

ชื่อเรื่องวิทยานิพนธ์ มโนทัศน์เรื่องร่างกายในระบบการรักษาพื้นบ้านของชาวไทยภาคเหนือ
:กรณีศึกษาหมอกระดูกผู้หญิง
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บทคัดย่อ

การศึกษามโนทัศน์เรื่องร่างกายในระบบการรักษาพื้นบ้านของชาวไทยภาคเหนือ: กรณีศึกษาหมอกระดูกผู้หญิง มีวัตถุประสงค์ 3 ประการคือ 1) เพื่อทำความเข้าใจวิถีทางในการนำเสนอและผลิตซ้ำมโนทัศน์เรื่องร่างกายของคนเหนือในบริบทของความหลากหลายทางกายภาพและพาณิชยกรรม 2) เพื่อศึกษาวิถีทางที่หมอกระดูกผู้หญิงและคนไข้ ประกอบสร้างปฏิบัติการ และแลกเปลี่ยนเรียนรู้ ความคิดเรื่องร่างกายในการดำเนินชีวิตประจำวันและในระหว่างการรักษาพยาบาล 3) เพื่อทำความเข้าใจความหมายเชิงสัญลักษณ์และความหมายทางวัฒนธรรมของระบบการแพทย์พื้นบ้านของชาวไทยภาคเหนือในท่ามกลาง “วิกฤติทางวัฒนธรรมของคนเหนือ”

การศึกษานี้เป็นการศึกษาในเชิงชาติพันธุ์วรรณา ทำการเก็บข้อมูลทั้งหมด 3 ครั้ง ครั้งแรก ตั้งแต่เดือน พฤษภาคม พ.ศ. 2546 ถึง เดือน สิงหาคม พ.ศ. 2547 ครั้งที่ 2 และ 3 ในช่วงฤดูร้อน ของปี พ.ศ. 2548 และ พ.ศ. 2549 เนื่องจากการศึกษาครั้งนี้ให้ความสนใจ มโนทัศน์เรื่องร่างกายในมิติสุขภาพ จึงเลือกพื้นที่ทำการศึกษาอย่างเฉพาะเจาะจงในหมู่บ้าน 2 แห่ง ซึ่งตั้งอยู่ในจังหวัดเชียงใหม่ 1 แห่ง และในจังหวัดเชียงรายอีก 1 แห่ง โดยทั้งสองหมู่บ้านดังกล่าวมีรูปแบบการเปลี่ยนแปลงไปสู่ความทันสมัยที่แตกต่างกัน แต่มีความใกล้เคียงกันในความหลากหลายของหมอพื้นบ้าน รวมทั้งมีหมอกระดูกผู้หญิงที่ให้บริการรักษาพยาบาลอยู่ ทั้งนี้ได้มุ่งเน้นศึกษาเฉพาะกรณีหมอกระดูกผู้หญิง 2 คนที่อาศัยอยู่ในหมู่บ้านแต่ละแห่งดังกล่าว โดยทั้งสองคนมีชื่อเสียง บารมี และความมีเสน่ห์ที่แตกต่างกัน รวมตลอดถึงมีรูปแบบการให้บริการรักษาพยาบาล และกลุ่มคนไข้ที่มาบริการรักษาที่แตกต่างกัน

การศึกษานี้ใช้วิธีการเก็บข้อมูลโดยการสนทนาวางอย่างไม่เป็นทางการ การสังเกตอย่างมีส่วนร่วมในกระบวนการรักษาพยาบาลของหมอกระดูกผู้หญิงที่ดำเนินการในคนไข้ที่มี

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ความแตกต่างกันและในบริบทที่แตกต่างกัน ร่วมกับการสัมภาษณ์เชิงลึกกับหมอกระดูกและคนไข้ โดยใช้ประเด็นที่ได้จากการสังเกตดังกล่าวเป็นแนวทางในการสัมภาษณ์ ผลการศึกษาชี้ให้เห็นถึงความสืบเนื่องและการดำรงอยู่ของความเชื่อที่ผสมปนประหว่างความเชื่อทางศาสนาพุทธ ศาสนาพราหมณ์และความเชื่อเรื่องผี ที่ผลิตซ้ำและฝังแฝงผ่านการประกอบกิจกรรมในชีวิตประจำวัน ความเชื่อเหล่านี้ได้ประกอบเป็นฐานรากอันทรงพลังที่ช่วยให้ชาวไทยภาคเหนือเผชิญกับปัญหาอันสลับซับซ้อนของชีวิตสมัยใหม่ การผลิตซ้ำของความเชื่อดังกล่าวในชีวิตประจำวันยังส่งผลให้ระบบการรักษาพยาบาลของชาวไทยภาคเหนือ รวมทั้งการรักษากระดูก ซึ่งอยู่บนพื้นฐานของการผสมปนประของความเชื่อเรื่องเวทมนต์คาถาและความเชื่อทางศาสนา สามารถดำรงอยู่ได้ในท่ามกลางการส่งเสริมการแพทย์แผนปัจจุบันและการแพทย์แผนไทยอย่างต่อเนื่อง

บริบทสำคัญที่สนับสนุนให้ระบบการรักษาพยาบาลของชาวไทยภาคเหนือสามารถสร้างการยอมรับได้อีกประการหนึ่งก็คือ สภาพที่ชาวไทยภาคเหนือเผชิญกับการเปลี่ยนแปลงอย่างรวดเร็วของความทันสมัย อันส่งผลทำให้เกิดการเจ็บป่วยทั้งทางร่างกาย สังคม และจิตวิญญาณ ในขณะที่มีความลึกลับลึกลับในประสิทธิภาพและจริยธรรมในการรักษาพยาบาลของแพทย์แผนปัจจุบันและการแพทย์แผนไทย การสร้างการยอมรับด้วยการนำเสนอความต่างของระบบการรักษาพยาบาลของชาวไทยภาคเหนือ ที่ประกอบด้วยทั้งประสิทธิภาพในการรักษาทางกาย สังคม และจิตวิญญาณ และจริยธรรม ผ่านความเป็น “หมอเมืองแท้” ซึ่งผู้รับการรักษาสามารถรับรู้ได้ด้วยประสาทสัมผัสทั้งหมดของตนเอง ปฏิบัติการรักษาพยาบาลของหมอกระดูกผู้หญิงทั้งสองสะท้อนให้เห็นชัดเจนถึง ทักษะของชาวไทยภาคเหนือ ที่ให้ความสำคัญกับ ปฏิสัมพันธ์ของจริยธรรม ความรู้และอำนาจ ความรู้ที่เชื่อมโยงกับจริยธรรมและอำนาจดังกล่าวได้ถูกผลิตซ้ำสร้างใหม่ตลอดมาเพื่อตอบสนองความต้องการที่หลากหลายของคนไข้แต่ละกลุ่ม แต่ละชนชั้น

การศึกษาครั้งนี้ยังชี้ให้เห็นพิธีกรรมที่ถูกปฏิบัติอย่างเรียบง่ายในบริบทของบ้าน ซึ่งการประกอบพิธีกรรมดังกล่าวทำให้สัญลักษณ์ของความเชื่อที่ปนประหว่างพุทธ พราหมณ์และผีที่ถูกนำเสนอในบริบทของบ้าน สามารถผสมผสานเข้าด้วยกันได้อย่างทรงพลัง ดังปรากฏในการรักษาของหมอกระดูกผู้หญิง นอกจากนี้ยังพบว่าหมอกระดูกผู้หญิงสามารถสร้างการยอมรับในพื้นที่การรักษาพยาบาลที่ถูกจับจองโดยผู้ชาย ด้วยการประกอบสร้างและหลอมรวมอำนาจที่มาจากความเชื่อพื้นฐานที่ผสมปนประดังกล่าว เพื่อตอกย้ำพลังอำนาจในการรักษาพยาบาลที่อาจสูงส่งกว่าหมอกระดูกผู้ชาย อาทิเช่น การอ้างอิงถึงความเป็นคนพิเศษที่ถูกเลือกให้สืบทอดความเป็นหมอโดยอำนาจเหนือธรรมชาติ การนำเสนอภาพลักษณ์ของหมอที่มีคุณธรรมสูง ทั้งด้วยการเป็นพุทธศาสนิกชนที่ค้ำจุนพุทธศาสนา และการเคร่งครัดต่อข้อห้ามของการรับผีครู ยุทธศาสตร์ที่สำคัญอีกประการหนึ่งที่หมอกระดูกผู้หญิงใช้สร้างการยอมรับคือ การนำเสนอความเป็น “หมอเมืองแท้” ในท่ามกลางความรู้สึกสูญเสียอัตลักษณ์ของ “คนเมือง” ปฏิสัมพันธ์ระหว่างหมอกระดูกผู้หญิงกับคนไข้ในบริบทของการประกอบพิธีกรรมในบ้าน จึงเป็นกระบวนการที่หมอและคนไข้สื่อสารและตีความเกี่ยวกับมโนทัศน์เรื่องร่างกาย ปฏิสัมพันธ์เอกสารประกอบศุภกร์เสวนา 22 สิงหาคม 2551

คำกล่าวนี้ยังช่วยให้คนไข้ที่เคืองกว้างในชีวิตสมัยใหม่สามารถเชื่อมต่ออัตลักษณ์ทางวัฒนธรรมของตนกับบริบทของความทันสมัย

Thesis Title The Body Concept in Northern Thai Healing: A Case Study of
Two Female Bone Healers

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Degree Doctor of Philosophy (Social Sciences)

Thesis Advisory Committee

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ABSTRACT

The aims of this study are (1) to understand the ways in which the Northern Thai idea of the body has been represented and reproduced in a context of medical pluralism and commercialism; (2) to explore the ways in which female bone healers and their patients have constructed, practiced and shared their ideas of the body in everyday life and during the healing treatment; and (3) to understand the symbolic and cultural meanings of Northern Thai medical knowledge amidst a 'crisis of Northern Thai culture'.

