's phrase, 'uniquely realistic' [Csordas 1994: 89]. Sensory experience provides the source of imagination for an uncertain aspect and sometimes evidence for the reality of imagination. That is why the healer shows the coin to the patient to explain the result. Science, biomedicine and daily life also have uncertain aspects. Magic makes people imagine uncertain aspects. Sensory experience is one of the factors that strengthen imagination.

References

Bendix, Regina

2005 Introduction: Ear to Ear, Nose to Nose, Skin to Skin—The Senses in Comparative Ethnographic Perspective. *Etnofoor*, 18(1), 3-14.

Brun, Viggo and Trond Schumacher

1994 *Traditional Herbal Medicine in Northern Thailand*. Bangkok: White Lotus.

Classen, Constance

1993 *Worlds of Sense: Exploring the Senses in History and across Cultures*. London and New York: Routledge.

2005 Pleasure. In *The Book of Touch*. Constance Classen (ed.), pp. 69-71. Oxford and New York: Berg.

Csordas, Thomas J.

1990 Embodiment as a Paradigm for Anthropology. *Ethos*, 18, 5-47.

1994 *The Sacred Self: A Cultural Phenomenology of Charismatic Healing*. Berkeley: University of California Press.

2002 *Body/Meaning/Healing*. Hampshire and New York: Palgrave Macmillan.

Frazer, James G.

2003(1890) *The Golden Bough: A Study in Comparative Religion*. London: Macmillan. (Translated into Japanese by Shin Kikkawa)

Desjarlais, Robert R.

1992 *Body and Emotion: The Aesthetics of Illness and Healing in the Nepal Himalayas*. Philadelphia: University of Pennsylvania Press.

Geurts, Kathryn L.

2002 *Culture and the Senses: Bodily Ways of Knowing in an African Community*. Berkeley: University of California Press.

Harvey, Elizabeth D.

2003 Introduction: The "Sense of All Senses". In *Sensible Flesh: on Touch in Early Modern Culture*. Elizabeth D. Harvey (ed.), pp. 1-21. Philadelphia: University of Pennsylvania Press.

Herzfeld, Michael

2001 *Anthropology: Theoretical Practice in Culture and Society*. Oxford: Blackwell.

Howes, David

2003 *Sensual Relations: Engaging the Senses in Culture & Social Theory*. Ann Arbor: The University of Michigan Press.

Howes, David (ed.)

1991 *The Varieties of Sensory Experience: A Sourcebook in the Anthropology of the Senses*. Toronto: University of Toronto Press.

2005 *Empire of the Senses: The Sensual Cultural Reader*. Oxford and New York: Berg.

- Hsu, Elisabeth
 2005 Tactility and the Body in Early Chinese Medicine. *Science in Context* 18(1): 7-34.
- Ingold, Tim
 2000 *The Perception of the Environment: Essays on Livelihood, Dwelling and Skill*. London and New York: Routledge.
- Laderman, Carol and Marina Roseman (eds.)
 1996 *The Performance of Healing*. London and New York: Routledge.
- Lindquist, Galina
 2002 Healing Efficacy and the Construction of Charisma: A Family's Journey through the Multiple Medical Field in Russia. *Anthropology & Medicine*, 9(3), 337-358.
- Mauss, Marcel
 2001(1902) *A General Theory of Magic*. London and New York: Routledge.
- Mazis, Glen A.
 1979 Touch and Vision: Rethinking with Merleau-Ponty Sartre on the Caress. *Philosophy Today*, 23(4), 321-328.
- Merleau-Ponty, Maurice
 1967(1945) *Chikaku no Genshogaku I*. Tokyo: Misuzu Shobo. [*Phenomenologie de la Perception*. Paris: Editions Gallimard. Translated by Takeuchi, Y. and S. Kogi]
- Paterson, Mark
 2004 Caresses, Excesses, Intimacies and Estrangements. *Angelaki: Journal of the Theoretical Humanities*, 9(1), 165-177.
 2007 *The Senses of Touch: Haptics, Affects and Technologies*. Oxford and New York: Berg.
- Roseman, Marina
 1991 *Healing Sounds from the Malaysian Rainforest: Temiar Music and Medicine*. California: University of California Press.
- Synnott, Anthony
 1991 Puzzling over the Senses: From Plato to Marx. In *The Varieties of Sensory Experience: A Sourcebook in the Anthropology of the Senses*. David Howes (ed.), pp. 61-76. Toronto: University of Toronto Press.
- Tambiah, Stanley J.
 1985 *Culture, Thought, and Social Action: An Anthropological Perspective*. Cambridge: Harvard University Press.
- Whyte, Susan R.
 1997 *Questioning Misfortune: The Pragmatics of Uncertainty in Eastern Uganda*. Cambridge: Cambridge University Press.