

This is a fascinating academic paper about the author's experiences with a traditional Thai healer. It brings to light the interconnectedness of spirituality and individual spiritual beliefs with Thai healing and traditional Thai massage. This paper first appeared in Anthropology Matters Journal, 2001, and is reprinted here with permission of the author. All rights reserved.

Anonymity, ethics and validity: Multi-sited fieldwork into Thai integral healing

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The mainstay of my fieldwork, covering a one-year period until September 2000, revolved around the study of traditional healers and health care developments within the context of Thai Buddhism. This paper attempts to look at certain 'challenges' many anthropologists face when in the field and when 'writing up', particularly with regard to the identity of those studied, the validity of their experiences, and related ethical matters. With reference to a case study it is argued that, in order to enhance understanding, knowledge in its various forms needs to be contextualized, while consciousness is more usefully understood as capable of being developed to 'higher' levels beyond the 'mental-rational' level to more adequately reflect the reality of 'supernatural' phenomenon described by the anthropologist's informants.

For much of my fieldwork year I was based at the Research and Development Centre of Traditional Medicine (RDTM) at a government university in Chiang Rai province, where I was involved in a project to gather information on medical theory and the practices of traditional healers in Northern Thailand. I also traveled to Sri Lanka and India for four weeks to participate in a conference on education and spirituality at the Sathya Sai Baba Ashram with a group of Thais who are influential in the areas of health care and education reform. Additionally, I presented three papers at a conference in the Philippines on indigenous knowledge and maternal and child health in China and Southeast Asia sponsored by UNICEF and other international organizations. Both conferences were very useful in getting to know more about a variety of perspectives on health care currently prevailing in Asia, and also for establishing further openings in Thailand, which I subsequently pursued. They also showed that ethical underpinnings and questions of validity with regard to indigenous knowledge are becoming more pertinent issues in developing countries where, for all their benefits, the limitations of economic development, technology and biomedicine are being increasingly recognized.

The traditional healers I spent time with during my fieldwork in Thailand were generally well informed about Buddhism which recognizes impermanence, the non-existence of any 'self', and *dukkha* (the causes of suffering) to be the three universal characteristics of all phenomena. Another matter that is stressed in Buddhism is the development of consciousness to transcend an 'imperfect' condition associated with identifying with an individual and separate ego or self. This is the essence of what Aldous Huxley (1946) termed the 'perennial philosophy', and is a condition universally acknowledged by all the great mystical

traditions of the world. By adopting an approach that uses a 'holarchy' (by which I mean that the 'higher' includes and transcends the 'lower') rather than a hierarchy of 'worldviews' – from magic-animistic, through mythic, mental-rational, existential, subtle and causal, to the transpersonal nondual essence that transcends all (Wilber 1999: 261) – I may, of course, be accused of setting myself a large ethical dilemma. This in turn may be seen to jeopardize the validity of my findings since I am not necessarily pursuing the objective stance that is generally considered to be fundamental to unbiased judgement in scientific enquiry.

While accepting the benefits of being 'politically correct', and recognizing cultural relativity and the positive contributions of postmodernism, I do not wish to take this to the extreme, and propose being completely egalitarian, pluralistic and liberal, by accepting all views as being of equal validity. This is in keeping with what the perennial philosophy teaches. Thus an integral perspective or system is proposed in which certain things are indeed seen to be 'better' or 'higher' than others. This is not ethnocentric, since the perennial philosophy flourished in many parts of the world. It does not imply that people should be denied their freedom of expression, though it does point to a 'better' condition where there is freedom from *dukkha* on both an individual and collective level, and it is not associated with dogma and belief, but rather with the notion of cleansing perception and transcending the ego (Wilber 1991: 88-89, 1999: 267).

Knowledge and proof

To encompass what I refer to as 'integral health', I chose to adopt three major realms of knowledge and their related fields of data collection. These three realms of knowledge are opposed to the notion of 'mere' belief (Good 1994: 17), and are best introduced in the following 'ascending' order. First *cogitatio*, or simple empirical cognition that considers the facts of the material world and thus covers organic or physical disease. Second *meditatio*, or seeking the truths within the psyche itself, a way of coming to grips with mental and phenomenological data and understanding mental disorders, in particular various forms of neurosis. Third *contemplatio*, or knowledge whereby the psyche or soul is united with the nondual Godhead (Dharma, Atma, Tao, etc.) in transcendent insight that understands *dukkha*. This relates to the practice of transcending 'spiritual disease', which in Thailand is associated with the development of consciousness to higher levels, where *dukkha* is understood as having less and less effect.