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This ethnographic study was carried out in two villages, one in Chiang Mai and one in Chiang Rai, from June 2003 to August 2004, and in the summers of 2005 and 2006. Since this study concerns the concept of the body in a state of health, both villages, with their different types of traditional healers and variations in patterns and degrees of transformation to modernity, were purposefully selected. The two female bone healers from these villages are the central cases of this study and differ in popularity, charisma, type of healing practice and the kind of patients that they treat.

Informal conversations, a combination of participatory observation and in-depth interviews, were conducted to gain insight into the perspectives of the bone healers and their patients. The study reveals the existence of a continuous reproduction and embodiment of eclectic Northern Thai beliefs through day-to-day activities. For Northern Thai people, this forms a crucial basis upon which to cope with the complicated life problems of modernity. The reproduction of these beliefs also supports the persistence of magical and religious Northern Thai medicine, including bone healing treatment, amidst the constant promotion of biomedicine and rational Central Thai medicine.

The physical, social and spiritual displacement of Northern Thais from their localities due to a rapid transformation to modernity, in combination with the ambiguity of the effectiveness and morality of modern medicine and a lack of trust in Central Thai medicine, form the crucial context that facilitates the legitimacy of Northern Thai medicine. The legitimacy of Northern Thai medicine is a result of a comprehensive mixture of its effectiveness in healing physical, social and spiritual illnesses and its symbolic representation of authenticity and morality, which patients can perceive

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through their own bodily sensations. The practice of the two bone healers clearly shows the interrelation between morality, knowledge and power from a Northern Thai perspective. This knowledge has been dynamically reproduced to fulfill the demands of different groups and classes of patients.

The study also illustrates the ritual performance that is implicitly conducted within the context of the ritualized house. Shared cultural symbols are here condensed and incorporated, as in the healing practice of the female bone healers, where powerful symbols from Buddhist beliefs and the belief in spirits are activated. Female bone healers legitimate themselves within a male-dominated area of knowledge by constructing and incorporating various sources of eclectic power to confirm their healing power, which is perhaps higher than that of males. They claim, for example, that they are special persons chosen by a supernatural power; they present themselves as healers with a higher level of morality in terms of Buddhist beliefs and the belief in spirits, and provide a caring form of treatment like mothers who nurture their children. Presenting themselves as '*mo mueang*,' or authentic Northern Thai healers, amidst a feeling of having lost *khon mueang* identity is also an important strategy used to enhance their legitimacy. The interaction between patient and bone healer in the sacred healing context of the house is a process by which healer and patient inter-subjectively communicate and interpret the Northern Thai concept of the body. At the same time, it assists the Northern Thai, who are socially and spiritually displaced, to articulate their cultural identity within the context of modernity.

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CHAPTER 6**SENTIENT BODY, EMBODIMENT AND REMEMBERING**

There is an obvious and prominent fact about human beings: they have bodies and they are bodies.

Turner (1996: 37)

In this chapter and the next chapter, I will concentrate on the healing experiences of patients and the healing practices of the two female bone healers of my study. I view the patient-bone healer interaction in the sacred healing context of the house as a process in which healer and patient intersubjectively communicate and interpret the Northern Thai concept of the body. The crucial point is that this conversation mainly takes place in a symbolic form and is perceived through the bodily sensations and imagination of both healer and patient.

This chapter aims to explore the healing experiences of patients by focusing on the variety of their sensory experiences when they undergo bone (and *sen*) treatment sessions. Its main focus will be how—in the words of Bourdieu—the patients perceive and conceive of their social world through their socially informed body and all its

senses' (1977:124).¹ Since sensory experiences are socially constructed, it will be important to present general life histories of the patients, especially of their experiences in the modern era. The life histories and the sense of displacement of patients in modern life will lead to an understanding of their selective

¹ Pierre Bourdieu (1977) formulated the principle for understanding the constituted reality of the social world at 'the constituting moment of the mythopoeic act': " this principle is nothing other than the *socially informed body* with its tastes and distastes, its compulsions and recompulsions, within a word, all its *senses* [stressed by Bourdieu], that is to say 'not only the traditional five senses—which never escape from the structuring action of social determinism—but also the sense of necessity and the sense of duty ... commonsense and the sense of sacred, tactical sense and the sense of responsibility... moral sense and the sense of practicality, and so on" (Bourdieu 1977:124).

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perceptions and interpretations of the various symbols that are encoded in the healing treatment of the female bone healers.

Studies of sensory experience tend to argue against the visual bias of western epistemology. It appears that, among the senses, touch is the most popular example of a sense that communicates how people perceive the world through non-visual senses (Daniel, 1991; Iida 2007). Studies that limit their focus on a single sense such as touch or taste tend to simplify the multiple sensations people draw on to perceive the world.

The experiences of five patients who underwent bone healing sessions will be presented in this chapter. It aims to argue that people do not perceive the world through a single sense, but comprehend it through all of their bodily senses. The first three persons are patients of *Ui Buachan*. They live in peri-urban areas; two of them are middle-class persons and the other one is a villager. The rest of the patients lived in rural areas and are patients of *Ui Nam*. The last part of this chapter will point to the importance of physiological sensations and the sensory communication between patient and healer, which crucially affects the success of the physiological treatment of bone healers.

6.1 Physiological and Spiritual Healing

'... our experience of the present very largely depends upon our knowledge of the past. We experience our present world in a context which is causally connected with past events and objects...'

Connerton (1989: 2)

The three patients of *Ui Buachan* show the differences between symbols that are selectively perceived and interpreted through a combination of the senses of sound, touch, sight and smell. The first and second patients, Peng and Koi, are middle-class people who worked as merchants. They had both suffered the experience of uncertainty in their economic and family life. Although they were experiencing economic success at the present, they felt alienated from their families. The combination of the symbols of motherhood, the authentic Northern Thai healership of *Ui Buachan* and the warm environment of her house provided them with memories of a happier past and enriched their deficient present lives. Although the primary reason that led them to seek treatment by *Ui Buachan* was their physiological disorders, they eventually developed intimate relationships with the bone healer. The third patient, Nui, is a villager with less income than the former patients. She refused to have surgical treatment and sought an alternative. She accepted *Ui Buachan* as a contemporary traditional healer and appreciated the effectiveness of her treatment.

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6.1.1 The Power of Sound, Sensory Touch, Sight and Smell

After having often heard the story of Peng from *Ui Buachan's* assistants, I finally met him and his family when they visited *Ui Buachan*. From their greetings I noticed their close relationship and Peng's great debt of gratitude towards *Ui Buachan*. He repeatedly adopted the posture of *krap*, by sitting on his knees with his palms together and raised to his forehead while bending his body until his hands touched her lap, and then he embraced *Ui Buachan* while she gently caressed his hair. He was the owner of a wood lathe plant and was fifty-four years old. With his small eyes, white skin and chubby figure, he looked Chinese. I learned later that his mother was a Northeastern Thai, and his father, who had passed away when he was a small child, was a migrant from China. Peng had lived in Chiang Mai since 1976. He said that he was one of the pioneers who introduced the modern lathe to the wood carvers and furniture makers of Chiang Mai. This is a machine that is used for roughly shaping wood prior to hand-carving, and it helped carvers and furniture makers to increase their productivity. At that time, there was an increase in the demand for wooden products from the North such as wooden trays (*khan tok*), large benches (*yaeng chang*), candle stick holders and various wooden sculptures to decorate the home. Peng proudly told about the marketing skills he used to introduce his newly designed lathes. His success in the business was a result of his long experience working in a wood lathe factory and a number of other factories in Bangkok. He claimed that he had a thorough knowledge of the composition of wood lathes and their function in carving different types of wood. Therefore he could

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develop effective lathes and demonstrate their capacities. Currently, his son, who had graduated from the Faculty of Engineering at Chiang Mai University, was carrying on this business.

Peng was an emotional and fluent talker; it was not difficult for me to interview him and observe his feelings. An account of his life showed that since he was young he had struggled ceaselessly. His parents were landless farmers who lived in a province near the Cambodian border. He was the fifth son in a family of twelve. In 1963, two years after finishing *prathom sueksa 4* (grade 4), he and a close friend left the village to try their luck in Bangkok. At that time he was only thirteen years old. Peng started his life in Bangkok as a worker in a factory that made components for radios. He changed jobs often before going to work in the lathe factory. Peng's life in his late teens and early twenties was unsettled. Not only did he change jobs often, but he also joined the factory gangs. Terrible quarrels among the members of his gang and with other gangs made Peng seek protective magical power from *khatha* and amulets. Perhaps this experience made him believe in the effectiveness of the *khatha* of *Ui Buachan*. It was at the lathe factory that he developed his special skills and interest. By making new designs, he improved the capacity of the lathes. He also had the opportunity to learn the art of management at the factory by being an apprentice to the owner. He was twenty-three years old at the time and had high ambitious to set up his own business. But he could not start his business because of serious problems with his marriage,

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which finally broke up. In 1983, he went to Chiang Mai with his son, and left his daughter with his wife.

Peng started to build his dream by renting a piece of land and setting up a small lathe factory. In the beginning, his factory produced wooden crafts such as large wooden bowls. Two years later, he expanded his business and traveled to many places in Chiang Mai and nearby provinces to introduce and demonstrate his newly designed lathe and its accessories. It took almost two years for people to accept his innovations. Once he became rich, he bought his own land and set up a big factory. He built a large house and row houses for his workers near the factory. At the age of forty-eight, however, the winds of trouble blew into his life again. His business failed during Thailand's economic collapse in 1997. He had a big debt, became seriously ill, and his new marriage broke up. These troublesome life conditions brought him to *Ui Buachan*.

Before receiving treatment from *Ui Buachan*, Peng had shopped around to seek treatment. He felt pain throughout his body, could not sleep at night, felt depressed and became thin. Sometimes his heart trembled. He still remembered the day he suddenly had difficulty breathing while sitting in his car waiting for a stop light to change. Fortunately, his son was able to help him to move the car away from the junction and park it at the roadside. This terrible event showed him how serious the condition of his health was. He went to all the famous hospitals in Chiang Mai, including the psychiatric hospital. After several programs of treatment, there was no sign of recovery. He also

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tried alternative treatments such as 'circular meditation' (*samathi mun*), a new technique of meditation invented by a famous Buddhist monk for healing patients with chronic diseases, especially people living with HIV/AIDS, but it did not help him. A friend, a former patient of *Ui Buachan*, suggested he seek treatment from her. He accompanied the friend to *Ui Buachan*'s house.

The shaded house and friendly atmosphere of *Ui Buachan*'s healing setting reminded Peng of his mother's house. He had left his mother's home in his early teens and visited his mother only periodically. He never spent much time taking care of her. Peng shared his feelings as follows:

The first time I visited *Ui Buachan*'s house, I felt as if I was back home and free from the 'tough business'. It was peaceful and quiet (*ngiap sa-ngop*), and it seemed that time passed very slowly at that place. *Ui Buachan* reminded me of my mother since they were the same age and dressed in the same style. It made me remember my happy childhood when I lived with my family in a similar style house. At that time, I felt pain in my whole body and she gave me an egg-rubbing treatment. She gently rubbed my almost naked body with a warm squeezed egg wrapped with a handkerchief. At that moment, I felt as if I had become a child again. We kept up our warm relationship until she passed away.

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Whereas a study by Steven Feld (1991) points to the sound of drum playing in Kaluli ceremonial life as an effective means to convey messages and mobilize emotions, this study shows the power of silence as having a positive effect on people who are tired of the noise of city life and its tough tasks. The peaceful and quiet healing setting gave patients the feeling of relaxation and peace. Peng also felt impressed with the hearty way in which *Ui* Buachan, her daughter and niece had welcomed him:

The first time I went to that house, I did not feel like a stranger. I felt like I had known them before. We sat on the raised floor of the house and had a talk. *Ui* Buachan's daughter and niece asked general questions about my life, family and my symptoms. It seemed that they did not feel bored hearing about my life and my miseries. I felt like I was 'sharing my experiences of suffering' (*lao sarathuk suk dip*) with them, and could perceive their feelings of sympathy and empathy. I did not have the feeling that my personal life and history of illness were being probed like I felt in the hospital. Receiving treatment at *Ui* Buachan's house did not make me feel depressed like when I attended the (circular) meditation course and stayed among chronically and severely sick people.

Since Peng felt pain all over his whole body, *Ui* Buachan provided an egg-rubbing treatment to relieve his pain. She asked him to take off all his clothes and to

wear only her son's loincloth. She gently rubbed his almost naked body, from head to feet, with a warm squeezed egg containing a silver coin in the middle and wrapped with a handkerchief. She also blew her *khatha* while rubbing his body. When the coin turned green, *Ui* Buachan told Peng that the cause of his pain was a malevolent spirit, and that she could only remove the toxin that had accumulated in his body. By observing his own body's response, Peng knew that his body was receptive to *Ui* Buachan's treatment. He could sleep well at night and his pain was significantly relieved. Peng continued this treatment every day for almost a week. Although he felt much better, *Ui* Buachan and her two assistants were not fully satisfied, since the silver coin still turned light green after the long period of treatment. This also corresponded to Peng's symptom of a trembling heart. *Ui* Buachan asked her nephew, the abbot of Wat Mae Lan, to investigate Peng's *chata* and help him to escape from the bad spirits. When it was suggested that Peng give offerings to the bad spirits, *Ui* Buachan asked her neighbors to prepare ritual offering trays for him. Peng spent three hundred baht on four small trays made of banana leaves and filled with a few small lumps of sticky rice, local food, a few small pieces of white cloth and a few small pieces of red cloth, candles and joss sticks. The ritual ceremony was conducted by the abbot outside the temple wall. *Ui* Buachan also suggested that Peng make great merit by offering money to construct a *Singha*—a lion-like beast, to sit at the entrance of the Buddhist temple to guard this sacred place. At that time, the abbot wanted to construct two *Singha* at the entrance gate of the temple. *Ui* Buachan donated the money for the construction of one *Singha*,

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and suggested that Peng make a donation for the other. These two *Singha*, inscribed with the names of *Ui Buachan* and Peng, still stand prominently at the entrance gate of the temple. It should be noted that these new *Singha*, which formed a part of the new temple wall, were constructed at the time the abbot was having a serious land conflict with the owner of the tobacco curing company, as mentioned in Chapter 2.

According to Peng, two crucial events made him feel attached to *Ui Buachan* and resulted in an intimate relationship with her family. The first impressive event was the way *Ui Buachan* gave the egg-rubbing treatment to him. Peng explicitly mentioned the effectiveness of *Ui Buachan*'s *khatha* by claiming that he could clearly feel its effect through the sensations in his body. His narrative implied, however, that the symbolic healing power of *Ui Buachan*'s body was also a crucial aspect of the healing process. He always mentioned the beauty of the elderly *Ui Buachan*, whose body shone with the rays of morality, her smell of *mak* and the typical smell of an old-aged woman. More than one year passed before he could clearly express his impressions and describe in detail what had happened during the first days of his treatment.

I should clarify here that I had no chance to observe the healing process and interaction between *Ui Buachan* and Peng. I observed their relationship only when Peng paid a casual visit to *Ui Buachan*. What I describe, analyze and interpret in the case of Peng is mainly based on my interviews with Peng, *Ui Buachan*, and her daughter and niece. I also observed their facial expressions and feelings when they told their stories.

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Since I had an opportunity to receive a massage from *Ui* Buachan, I could explore in detail Peng's sensory experience while lying down on the floor and undergoing the treatment. My own experience of having an egg-rubbing treatment with other healers also helped me in interviewing Peng.

Given the data and observations described above, one can imagine that the almost naked Peng, depressed and lonely, lying on a reed mat spread over the wooden floor, was attracted by the motherly appeal of the elder person sitting beside him. Being gently rubbed and smelling *Ui* Buachan's chewed *mak*, Peng was induced to recall his childhood life and felt as if his mother was compassionately caring for him.

The second event that made Peng feel as if he was a member of *Ui* Buachan's family was the way she and her family members expressed their deep concern over his illness and sought in every way to help him to recover. When he was fully recovered, he became *Ui* Buachan's stepson. *Ui* Buachan's daughter said:

They loved each other like mother and son. Whenever my mother invited Peng to join in making merit he never refused, and always offered a large sum of money. With other patients, my mother might ask me or another assistant to give an egg-rubbing treatment, but Peng was a special patient to whom she would give every treatment herself.



Figure 6.1 The egg rubbing treatment for removing the toxin that is accumulated in the patient's body

6.1.2 Caring Touch and Warm-Hearted Feeling

The woman whose healing experience will be told next is another patient of *Ui* Buachan. Her relationship with *Ui* Buachan developed from that of patient and healer to a kin-like relationship. Her name is Koi. Her experience was to some extent similar to that of Peng. She seemed to have succeeded in economic life, but had a broken family. Moreover, she had the heavy burden of having to take care of her elderly parents, and felt lonesome at the same time.

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I had already met Koi at *Ui* Buachan's house before I had the opportunity to interview her. She was a 55-year-old woman whose mother owned a grocery store in the district market. At the time we met, she was suffering from a sprained left ankle. She had fallen from a ladder while climbing up to look for goods for her customers. I noticed that she had a close relationship with *Ui* Buachan and her daughter. While *Ui* Buachan was giving her a massage, Koi told her about her grandmother who had been lying unconscious in a famous private hospital for quite some time, and about the large amount of money her family had to spend in hospital bills. She also complained of her hard life. She was exhausted from taking care of her grandmother at night and working at the grocery during the day. When the treatment was completed, *Ui* Buachan's daughter asked Koi if she would like to have lunch, so that she could prepare it for her. It seemed that they usually had lunch together. Koi refused politely and asked if she could take a short nap. *Ui* Buachan's daughter gave her a pillow; Koi then napped for almost one hour on the *toen*. When she woke up, she drove her motorcycle to the market. Given these circumstances, I had no opportunity to talk with her.

After Koi's grandmother passed away, I went to her grocery and asked her if she would allow me to interview her. It was about ten o'clock in the morning. In my opinion, late morning seemed a suitable time to talk since the market was not crowded then, and I would not be disturbing her work. Our conversation was still periodically interrupted since she had to sell various goods to her customers. It was, however, a good opportunity to observe her daily life patterns. It significantly helped me also to

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understand why she often went to *Ui Buachan's* house, although she had only minor problems with her muscles and *sen*.