In terms of the validity of each realm of knowledge and the problem of finding evidence to support one's argument, the least controversial is *cogitatio*, since this is the sphere of empiricism, which has helped 'modern' science become so influential. With *meditatio*, knowledge can be proved, whether with regard to 'outside' or 'inside' phenomena, or using rational-philosophic or psychological 'tools', although there may be less room for communal agreement and validation due to our different mental outlooks. Turning to *contemplatio*, validation can also be arrived at by consensus, although this requires specific training to avoid immediately writing certain things off as 'supernatural', and to realize the shared vision inherent in the perennial philosophy. Using Popper's argument (1959), genuine knowledge should be that which cannot be disproved, falsified or invalidated, and knowledge in all three realms fulfils this criterion when approached in the paradigmatic 'scientific' spirit described by Kuhn (1970). Thus "a trained contemplative eye can *prove* the existence of God with exactly the same certainty and the same public nature as the eye of flesh (*cogitatio*) can prove the existence of rocks" (Wilber 1996: 35).

Context and evidence

Naturally, I cannot adopt anonymity myself, but with nearly all of the cases I have written about in my thesis I have chosen not to reveal the identity of the participants in my research project. This introduces the potential problem of the cases appearing to be slightly less valid than if they were more clearly documented

and thus open to more direct confirmation by others. It does, however, circumvent the ethical difficulty of making comments about specific individuals (which could in turn be interpreted as ‘judgments’) based on the integral perspective I have attempted to adopt.

One particular case I wish to discuss in this paper involves a traditional healer in his early forties whom I have known for many years. In fact, over the years I have studied certain healing ‘arts’ with him in a so-called ‘master-disciple’ relationship, which in Thai (*ajarn-looksit*) sounds less controversial and cumbersome than in English. I have chosen this case as an example of healing that is not directed at the tangible body (thus related to *cogitatio*) and the *dukkha* it can induce (mainly physical pain and concomitant anxiety), but deals instead with a more abstract form of *dukkha* concerned with *meditatio* (or even *contemplatio*). As alluded to above, the question of the validity of one’s evidence may be doubted in standard empirical terms, yet subtle (mental/spiritual) *dukkha* is part of an existential and ontological problem that is arguably at the root of humanity’s experiences, and thus of vital significance.

The healer is quite highly respected in Northern Thailand, especially among those dealing with ‘alternative’ health care, and in a sense citing his name could make the case appear more credible and relevant. Nevertheless, because his own views – which I am familiar with due to having studied with him – are potentially at a variance to mainstream ‘rational’ thinking (based on conventional cognitive reasoning), I feel that revealing his name could result in him being misinterpreted and not taken seriously. This is one of the difficulties of trying to contextualize the often rich experiences we go through in the field with relatively few words and without any other ‘evidence’ capable of supporting our arguments.

Towards the end of my fieldwork, while in Chiang Mai province, I went to the house of the traditional healer to find out his latest opinions on healing and discuss my recent research findings. His daughter greeted me on my arrival, but said that the healer was not there, having that morning been taken by her brother to Chiang Mai city’s Suan Proong Psychiatric Hospital (the only one of its kind in Northern Thailand) about fifteen minutes drive away. The healer was suffering what could be classed as a relatively clear case of spirit possession, although the psychiatrist treating him, despite going along with the healer’s views of his self-treatment, in effect saw things quite differently.

Ever since I have known the healer he has talked about *saiyasart* (magic) and the world of *pee* (ghosts). Living in a relatively rural environment where villagers commonly believe in supernatural entities, and with his wife regularly acting as a spirit medium, the healer himself has always felt the threat of intangible ‘foreign elements’. A few years ago he had in fact told me much about the various *khatha* (incantations) that he felt protected him from evil forces, whether spirits, disease entities or misfortune. On one occasion, after suffering from a backache for several days, he went to a local ritual expert and had a piece of wire about a meter long extracted from the painful area and subsequently felt complete relief. The wire, as in cases of nails and other ‘missiles’ (Textor 1973), was thought to have entered the healer’s skin as a result of sorcery, but was then removed, leaving no physical trace, and the problem was solved. On other occasions I saw the healer making protective amulets which he ‘charged’ with *khatha*. Given the healer’s supernatural beliefs, it should be added that he also has much faith in the basic tenets of Buddhism, which generally shun ‘getting lost’ with supernatural phenomena. Contrary to what certain people might think, this in itself did not cause a conflict in the healer’s mind as shall soon be seen. I would argue that much of what I have referred to as the healer’s *beliefs* could more usefully be classed as a form of knowledge because, like others I met, he ‘knew’, through experience, that certain supernatural things existed and were valid in his healing work.