Observing Koi's customers and the types of goods they bought gave me a broad picture of local people's lives in this district. A woman of about forty years old asked Koi to exchange the farmer shoes she had bought yesterday. Another woman of the same age bought a protective mask for spraying insecticide, while a middle-aged man bought a pair of sandals. A teenage girl bought colorful paper to make paper candles filled with tiny pieces of fragrant dried flowers. She would sell them on the approaching Northern Thai New Year's day. Local people, including my family, felt familiar with this old grocery because Koi's grandmother, who had migrated from China, had set it up nearly seventy years ago. Koi's mother—*Mae Lang*—sometimes joined in our conversations. Three generations of this family—grandmother, mother, daughter and sons—were *Ui Buachan's* clients. *Mae Lang* said that she knew *Ui Buachan* and her family since the time *Ui Buachan* was not yet a famous healer. They frequently bought goods from her grocery store. Koi's grandmother deeply trusted *Ui Buachan* in her treatments; she never paid doctors when she had problems with her muscles, joints or bones. *Mae Lang* accepted some treatment from doctors such as calcium tablets to minimize osteoporosis. Although mother and daughter had the same opinion about *Ui Buachan's* effectiveness, they had different ideas regarding *Ui Buachan's* treatment fees. *Mae Lang* did not agree with the new system of service charges that was written on the white board. She was happier with the previous tradition of a non-fixed price. Koi

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argued that the traditional payment system was not fair to the old *Ui* Buachan, who had to work very hard. This argument seemed to impact Koi emotionally, as she continued to complain about her daily conflicts with her mother.

I had just learned that Koi was the only daughter among *Mae* Lang's four children. She lived with her mother in their new house near the market, while her own daughter stayed in Bangkok. She had grown up with her maternal aunt who lived in another province. Perhaps this led to a distant relationship between her and her mother. Having been married and divorced twice showed her lack of success in relationships. Before she moved in with her mother, she had had owned own grocery store in another district about twenty kilometers away. After her second divorce, Koi was indirectly forced to take responsibility for caring for her mother and grandmother since she lived alone. She felt that taking care of elder persons was boring and hard work, which her brothers and sisters-in-law tried to avoid. Helping her elder mother sell goods in the grocery, she could not avoid carrying heavy boxes. She thus had chronic problems with her hands, joints and bones. Koi said that she was easily susceptible to tension and stress. If she felt too much stress, she would scream hysterically (*rong muean khon ba*) in her closed bedroom or in her car with her radio on loud. The thing that caused Koi the most stress were the three months she had spent taking care of her paralyzed grandmother at the end of her life. It was during this stressful period that I met her for the first time at *Ui* Buachan's house. Perhaps the continuous tension in her family was the reason that Koi regularly sought out *Ui* Buachan's charisma and the peaceful environment of her home.

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She felt familiar with *Ui* Buachan and visited her constantly for nearly ten years. She tended to trust in traditional treatment, and doubted the effectiveness of Western medical treatment. She referred to several examples of misdiagnosis and malpractice of biomedical doctors that her neighbors, relatives and she herself had experienced. But she and her relatives did not totally oppose biomedicine. They tended to seek diverse medical information before finally deciding to receive biomedical treatment. Moreover, they preferred a complementary treatment of traditional medicine and non-invasive forms of biomedicine. Whenever her relatives had problems with their muscles, bones, or joints, she would encourage—and accompany—they to receive treatment from *Ui* Buachan. Koi said that she had learned through her own body of the existence of *sen* and the accuracy and effectiveness of *Ui* Buachan's knowledge:

It is our body that knows this reality. We can 'feel' it with our body, through a tactile sensation, at the moment of undergoing treatment when a healer touches and presses it. Before *Ui* Buachan pressed her strong finger on certain spots, she always told me what sensation in what area I would feel. It really happened. This convinced me of her deep knowledge (*ru luek, ru ching*). Moreover, after having *sen* treatment, our tense body will be relaxed. Through our bodily sensations, we can evaluate the knowledge and skill of the healer. Although we may have a painful feeling session, it is not a sharp pain. It is a gentle pain (*chep tae num-nuan*). It is difficult to explain; you have to feel it yourself.

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The sensory experience described by Koi is to some extent similar to that described in a study by Iida (2007). Her study indicates that for Thai people, the feeling of pain is an important criterion for an effective Thai massage. Since Koi had a high opinion of biomedical treatment, she tried to find a logical explanation for the effectiveness of *sen* treatment by comparing it to biomedical explanations. The way Koi interpreted and compared the logic of Western and traditional medicine was quite interesting. While a doctor explains the cause of bodily pain or numbness by pressing some parts of the bone on certain nerves, *Ui Buachan* pointed to dislocated *sen* as the cause of these symptoms. According to *Ui Buachan*'s explanation, certain *sen* were dislocated from their original positions and thus were being pressed by some bones. In Koi's opinion, *sen* were related to nerves. A different diagnosis led to a different way of treatment. Orthopedic doctors trim out those parts of bone, whereas *Ui Buachan* used her strong fingers to move whole *sen* away from the pressure of the bone and guided them back to their original locations. Koi used a metaphor to compare *Ui Buachan*'s eyes to radar that has the capacity to see what happens inside people's bodies. "*Ui Buachan*'s treatment saved both my body and my money. There was no need to risk the side effects of surgery", was Koi's conclusion.

Koi not only trusted *Ui Buachan*'s treatment, she was emotionally attached to *Ui Buachan*'s charisma, including the warm and relaxed atmosphere of her home.

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Whenever I went to *Ui* Buachan's house when she was still alive, I had a warm feeling. She normally sat there on the *foen* of the house. I often visited her, even though I did not have any problems with my body. I just went there to feel the relaxed atmosphere or sometimes to lay down and rest my head on her lap (*non nun tak*) while talking with her. She was a lovely and respected older person. Whenever I met *Ui* Buachan in that house, I had the feeling that my life was not lonely. The touch of *Ui* Buachan during treatment was directed to the point [that caused the problem] and showed her confidence and skill. Moreover, I could feel a sense of compassion (*mettha*), perhaps because I loved and respected her as my mother.

I should conclude here that the life stories of Peng and Koi, who were of the same age, represented the life experiences of middle-aged people who had faced long periods social and spiritual displacement. Peng had left his family and a rural community that provided strong social bonds and mental support to struggle as an individual in a big city at a very young age. This led him to yearn for a parent-like intimate relationship. Unfortunately, he failed repeatedly in his marriages. Furthermore, being engaged in a highly competitive and unpredictable business forced him to live under stress for long periods at a time. The psychosomatic syndrome that brought him to seek *Ui* Buachan's treatment is, in some sense, similar to the syndrome that occurred among the marginalized Kui women in a study by Komatra (1998). Peng's illness is not

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an individual problem, but represents the collective suffering of those living their lives in the context of modernity.

Koi's background is also complicated. She had a closer relationship with her maternal aunt than with her mother since her aunt took care of her when she was young. At the age of fifty, she returned home to live with her aging mother, but felt displaced socially and spiritually. She seemed to be fulfilling the moral obligation of taking care of her elder mother, following the popular Buddhist world view that idealizes the image of the woman as a mother (Keyes 1984:227). But she felt that she was unable to deal with the burden of taking care of her mother, and they often had petty quarrels. Her situation is rather similar to that of *Pi Suai* described in Chapter 2, who felt socially displaced although she lived with her daughters. *Ui Buachan's* treatments and the environment in her home were therefore selectively perceived and conceived in correspondence to her patients' life backgrounds.

6.1.3 Healed by a Modern Grandmother

Ui Buachan's patients not only consisted of middle-class people, but also of villagers. *Nui*, a forty-six-year old dressmaker, who lived in a village about two kilometers from *Ui Buachan's* house and whom I mentioned in Chapter 5, was one of those villagers. The comparison between her healing experience and the experiences of *Peng* and *Koi* represents the differences in perception and interpretation between local people and middle-class people, although both underwent nearly the same treatment.

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I got Nui's home address and telephone number from *Ui* Buachan's notebook. I called her and asked permission to visit her at her house and interview her about her bone healing experiences. While driving my pick-up truck to Nui's house in the late afternoon, I was rather astonished by the rapid change in her village. There was almost no sign left of the rather poor rural village that I had seen a decade ago. The village looked similar to the peripheral area of Chiang Mai city. There were many big modern-style houses like those portrayed in home magazines. Some paddy fields had been turned into big fishponds that were utilized for recreational fishing or for holding fishing competitions. The use of paddy fields and fishponds for these activities was a new way to earn money.

Five or six pick-up trucks and almost ten motorcycles were parked near a big pond. Those who were fishing were sitting under the large, colorful umbrellas that were scattered around the pond. Almost all of them were middle-aged men, with only a few women. I was rather surprised to see this kind of activity on that day, since it was a great Buddhist day (*Wan Asanhabucha*)—a day people should restrain from killing animals. For people who work in a modern environment, Buddhist days have become vacation days. They tend to enjoy life instead of going to the temple or practicing the Buddhist precepts. Having passed the pond, I arrived at Nui's house. It was a single-story house made of brick, and surrounded by the houses of her kin and neighbors. These houses were located in the peripheral area of this village. Nui was sewing cotton bags underneath her neighbor's rice granary. Five middle-aged women and two older

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women were also busy sewing bags. This day was the deadline for sending these handmade cotton bags to a wholesale dealer. I learned later that almost all of Nui's kin were busy with this kind of work. They had been earning their living in this way for almost seven years.

Nui allowed me to interview her and told me that I should not worry about disturbing her work since her family's income did not totally depend on this job. Most of her family's income came from monthly transportation fares. Her husband owned a mini taxi, which he used to pick up students from this village and bring them to private and public schools in the city of Chiang Mai. Nui had only one son, who studied at a private technical college and rode his own motorcycle to the college. Nui complained a lot about his extravagance. Like other local people in Northern Thailand who now have only one child, Nui seemed to spoil her only son. She had joined the sewing group last year, and was one of the few workers who always came late. Although she earned a daily income of only fifty or sixty baht, she was satisfied. She said that doing housework was her priority, but she found it boring to stay alone in the house. Sewing cotton bags helped her to meet friends and earn extra money. A friend of hers who sat nearby said that Nui had a better life than she did since Nui had received a large amount of money from the sale of her paddy fields to a housing estate company. Her friend pointed to a new housing estate not far from the village. Nui argued that she did not gain much money at that time because the price of land was not as high then as it is now. Before selling their paddy fields, Nui and her husband had worked as farmers.

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She assumed that her muscle and bone problems resulted from this hard work. Three years after the sale of their paddy fields, she began to feel pain and numbness in her right leg. She went to all the famous medical clinics and hospitals in Chiang Mai and was offered only two treatment options: either to take oral medicines and receive injections over a long period or to undergo a surgical operation. She had already tried the first option for years, but was warned by her friends and neighbors about the medication's long-term side effects. She did not want to undergo surgery because she feared that it would fail and she might become paralyzed. Moreover, the cost of a surgical operation at the private hospital she was familiar with was very high, about eighty thousand baht. She thus totally refused surgical treatment. During the four years she spent shopping around for healing, her symptoms became progressively worse. She had feelings of severe pain and numbness from her right waist down to her leg and foot. She was not able to walk steadily. Even a short walk made her leg stiff. She had to stop to massage herself before she could continue walking. If she walked in the rain, the pain seemed to penetrate into her bones. Sometimes it seemed as if a terrible pain was blocking her breathing. "It was so painful, it was as if animals were eating away at my bone and my *sen*, and I wasn't able to sleep well at night for years". She went to a district hospital, and everyday for two weeks she had cervical traction therapy. After learning from a relative about *Ui* Buachan, she stopped her physiotherapy. Her relative said that even patients who could not work and had to be carried to *Ui* Buachan's house had recovered. This relative accompanied her to visit *Ui* Buachan.

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As a villager, Nui was familiar with the tradition of bone and *sen* treatment. At home she had prepared white flowers, candles, joss sticks and a bottle of water, as she wanted to take home a bottle of holy water blown with *khwauk sui*. When I asked her about the numerous walking sticks left near the front stairs of *Ui Buachan's* house, she said that she had also noticed them. I found, however, that she did not give crucial meaning to this symbol as the other patients had. She repeatedly described the big vans and cars belonging to *Ui Buachan's* patients that were parked in her courtyard. This convinced Nui that patients who were rich and well-educated came to receive treatment from *Ui Buachan*. In Nui's opinion, this was a guarantee of *Ui Buachan's* effectiveness:

The first day of treatment, I arrived at *Ui Buachan's* house at about nine o'clock in the morning. Seven patients were already there. All of them were female merchants from a big market in the city of Chiang Mai. At nearly two o'clock in the afternoon *Ui Buachan* finished my treatment. This meant that her lunch time was postponed. I saw vans and cars moving in and out of her house. I thought that she must be an expert. Those patients were rich enough to pay for famous public and private hospitals, but they still chose to be treated by *Ui Buachan*. While I was waiting for my treatment session, I talked with them and learned that two of them were *Ui Buachan's* former patients. They were there to accompany their friends who had similar problems. During the three

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months I received treatment at *Ui* Buachan's house, I noticed that her patients were mainly people from the city and other districts. Only a few were local people and her neighbors.

Nui told me that she felt impressed with *Ui* Buachan's charisma the first time she met her. She also felt familiar with her right away since *Ui* Buachan knew her grandmother, her parents and many elders from her village. Nui's village was near *Ui* Buachan's home village. They always talked about the history of the village and shared information about the changes in people's lives. Talking in this way made Nui feel as if she had known *Ui* Buachan for a long time. I could understand Nui's feelings, since I was in a similar situation when I met *Ui* Buachan for the first time. She had also asked me about my parents and neighbors, and told me about her relationships with people in my home village.

Nui described in detail how she perceived the effectiveness of *Ui* Buachan's *sen* treatment through her own bodily sensations. Her feelings are rather similar to those of Koi.

When I described my symptoms to *Ui* Buachan, she seemed to immediately understand the cause of my problems. She asked me to lie down and she pressed on certain points of my body. I felt that she knew all the *sen* and their connections. She pressed my abdomen and told that I would feel pain in my back, and surprisingly it happened. When

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she pressed on certain spots right of the femoral area and it induced severe pain in my right hip, her diagnosis was that my main *sen* was stiff and some *sen* were dislocated. She continued her spot-pressing massage from my right hip to the ankle. Her hands and fingers were very strong, and I experienced severe pain in every area she pressed with her fingers. I almost gave up, and decided that if I did not feel better the next day, I would stop undergoing this painful treatment. After the massage session was completed, she gave me an egg-rubbing treatment. I could observe that the toxin (*pid*) inside my body was removed. It caused the color of the silver coin that was put in the middle of the squeezed egg to change to black. Perhaps *Ui Buachan* needed a short break, since she then asked her niece to continue the egg-rubbing treatment. It took all together two hours to complete the whole treatment. I asked her to give me holy water (*nam mon*). She blew *khatha* over the water that I had brought from my house. It was amazing- when I arrived at home, I felt relief from the tension and pain in my leg. This is the reason that I completely stopped having physiotherapy at the hospital and continued with *Ui Buachan's* treatment.

Her physical experience of the effectiveness of *Ui Buachan's* healing during the first treatment led Nui to continue. She went to *Ui Buachan's* house twice or three times

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a week and had two-hour treatments for almost three months. In total, she spent nearly seven thousand baht (160 baht for each visit, and one thousand baht for the teacher spirit fee). Although her neighbors criticized *Ui Buachan's* treatment fee as being too expensive, Nui did not agree. She was satisfied with the process and outcome of the treatment. Nui always came very early in the morning. She would arrive at *Ui Buachan's* house at about seven o'clock. She wanted to be the first patient because *Ui Buachan* was still relaxed and could spend a long time treating her. From home she brought boiled-eggs for the treatment, and food and sticky rice for breakfast. She often helped *Ui Buachan* cook food, and they had breakfast together.

Since my husband dropped me off at *Ui Buachan's* house before driving students to the schools in the city, I arrived always very early. I always helped *Ui Buachan* with cooking food. She did not like the ready-cooked food from the market. Her kitchen was located near her bedroom. It was still in the traditional style, but she used gas to cook instead of firewood. We had breakfast together, then took a rest and then started the treatment.

In Chapter 5, I mentioned the symbolic meanings of the spaces of a Northern Thai house and of bodily movements over these spaces. The way in which Nui moved her body from the *foen*, an external area of the house, to the private area of the kitchen suggested that she was becoming one of the healer's family members. Cooking

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together while having an intimate talk in the healer's kitchen made them feel more familiar.

After the treatment, Nui had to wait for her husband to return after driving the students to school. Then they would go home together. She spent her time talking with *Ui Buachan's* and her patients. If there were no patients, Nui and *Ui Buachan* always had something to talk about regarding the changes in people's lives in Nui's and her village. *Ui Buachan* often shared her life experiences, which made quite an impression on Nui. In Nui's perspective, *Ui Buachan* was a special elder who possessed both traditional knowledge and the 'modern' experience of traveling to all regions of Thailand. She defined *Ui Buachan's* personality as *khon sangkhom*, or a person who possesses social skills. She clarified that *Ui Buachan* had the highly developed social skills to establish warm and friendly relationships with people, even those she had never met before. Since Nui had a long treatment at *Ui Buachan's* house, she had the opportunity to observe the healing progress of *Ui Buachan's* patients. One of those patients was Phra Pornthep, a seventy-three year old monk from a famous temple in the city of Chiang Mai with whom I also had an interview. The monk immediately stopped treatment at the famous university hospital to temporarily stay at *Ui Buachan's* house and have his broken left leg treated. He stayed in one corner of the *toen*, which was separated from the other areas by a large cotton curtain. Nui also witnessed the progress of his healing. The first week, the monk could not move by himself. He hired a male villager to take care of him. But by the second week he could walk slowly. After

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one month of treatment he was able to return to the temple. This experience confirmed for Nui the effectiveness of *Ui* Buachan's knowledge.

After Nui felt fully recovered, she conducted the ritual ceremony to pay respect to *Ui* Buachan. Her offerings consisted of flowers, candles, joss sticks, fruits and five hundred baht. Nui said that she owed *Ui* Buachan a debt of gratitude. Two years later, however, she appeared to sometimes have considerable pain when lifting heavy things, and she felt pain in her leg when taking a bath with cold water. She knew that *Ui* Buachan's daughter still provided treatment after the death of her mother, but she was not sure of her treatment skills.

The life histories and treatment experiences of *Ui* Buachan's three patients clearly show the social origin of their suffering and the limitations of biomedicine in dealing with these complicated problems. The holistic health care provided by *Ui* Buachan that incorporated a variety of symbols into her physiological treatment could effectively cure the patients' physical suffering and alleviate their stress at the same time. The wealth of symbolic representations present in her treatment sessions was widely open for her patients with different life experiences to select and interpret appropriate explanations. They also implicitly absorbed her symbols of morality, warmth and friendliness, which people in the modern era are seeking.