Mental disease or spiritual disease?

When I reached the psychiatric hospital I found the healer in a two-storied building with wire mesh covering the windows. Like the other forty or more male patients there, the healer was dressed in standard pale blue clothing and was being looked after by three female nurses and three male attendants. I noticed that one of the patients had chains around his ankles but appeared docile, possibly as a result of having been given tranquilizers. Other patients were on the veranda, many of them singing or uttering virtually incomprehensible phrases. The healer was the only one inside when I arrived, and was sitting on his bed in the communal sleeping area upstairs. Once I had approached him, he drew me near and told me in a hoarse voice that the people there were all saying that he was *ba* (crazy/mad). He added that this was not true since he had clear *sati-sampajañña* (mindfulness-awareness) just like a normal person. He said that the problem was that he had made the mistake of *pit khru* (breaking a taboo by going against what his teachers had taught him) and if he could go to the shrine of the famed monk Kruba Srivichai (1878-1938), at the Phra That Doi Ngom mountain (some twenty kilometers to the east) everything would be resolved. We did not have the opportunity to talk much more on that occasion because it was the end of visiting hours, so I left the healer and went to see the psychiatrist who was dealing with him.

The psychiatrist, a woman with many years of experience, said that the healer was suffering from *rok jit* (psychosis) and said that this was a mental disorder with associated physical abnormality linked to the function of neurotransmitters in the brain. She mentioned that it was a relatively acute case and the healer had been given medication, which he should continue to take for three months if he wanted to get better. If not, more medication would be administered. The psychiatrist suggested that this mental disorder had affected the healer because of various tendencies that made him susceptible, such as ‘belief’ in *saiyasart*, stress, and sleep deprivation over the previous few days. All these factors were thought to be compounded by the condition of the healer’s wife who, suffering from considerable stress and symptoms of schizophrenia, had been admitted to the same hospital three days earlier. Her case was thought to be more serious, as a result of her ‘belief’ that the spirit of the Buddha had been passing through her uncontrollably and with increasing frequency when she entered a trance and acted as a medium, thus producing two forms of divergent perceptual realities. The psychiatrist felt that this had in turn made the healer ‘believe’ that he was being possessed by the spirit of Kruba Srivichai, and that this powerful ‘moral force’ would not leave him in peace.

The next morning I returned to visit the healer and found him alone and asleep in the dormitory while all the other patients were outside. After less than twenty-four hours in the hospital environment, surrounded by other patients who displayed all the signs typically associated with insanity, the healer’s condition appeared to have deteriorated considerably. When he awoke from sleep and heavy sedation he acted as if he was suspicious of everyone associated with the hospital. His voice was very hoarse and he could not speak above a whisper. He said his voice would return if he went to Phra That Doi Ngom in the same way that all his other problems would go away. He asked me for a picture of the Buddha, as a representation of the highest truth. All I had was a small picture of the Venerable Ajarn Chah (1918-1992), a highly respected monk, but this satisfied the healer and he put the photo against his ‘third eye’, the spot between his eyebrows. He closed his eyes as if in meditation and after a while said that soon all would be well. Later the healer’s sister-in-law and an aunt came to visit, but to see them I had to take the healer outside to the general visitors’ area. He could hardly stand and I had to practically carry him downstairs.

Once with his relatives he seemed to feel better. After telling them of his need to go to Phra That Doi Ngom and how this would cure him, he asked them if they believed him, suggesting that no-one else in the hospital did. They said they believed him and did this with such candor it would be hard to think they did not (later I found out that they did in fact believe what the healer said as well as many other supernatural things). The healer appeared to regain his strength and composure and stood up saying that his voice had come back. His mind did indeed seem to be clearer, but his body, presumably as a result of the medication he had been given, was still weak and poorly coordinated.

The healer went back to rest and I paid another visit to the psychiatrist. She explained that in her therapy with him she accepted everything he said, as well as his 'beliefs', and told him that soon he would be better and could indeed then go to visit Phra That Doi Ngom. I would argue, however, that she did this not in an attempt to develop his consciousness from associations with the mythic level to 'higher' levels of transpersonal awareness, but rather in an attempt to bring him back from an 'abnormal' to a 'normal' rational condition. When we discussed belief in *pee* and *saiyasart* in general, she herself did not accept these things as having any bearing in external realities beyond that which the 'individual' mind perceives. When I asked if she felt that such things were *avijja* (delusion), the common Buddhist term for what causes 'wrong views' (and hence *dukkha*), she replied that this was not her concern, and monks and practitioners of biomedicine have differing ideas about such matters. She felt that with scientific and empirical backing biomedicine is in a better position to deal with diseases, whether mental or physical, and to this effect the healer was suffering from a mental disorder with an organic base. Here we see that the psychiatrist, whose identity I have not revealed, seems to be unaware or unwilling to accept 'higher' levels of awareness and knowledge that fall within the realm of *contemplatio*, and which cannot thus be understood or proven with the tools of *cogitatio* and *meditatio*.

Talking about the healer's situation with the Northern Thai monk, Phra Ajarn Ratana Ratanayano, I was told that for the average person it would be best to do away with all forms of spirit mediumship and *saiyasart*, since they were just forms of *avijja*. Phra Ajarn Ratana Ratanayano is well known for his meditation techniques in treating and healing people with various diseases/illnesses including HIV/AIDS and cancer, and I know him well enough to know that he is open about his views and anonymity is not required in his case. He did not refute the fact that spirits and *saiyasart* are real beyond the individual mind, like various forms of *pee*, but stressed the importance of getting to the root of suffering, and adopting 'scientific' tools of enquiry in an attempt to understand the connections between causes and effects whatever the specific realm of knowledge.

When I spoke about the healer to a lay meditation teacher in Chiang Mai, he mentioned that going to the Suan Proong Psychiatric Hospital was not the right thing to do. This meditation teacher is a retired university lecturer who has visited Bodh Gaya four times (the place in India where the Buddha was enlightened). I am not revealing his name because he specifically told me that most people are not ready to hear about the things he teaches and would misunderstand him. Nevertheless, having got to know him well, I feel his comments have validity and are relevant to this discussion. He said that in the hospital the doctors would not believe the healer, and once admitted it would be hard for him to get out again.

When looking at people's illnesses and misfortunes the meditation teacher considers three types of doctors, those that deal with (and here he used the English terms) 'physical diseases', 'mental diseases' and 'spiritual diseases'. For someone with the first type of condition the cure can be usually found by going to a physician, for the second type one should visit Dr. Chamlong Disayavanish (one of Chiang Mai's best known psychiatrists), and for the third type there are two options. The first is visiting a *mor pee*, or

ghost/spirit doctor involved with *saiyasart*, to get rid of evil ghosts/spirits that influence behavior, but this will not get to the root cause of the problem since there will always be the risk of recurrence. The second option is to go to a meditation teacher like himself, where one can be exposed to Dharma (the Buddha's teaching) in the form of the fundamentals of meditation practice and mind control, and thus become self-reliant in developing consciousness and curing one's spiritual disease. He added that the cure of spiritual disease transcends the *dukkha* associated with all other diseases, or can help cure the 'lower' level diseases, the physical and the mental ones, by a change in the person's perception and attitude towards *dukkha* in general. With this in mind, and knowing that the healer was being treated as though he was suffering from a form of psychosis, he felt that the healer was in the wrong environment, since the hospital dorm was not conducive to meditation, and he ran the risk of assuming the role of someone with an actual mental disease. The meditation teacher said that by using his 'sixth sense' or 'ESP' (again he adopted English terms), he was able to know that the healer had nothing more than mild physical and mental symptoms of 'abnormality', and the real problem was a form of pathology related to spiritual development at higher levels.

Opening out to wider awareness

As it happened, the healer was released from the hospital only four days after being admitted and when I visited him at his home a week afterwards he appeared to be in better condition than ever. He looked fresh and was happy to talk about his experiences. He joked about his stay at the hospital and did not see it as a problem or a cause of embarrassment. He said that he was almost fully cured, although he still had to make merit at Phra That Doi Ngom. He had not been there since going to the hospital, but had already made merit by offering necessities (such as food, toiletries, medication, and robes) to monks at a nearby temple to help maintain Dharma, which he felt had made a significant difference. However the real solution had come to him while he was in meditation, once he had been released from the hospital where he had caught up on a lot of rest which he had been lacking. He felt that there was no conflict between doctrinal Buddhism and the supernatural, and although he recognized the dangers of dealing with supernatural practices, and would not recommend this to most people, he himself was willing to take the risk given the possibility of faster spiritual progress.