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Figure 6.2 The ritual ceremony to pay respect to *Ui* Buachan conducted by a recovered patient

6.2 Experiencing the Existence of *Phi Khru* and the Power of *Khwak Sui*

Ui Buachan's patients of who lived in peri-urban areas were certainly more focused on the effectiveness of bone and *sen* treatment. They seemed to doubt the power of teacher spirits and the effectiveness of her *khatha*, and tended to reinterpret their meaning. Her strong *khatha* were often interpreted as a means to control her morality, since she strictly practiced the five Buddhist precepts. Only some older

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persons, rural villagers and people with special backgrounds in the power of spirits, such as Nui and Peng, still believed in the effectiveness of her *khatha*. This is totally different from the patients of *Ui Nam*, a female bone healer who lived in a rural area. Her patients who I interviewed expressed their belief in her *khatha*. This belief was strongly related to the ritual ceremony she conducted to invite the teacher spirits to stay at the patients' house. It is called the *phi thi tang khan khru*, a ceremony to raise the teaching spirit tray.

Before focusing on the healing experiences of *Ui Nam*'s patients, let me describe the *phi thi tang khan khru* of *Ui Nam*. This is a crucial ceremony that must be performed before starting complicated treatments that require the extra power of the teacher spirits. When the patient's relatives invite a healer to visit the patient at his house, the healer will evaluate the severity of the patient's symptoms. If the power of teacher spirits is needed, the healer will invite the teacher spirits that live in the healer's bedroom (*huan luang*) to come with the healer. Some healers might invite the teacher spirits in *pali* language, or in a mixture of *pali* and Northern Thai as in the case of *Ui Buachan*. *Ui Nam*, on the other hand, used only informal language: 'they ask for help, please go and help them' (*poen ma kho hai chuai, chuai pai phod poen noi*). At the patient's house, a complete set of ritual elements is prepared by the patient's relatives. It is composed of flowers, candles, joss sticks, popped rice, two pieces of red cloth, two pieces of white cloth and a teacher spirit fee of thirty-two baht. All components are put on an aluminum plate that is normally used in the kitchen, instead of on the long-foot

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Ui Nam will again use 'good words' to invite the teacher spirits to return to her house.

What I say to the teacher spirits when the patient is recovered is: 'we have already succeeded in healing this person. Now he/she is completely recovered. Please bless the patient and me and give us good health'. After that I carry all the ritual offerings back home. The teacher spirit fee can be used at this time, since we have already finished our task. People expect, however, that patients set up a ritual ceremony to pay respect (*dam hua*) to me again.

There is a great difference between the *phi thi tang khan khru* and *phi thi plod khan tang* ceremonies of *Ui Buachan* and those of *Ui Nam*. *Ui Buachan* modified all ceremonies by locating them in her house instead of the house of her patients. As described in Chapter 5, *Ui Buachan's* *khan khru* or teaching spirit tray with an almost complete set of ritual offerings was always raised and placed at the *toen* of her house. The patients only put a teacher spirit fee on it to complete the whole set of offerings. This is called *phi thi sai khan tang*, a ritual ceremony to put a spirit fee on the raised teacher spirit tray. It is relevant to her new rule of providing treatment only at her house. Through such modification, the teacher spirits seem to be less significant in giving protective power to the patient than those of *Ui Nam*. The *phi thi sai khan tang* seems to

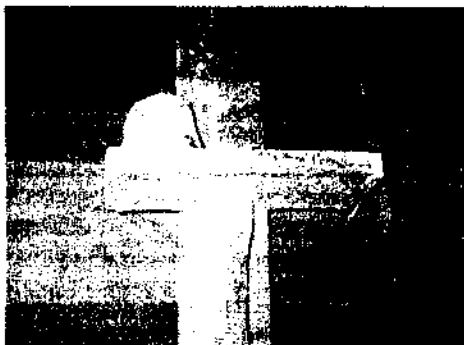
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imply that the teacher spirits stay at *Ui* Buachan's house to help her provide treatments. Not conducting the *phi thi tang khan khru* and *phi thi plod khan tang* at the house of the patient had some benefit for the rather old *Ui* Buachan, who was no longer able to go to patients' houses. But it excluded the opportunity to include the family members of her patients and let them participate in the healing ritual, which could give significant support to the patients.

Since the healer, the patient and his family members treat the teacher spirit tray as if it were the teacher spirits, it could be interpreted that the *phi thi tang khan khru* and *phi thi plod khan tang* are ritual ceremonies that transform the unobservable teacher spirits into a noticeable ritual tray. This tray is located at a proper position in the patient's house and provides crucial spiritual support to patients who have just had a terrible accident.

The following life stories of *Ui* Nam's patients will reveal how these patients perceived the power of the *phi khru* (teacher spirits) and *khwak sui* (magical spells).



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Figure 6.3 The shelf of *Ui Nam's* teacher spirit (*phi khru*) located in her
bedroom



Figure 6.4 The ritualized teacher spirit tray (*khan khru*) of *Ui Nam* located in
the patient's bedroom

6.2.1 Perception of the Power of *Khwak Sui* and Teacher Spirits

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Thong was one of *Ui Wan's* three children who was injured in a car accident when they were driving a pick-up truck from a province in the Northeast to Chiang Rai. I met Thong in April of 2003. *Ui Nang* had suggested I interview him and observe her treatment session.

Thong was a man of 48 years whose house was about fifty meters from that of *Ui Nam*. He was one of the villagers who sometimes gathered in a group in the space underneath *Ui Nam's* house. Thong, like many male villagers, had experience working outside the village. As the oldest son of a poor peasant family, he had decided to seek a better life outside the village. While other villagers ventured to Bangkok or went abroad, he went to nearby provinces after the rice harvest to look for temporary work. He began to work as an unskilled construction laborer when he was sixteen, doing jobs like mixing and carrying cement. After almost seven years of work as an unskilled laborer, he got the opportunity to learn as an apprentice the art and knowledge of constructing simple buildings. Thong took a job where he had to build walls, fences and simply designed houses. He never stopped working in the paddy fields. Only after the yearly rice harvest did he leave his family and work in the construction business. During the economic boom in Thailand in the late 1980s, Thong worked in Chiang Mai. He had the experience of seeing many construction workers and people in Chiang Mai died from HIV/ AIDS. He returned home and stayed there permanently when the Thai economy collapsed in 1997. Because of his hard work during the rise of the Thai economy, he was able to build a two-story house of his own and bought a second-hand

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pick-up truck. Moreover, his work in the construction business enabled him to make social and political connections with local politicians. He thus decided to involve himself in local politics, and was recently elected as an assistant leader of Ban San Maha Po. He was therefore called *phu chuai* Thong (Assistant Thong). His social status in the village seemed to be considerably higher than that of his brothers and the other villagers. Thong and his wife said that their lives were now better than in the past. His son, who had graduated from Chiang Rai Vocational College, had a job at a department store in the city of Chiang Rai. He accepted the responsibility to send money to his parents and his younger sister. Thong had now quit working in his paddy fields and rented them out to other people.

On the day of the accident, Thong was driving his pick-up truck to take his younger brother and his sister-in-law home. His younger brother had failed in running a small business. After almost six hours of driving, Thong fell asleep. He said that during the few seconds he could not control himself, the accident suddenly happened. Waking up half-conscious at the regional hospital, he found that his right leg was fixed with a plaster cast from the thigh to his foot. His right arm was fixed with large metal screws. His younger brother and his brother's wife said that it was a miracle that Thong had survived. Anyone who saw his crushed pick-up truck or his bloody body thought that he must be dead or at least severely disabled. The regional hospital sent Thong to Chiang Rai hospital. They then decided to inform his mother, *Ui Wan*, about the accident. *Ui Wan* invited a ritual specialist to conduct a ceremony to call the *khwan* of his sons and

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that of the daughter-in-law back to their bodies. Since it was impossible to conduct this ritual ceremony at the place of the accident, the ritual specialist modified his conduct. He called their *khwan* supposing that it had fallen inside the crashed car. Although all patients received physical treatment at the hospital as well as a spiritual treatment to call their *khwan* back, they and their mother were not satisfied. They still worried that Thong would remain disabled when the metal screws and plaster casts were removed. They believed that *Ui Nam's* knowledge could help to prevent or minimize such disabilities. Thong said:

From my experience, people whose limbs have been fixed with plaster casts or metal screws for a long time still have a considerable degree of disfigurement. Their limbs atrophy. I am not sure whether Western medicine can help to heal what is inside my body. *Ui Nam's khatha* may help. I still remember that since I was young, people who had experienced severe trauma, for example as a result from a fall from a cart, asked *Ui Nam* to treat them. Her *khatha* and her knowledge of *sen* treatment may reduce or eliminate deformities.

It appears that Thong not only sought the healing effectiveness of *Ui Nam's khatha*, but also her strong spiritual support. A ritual ceremony to call his *khwan* back from the crushed car might in a small way help to heal his *khwan*, since this was a modified version and had been conducted while he was in the hospital. *Ui Nam's* ritual

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ceremony to invite the teacher spirits to stay with him and support him, and her healing practice of blowing the *khwak sui* twice a day could considerably help along the unfinished healing of his *khwan*. He shared his feelings:

I have lied on this reed mat since last week. *Ui Nam* has come to blow her *khatha* and massage my hands every morning and evening. When she came, my mother [who lived in a house next to Thong's house] and sometimes some of her friends would join us. It seems that I was bound (*tid*) to *Ui Nam* in a way that I could not explain. Every morning and evening I would wait for her, and felt anxious when she came late. I felt delighted to see her and receive her treatment. When she blew her *khatha* over my right arm, my wounded face and other painful areas, it felt cool. The coolness seemed to penetrate into my body.

To understand Thong's explanation, I should add my observations when I followed *Ui Nam* to give Thong a healing treatment at his house. *Ui Nam*, dressed in a purple flowered sleeveless blouse and a brown flowered long skirt, walked through her backyard, passed her neighbor's house, and reached Thong's two-story house. The first floor was made of brick and the second of wood. When *Ui Nam* and I went inside, Thong was lying in a corner on the first floor. I suddenly realized how severe this accident was. His right eye was half open. Long sutures were stitched from beneath his

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right eye to the right corner of his upper lip. A long plaster cast covered his right leg from the thigh to his foot, and four large metal screws approximately five inches long and a quarter of an inch wide were fixed at his right arms. When *Ui Wan* saw that *Ui Nam* and I had entered his son's house, she came from her house to join us. A few elders who lived nearby also followed *Ui Wan* to *Thong's* house.

Ui Nam asked *Thong* about his symptoms while the older persons sat near the house wall. She turned to me and asked me to switch off the electric fan. 'The *khatha* will be swept away' was her explanation. All the elders who accompanied her laughed at this explanation. I also thought that *Ui Nam* was joking, since she made people laugh on almost all occasions. She then repeated her request. Looking in her eyes, I suddenly knew that she was serious, so I switched off the electric fan. She recited the *khwak sui* gently and blew over *Thong's* face, his right arm and leg. She blew only on the toes of his leg, the only area that was not covered with a white thick plaster cast. She left out the covered leg because the *khwak sui* could not penetrate the plaster cast and reach the fractured area. I asked her if she could compare the penetrative capacity of the *khwak sui* with x-ray radiation. She told that she was not sure whether her *khwak sui* could penetrate thick plaster casts. The *khwak sui* that were mixed into patients' drinking water might heal patients' inner bodies. This was the reason why she gave her patients holy water to drink until they were completely recovered. I asked her if she could blow *khwak sui* through a small space between *Thong's* feet and the plaster cast, so that it could touch the fractured area. She appeared reluctant. All the older persons,

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including *Ui Wan*, encouraged *Ui Nam* to try this new method. Finally, *Ui Nam* blew the *khatha* into that small space. Everyone, including Thong, burst into laughter.

Treatment in a friendly and funny atmosphere, like I had witnessed at Thong's house, is a typical characteristic of *Ui Nam*'s way of treating patients. When I interviewed Thong the following day, I understood that *khatha* blowing has another crucial function. It helps patients to get a feeling of being healed through a 'sense of gentle touch' from the wind blown through the mouth of the healer. Blowing over a thick plaster cast has therefore less meaning since the patient cannot discern the sensation. Northern Thai people are familiar with having been blown on by their parents or kin since they were young. When they have minor injuries in their daily lives, they are blown on by their parents. Blowing provides psychological support to children, for it is a symbolic expression of their parents' love and care.

The function of *Ui Nam*'s healing in providing social and spiritual support for Thong is quite similar to the healing methods of the *mo su khwan*. Although she did not recite the same text as the *mo su khwan* but used the *khwak sui* instead, she was able to bring Thong's lost *khwan* back by serving as a medium that encouraged Thong's loved ones to bind his *khwan* with cotton threads and stimulated them to visit him frequently.

It can be concluded that through the ritual process of blowing, the *khwak sui* is transformed from an untouchable power into something that can be perceived through

the patient's bodily sensations. It is important that this sensation is induced in the healing context of a patient's house where the teacher spirits temporarily reside and help him to recover. In addition, whenever the healer visited the patient, the patient's family members, his or her parents, and sometimes the neighbors would welcome and accompany her. Her visit therefore became an occasion on which persons who have a close relationship with the patient meet together to give him or her their support. It is thus beyond doubt that this complementary healing practice effectively helps the patient to fully recover from physical, social and spiritual illnesses.



Figure 6.5 *Ui Nam* blows the *khwak sui* through a small space between Thong's feet and the plaster cast

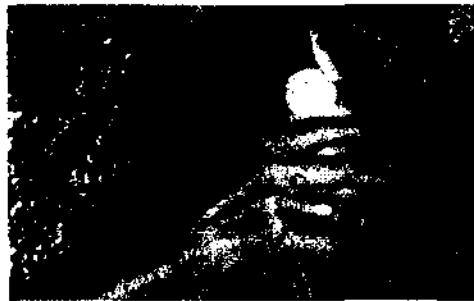


Figure 6.6 *Ui Nam* blows the *khwak sui* into Thong's drinking water

6.2.2 The Sweetness of *Nam Mon* and the Coolness of Blown *Khatha*

Mae Nguan was a sixty three-year-old woman whose family had moved from a nearby village to Ban San Maha Po when she was twelve years old. She lived alone in a rough, single-story cement house. It was about two hundred meters from *Ui Nam*'s

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house. Her two married sons lived far away. The younger son lived in Bangkok and the older one in Southern Thailand. *Mae Nguan* was a former butcher who had sold fresh and roasted buffalo meat at the village market for almost twenty years.² Like all butchers in the village, she sold buffalo meat only a few days a week according to a previous agreement. The reason was that the people in this area seldom went to the market, whereas the number of butchers was gradually increasing. Given the limited amount of customers, they decided that each butcher should only sell meat two or three days a week.

When I met *Mae Nguan*, she was not yet completely recovered from a fractured scapular bone caused by a car accident. Although the fractured parts were already reconnected, she always felt discomfort in her body. Apart from interviewing her, I accompanied her to consult a female ritual specialist about this problem. She seemed to relate all the problems that happened to her over the past three years to her falling *chata*. Two years before the accident, her beloved youngest son who was ordained as a monk had passed away due to brain cancer. When he became seriously ill and was sent to the public hospital in the city of Chiang Rai, she quit her job to stay with him at the hospital. After her two sons had left the village to work in Bangkok and Phuket, only this son lived with her. Her neighbors said that *Mae Nguan* loved this youngest son very

² People in upper Northern Thailand like to eat buffalo meat. It is related to the 'wind' disease, a crucial culture bound disease that affects Northern Thai middle-aged women. It is caused by eating taboo food during the postpartum period, and cow meat is one of the forbidden foods. Women who eat or even smell taboo food get symptoms such as headaches, dizziness, nausea or faintness in severe cases.

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much and tended to spoil him. He had been ordained as a Buddhist novice when he was fifteen and then left the monkhood after a while. He was ordained again when he became ill with brain cancer. The death of her beloved son caused great sorrow to Mae Nguan. She always woke up with a sense of deep sadness and depressing loss. She thus decided to leave the village and stay one month with her elder son in Bangkok and another two months with her younger son in Phuket. Perhaps this would help to relieve her grief. While she was staying in Phuket the tsunami took place. The owner of the factory where her son worked lost his only son in the disaster. She accompanied the family to the place where the son was lost, saw many dead victims, and was witness to the sorrowful atmosphere. Seeing the terrible tragedy of the tsunami in Phuket reminded her of the Buddhist belief about uncertainty and death as a fact of human life. Her condition improved gradually when she realized that everybody has a time to leave the world. This allowed her to value the period she had lived with her son and taken care of him. When she then came back home, she resumed her normal life. She became a generous butcher who sold meat at a rather cheap price and sometimes gave it for free to the poor. She said that she now just worked to survive and earn some money to make merit. However, just two months after returning home, she experienced the car accident.

Mae Nguan was an excellent storyteller. She told the story of the accident in such a way that I felt as if I was witness to the terrible accident itself. Her detailed story

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of the accident reflected the Northern Thai eclectic belief in auspiciousness, karma and the Three Worlds:

My three cousins and I had an accident on the highway from Chiang Rai to Chiang Mai as we were headed to visit my niece who had just delivered a baby. She had asked me to tie the *khwan* of her son since he had cried constantly at night for almost two weeks. I also had consulted *Ui Di*, the *phi mo nueng*, and was told that the baby was my reborn son. He wanted me to tie the baby's *khwan* with cotton threads. In fact, I noticed the similarity between the baby and my deceased son immediately. The baby's face, hands and smile looked similar. While we were driving to Chiang Mai, the car turned suddenly upside down. Fortunately, all of us survived. I was the first one who crawled out of the car and told the policemen to help the others who were stuck inside. At that moment, I did not notice that my shoulder and legs were injured and swelling. I remember that the policemen asked us about the amulets we carried with us, since they had assumed that all the people inside the car would be dead. Only a miracle could make them survive. I told them that three of us were wearing amulets of *Pho Khun [Meng Rai]* around our necks. At the hospital it appeared that I was the most seriously injured. My scapular bone and my right leg were fractured. While staying in the hospital, I dreamt that I was flying up to the sky, but an old man

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with a long beard grasped my legs. In that dream, my neighbor, *Ui Kai*, told me to jump down. I jumped down and suddenly woke up. I saw that many people were surrounding me. If I had not jumped down, I might have died. I realized that the day we went to Chiang Mai was an inauspicious day. The night before, I had seen the policemen in my dream, but was not able to translate the meaning. I asked my cousin to ask the *phi mo nueng* what to do. She told me to make merit by offering the Northern Thai manuscript that is called *maha-wibak* (a manuscript describing serious karma) to a monk.