The healer did not specify exactly what he had done wrong in his practice or what taboo he had breached in the first place, yet he knew that he had to follow a particular procedure to solve the problem. This involved using meditative insight to clearly recognize what caused his inappropriate behavior and how to rectify his wrong doings by means of purifying his thoughts and actions. In turn he said he would benefit by making merit in a way that diminishes the feeling of individual 'self' and exemplifies the four Buddhist *brahmavihara* (principles of virtuous existence): *metta* (loving-kindness, fairness), *karuna* (compassion), *mudita* (sympathetic-altruistic joy) and *upekkha* (equanimity, neutrality, poise). He felt that others had not understood his predicament and, thinking him mad, had taken him to hospital and dealt with him like a psychiatric patient.

He said he went along with this to keep them satisfied, and because he knew that their 'third eyes' had not yet opened so they were unable to see or fully understand what was happening. He used the common analogy of a lotus under murky water, which cannot see the light until it breaks through the surface of the water. He further added that his experience in the hospital had helped him see things more clearly and have greater faith in his practice. He was confident that such a thing would not re-arise because, pointing to his heart, the seat of the higher or transcendental mind, he said that he was now clean.

With regard to curing physical and mental diseases in general, the healer recognized that both traditional and modern therapies have their merits. He mentioned the case of his wife, who was due to return home in less than a week, and how she had been benefiting from electroconvulsive therapy (ECT), but added that much of the stress she was suffering could have been dealt with by meditation if her own work environment (she worked as a market trader) had been more supportive. The healer was not so concerned with the immediate environment, however, but rather the root cause, namely the wider national and global context of competitiveness and emphasis on sensory experience (mainly *cogitatio*, but also *meditatio*); that is, the general lack of mutual help and the lack of recognition of the interconnected nature of all phenomena (as recognized, for example, by such eminent physicists and philosophers as Schrodinger and Whitehead). To elucidate this point, the biologist Mae-Wan Ho discusses one of the basic truths of all the world's great mystical traditions in a manner more acceptable to scientific inquiry:

"Think of each organism as an entity that is not really confined within the solid body we see. The visible body just happens where the wave function of the organism is most dense. Invisible quantum waves are spreading out from each one of us and permeating into all other organisms. At the same time, each of us has the waves of every other organism entangled within our own make-up.

"In a very real sense, no person is alone, no man is an island. We are not isolated atoms, each jostling and competing against the rest in a Darwinian struggle for survival of the fittest. Instead each of us is supported and constituted, ultimately, by all there is in the universe. We are at home in the universe. In this entangled universe we cannot do violence to our fellow human beings or our fellow inhabitants of the Earth without doing violence to ourselves. And the most effective way to benefit oneself may be to benefit others" (Ho 2000: 23).

This moral ending hopefully ties up a few issues I have been trying to bring to the reader's attention. The case of the healer shows that people can be misunderstood, and their own views doubted or considered invalid, especially when they end up in a psychiatric hospital labeled as 'psychotic'. Yet their experiences may be perceived as 'real', and what is classed as supernatural cannot be falsified on an individual or collective level without people recognizing 'higher' levels of knowledge beyond the empirical and the rational and doing their own 'experiments'. Spirits, ghosts and witchcraft may actually exist, and the Buddha himself never denied this. However, to transcend *dukkha*, the valid knowledge needed is arguably ethically charged, as no harm should be done by anyone and to anyone, otherwise, by means of *karma* (and the *dukkha* it transmits), it will return to the doer. Furthermore, in the contemplative realm there is no need for anonymity, since communal understanding can be reached and concern with individual identity becomes insignificant, once individual narcissistic drives have been transcended and people have nothing to hide.

In the realm of *contemplatio*, meditation practice, not theoretical understanding, is the basic tool of developing awareness and transcending egotistical desire, the root cause of *dukkha*. My own experiences show the challenge of relating what is inherently an ineffable teaching in words that attempt to satisfy the criteria of academia and do not offend those involved. I do not propose a universal solution, but feel that when dealing with the 'closed' experiences of what happens in people's minds, to avoid interpretations being misunderstood, employing anonymity serves its purpose. Additionally I suggest that anthropologists, in particular, keep an open mind and accept the possibility of valid forms of knowledge at 'higher' levels.

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Marco Roncarati is a PhD with over twenty years of interest in oriental healing and health practices, especially massage, acupuncture, Tai Chi and meditation. After achieving degrees in economics and economic development (which he taught at universities in Thailand for six years) he decided that the tools of anthropology would better allow him to pursue research into the knowledge, beliefs and practices of Thai traditional healers. He has written weekly articles for a Thai periodical in the past and a book based on his research is due to be published this year in both Thai and English.