After one month in the hospital, *Mae Nguan* asked the doctor for permission to return home. She wanted to seek alternative treatment and to conduct a ritual ceremony to extend her *chata*. Since she lived alone, her cousins who lived nearby stayed with her during the nighttime. The hospital staff advised her to hang the fractured right arm in a sling, but she decided not to do that when she arrived home. She believed that it would cause stiffness in her *sen* and joints. She asked *Ui Nam* to give her a massage and to treat the *sen*. *Ui Nam* invited her teacher spirits to stay at *Mae Nguan's* house like in the case of *Thong*. Twice a day she went to *Mae Nguan's* house to treat her, in the morning and evening. *Mae Nguan* knew that *Ui Nam* and her teacher spirits would help her. She said that 'if a patient perceives the sweet taste of the healer's holy water, he or she has a good prognosis to recover'. Moreover, she felt cool in the painful fractured areas while *Ui Nam* blew the *khatha*. Her pain lessened and finally

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disappeared. When she felt better, she provided offerings to *Ui Nam* and conducted a ritual ceremony to express her gratitude. The offerings consisted of flowers, candles, joss sticks, a local blouse, a radio and one thousand baht.

Although *Mae Nguan* had recovered from her physical injuries, she did not feel normal. She occasionally woke up at night with a trembling heart. She lost her appetite and sometimes felt nausea. The various kinds of medicines the doctors at the district hospital gave her could not cure her illness. Even though a male ritual specialist, whose service she had always used, provided her the *phi thi su khwan*, the symptoms still persisted. One day later she decided to consult *Mae Ya*, a famous female ritual specialist in a nearby village. She allowed me to go with her. *Mae Nguan's* neighbor, a woman who suffered from conflicts between herself and her son, joined us. This woman prepared all the offerings for *Mae Nguan*, and I drove the car. We arrived at *Mae Ya's* house at about nine o'clock in the morning. I noticed that many plastic bags filled with clothes hung on the walls of *Mae Ya's* house. She explained later that these clothes, to which the *khwan* of their owners were attached, were used for conducting a ritual ceremony to light three magical candles during the Northern Thai New Year ceremony. The three magical candles consist of a candle for expelling bad luck (*thian sado khro*), one for bringing good luck (*thian chok*) and one for extending *chata* (*thian suep chata*). Most of the owners of these clothes lived far away and had requested a ritual ceremony to ensure a better life in the coming year. *Mae Ya* explored and diagnosed *Mae Nguan's chata*. She said that *Mae Nguan's* condition was not serious. Her *khwan* was

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only disturbed by her *pho koed-mae koed*, her parents in her former life. Mae Ya suggested that Mae Nguan come to her house again on a Buddhist day. She would conduct a ritual ceremony to worship the *pho koed-mae koed* of Mae Nguan by giving them food and offerings. When I visited Mae Nguan again on the Northern Thai New Year's day, I found that she looked much better. Her house did not look gloomy anymore, since her two sons, their wives and children had come to visit. She said that her symptoms had gradually disappeared after having received the ritual ceremony conducted by Mae Ya.

The experiences of *Ui Nam*'s patients show different patterns and degrees of loss in modernity. Although these patients lived in the same village and shared the same cultural beliefs, the way modern change affected their social and family ties differed considerably. Thong seemed to have more social support than Mae Nguan since his family members lived together and his cousins stayed nearby, but they tended to live individually. Mae Nguan, who had fewer physical injuries and less social support than Thong, seemed to face extreme spiritual loss. The healing practice of *Ui Nam* was very effective in the case of Thong's illness. This is because the process of blowing the *khwak sui* and providing *sen* treatment not only healed his physiological body, but also functioned to mobilize social support and bring Thongs' *khwan* gradually back to his body. In the case of Mae Nguan, the healing methods of *Ui Nam* could only address her physical symptoms, but could not cure her desperate loss of *khwan*. She needed a more comprehensive ritual ceremony than the one performed by the conventional *mo su*

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khwan. The ritual ceremony carried out by *Mae Ya* (as described in Chapter 3), which was an integration of various ritual ceremonies normally conducted by fortune tellers, Buddhist monks and male ritual specialists, was therefore appropriate in her situation.

6.3 Sensation and Physiological Treatment

The importance of bone treatment lies not only in its meaningful ritual ceremony, but also in the effectiveness of the treatment of the physiological body (*tau*). The interaction between healer and patients and their intersubjective communication of sensations during the physiological treatment are extremely crucial to the success of the physiological treatment itself. This section will show the importance of the communication of body sensations between healer and patient during the healing sessions. It is mainly based on the healing practice of *Ui Buachan*, since she still gave a complete version of the bone treatment.

When healers and patients met, they started by talking about general topics and about their illnesses. After the ritual ceremonies were performed, the healers would identify the patient's problem areas based on the body of the patient. They might know this from observation of the patient's figure and bodily movement during their first meeting. The patient might be asked to move his body such as to walk, sit, raise his arms, and explain his feelings while moving his body. This crucial procedure was an exploration of the critical points for the treatment. Although the healers used their fingers to explore the dislocated bones, the stiffness or dislocation of *sen*, and the

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tenseness of muscles, they did not rely only on their knowledge and sensations. They needed the information about their patients' sensations to confirm the accuracy of their treatment. When they pressed on certain points that theoretically should induce pain or numbness and the patients confirmed these sensations, this meant that they had pressed the correct points.

It should be pointed out here that apart from the use of *khwak sui*, the detailed physiological knowledge of bone healers is rather different from that of the *mo chap sen*. Whereas the *mo chap sen* focus their treatment on the quality of *sen* and muscles, the bone healers base their treatment on the interrelatedness of bone, *sen*, and muscle. I will give some examples to clarify how the bone healers combine their knowledge of bones, *sen* and muscles, and how the communication of sensations is important in their manner of treatment.

I found that *Ui Buachan* frequently gave physiological treatment at one of these three areas: the arm, the abdomen and the ribs. Perhaps this is related to the symptoms of shoulder and back pain which frequently occur nowadays. When patients came with shoulder pain and were not able to raise their arms without having had an accident, *Ui Buachan* often diagnosed the cause of the problem as a mild dislocation of the two bones in the lower arm. In medical terms, they are called the radius and ulna. *Ui Buachan* would begin with relaxing a prominent *sen* at the neck of the patients for about five minutes. While sitting firmly on her knees beside the patient, she rearranged

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the radius and ulna until they were at the same level. She then twisted and at the same time folded the lower arm, and raised it above the patient's shoulder. While firmly grasping this folded arm, she gave a short, strong stroke. The patient certainly experienced severe pain and sometimes cried loudly. They would, however, immediately feel the effect from the sensation of relaxation in the tense shoulder muscles and the disappearance of pain. They could check it themselves by raising their arms. I had this treatment from *Ui Buachan* too. She also taught the patients how to treat themselves when they had this symptom again. *Ui Buachan* explained that pain and stiffness of the shoulder area were caused by the gradual shift of these two bones (the radius and ulna) out of their original positions. It could happen in daily work. These dislocated bones would then pull or twist the related *sen*, joints and shoulder muscles. Her treatment thus began at the original cause and relocated the whole connected system.

Ui Buachan's treatment of the abdomen seems similar to that of *mo chap sen*. It is called *kod sen tong* (or *kod en tong* in Central Thai), which literally means pressing the *sen* of the abdomen. In the theory of *Ui Buachan*, the abdomen was the center of all *sen*. It was rather dangerous to treat the abdomen if a healer did not have much skill since this area was full of important organs. I also asked her to give this treatment to me and she allowed me to learn more by letting me press her assistant's abdomen. *Ui Buachan* would slowly press both hands on a certain spot on the abdomen to feel its tenseness and the throbbing palpations. At the same time, she would ask the patient

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about the quality of the pain (sharp or dull pain) and its severity (slight, moderate, or severe pain). Related sensations were also important, since the healer might press the wrong point. She would press for a few seconds and then relax, and repeat this until the abdominal muscles were relaxed and the palpations became normal. Treatment of the abdomen could also heal back pain. In this case, the healer must press a certain spot at the right side of the abdomen until the patient felt a hot sensation and severe pain in the back. A woman who was a lecturer at the Faculty of Medicine in Chiang Mai University was one of the patients who had this treatment. She had suffered periodic back pain for more than twenty years after she got a spinal block anesthesia while undergoing a Caesarian section. She said that she suddenly recovered after she was treated by *Ui Buachan*.

Rearrangement of costal cartilage was another of *Ui Buachan's* special techniques. The costal cartilage is the cartilage that forms the anterior continuation of the ribs. It is directly attached to the breastbone (sternum). When patients came complaining of a deep pain in their ribs or breastbone while breathing or coughing, *Ui Buachan* would ask questions about their history of accidents and careers. They might have gotten a blow to their breast bone or used to carry heavy things. She would then explore the position of the ribs, costal cartilage and breastbone, and gently rearrange certain costal cartilage. It seems that for this kind of treatment, high skills and an accurate knowledge of human anatomy is needed. When I interviewed her patients and my neighbor, who also had this treatment, they said that they felt better.

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The examples described above show that bone healing treatment is closely related to the sensory perceptions of healers and patients. It also very much requires interaction between healer and patient and communication of sensations in both verbal and non verbal forms.

6.4 Conclusion

This chapter points to the importance of the 'multiple' body sensations involved in bone healing treatment. Patients not only suffer from physiological disorders, but are also experiencing feelings of displacement from their familiar social and spiritual spaces. They thus tend to make a selection from the healing ritual symbols through familiar sensations such as touch, smell and vision. Those symbols are interpreted to address their feelings of loss of social and spiritual support. The differences in perception and interpretation are significantly related to the different healing and life experiences of each patient. Moreover, the healing treatment that deals with the physiological body of the patients requires a concentration of the sensations of the healer while providing treatment. It is also necessary that the patients' communication of their sensations confirms the accuracy of the healer's treatment when the healer is forcefully pressing the bodies of the patients. This physiological treatment, therefore, requires intersubjective communication between healer and patients.

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