CULTURAL PERCEPTIONS OF ILLNESS IN RURAL NORTHEASTERN THAILAND

A thesis presented in fulfilment of the requirements

for the degree of Doctor of Philosophy

in Nursing

at Massey University

Khanitta Nuntaboot

July 1994

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ABSTRACT

In a transitional society like Northeastern Thailand, alternative and often competing therapeutic methods have been widely used by local people. Most illnesses are managed without recourse to the Government health care services. In Thailand there is a paucity of studies which explore and develop an understanding of how rural people regard illness in terms of causes and classification and how this knowledge influences what actions they take to deal with it. The impact of medical pluralism on illness management has rarely been studied in this country. The purpose of this study is to provide an understanding of the cultural meanings of illness for people in rural Northeast Thailand and their behaviour regarding health and illness care. An ethnographic approach, employing participant observation, interviews and ethnographic records, was selected as the research method, with fieldwork carried out in one rural village in Northeast Thailand where the researcher lived for 12 months.

The findings suggest that what people do during an illness is guided by their healing knowledge which is experiential in nature. Mutual influences exist between people's beliefs about illness and their experiences of illness and healing methods. The experiential healing knowledge encompasses broad illness categories and beliefs in multiple causes of an illness. Multiple healing methods including both Western medicine and village curing methods are applied in any illness situation. Western medicine is believed to be effective to treat disease which is viewed as one part of illness, while village curing is believed to effectively treat other causes of illness as well as disease. Kin and neighbours actively participate in the articulation of illness situations, being involved in diagnosing the illness and identifying and prioritising multiple therapeutic management options.

This description of people's perceptions of illness and its management, generated from the data, is crucial to increasing the knowledge base of members of nursing and other health professions. Such knowledge identifies critical aspects and possibilities for change in the practice of health professionals when working with rural people in Northeast Thailand. The study concludes with a discussion of strategies for practice and education which might be applied by nurses and other health professionals to improve the utilisation of available health care services.

ACKNOWLEDGMENTS

My gratitude to the New Zealand Government and the scholarship which made it possible for me to undertake the study at Massey University and research in Thailand.

I am greatly indebted to people of the research village who shared with me their lives and their experiences. Without them this study would have not been possible.

I would like to express my gratitude to my supervisors, Professor Julie Boddy, PhD, and Professor Margaret Trawick, PhD, for their guidance, understanding and encouragement.

I am indebted to Jackie Eustace, whom I consider as my *ajarn*, for her patience and kind assistance in proofreading the manuscript. Her genuine support and encouragement are appreciated.

Sincere appreciation is extended to Mr Suriya Samutkupt, my field supervisor, who provided me with helpful and critical discussion which aided the fieldwork situation; Marion Pybus, Val Fleming, Nichola North, Jan Rodgers and Dr. Judith Christensen who discussed aspects of the thesis, in times of need; the staff of the Department of Nursing and Midwifery, Massey University, for providing a stimulating environment; and Dorothy Clark for facilitating thesis production.

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CHAPTER 1

INTRODUCTION

1.1 STATEMENT OF THE RESEARCH PROBLEM

Accompanying the recent arrival of industrialisation and modernisation in developing countries is the adaptation of Western medicine in varying degrees, resulting in medical pluralism where patients can hold perceptions and practices of different co-existing medical systems (Leslie 1980). Medical pluralism, including Western medicine, provides alternative and often competing medical services for local people. As people use a variety of services in an attempt to deal with their health problems, it is certain that at any given time choices are not random.

Studies in many countries identify various factors determining the different use of available health care services (Janzen 1978, Ugalde 1978, Kleinman 1980, Messer 1981, Stone 1986). Factors identified include: socio-economic conditions, level of education, demographic characteristics, accessibility to the sources of health care, and communication gaps. In many cases of disease, people do not seek the help of practitioners of Western medicine (Landy 1977, Kapur 1979, Chen 1970, Kleinman 1980, Heggenhougen 1980). Studies show that diseases can be classified differently depending on whether the basis of classification is that of Western medicine or the people's cultural beliefs. The classification of disease determines a distinctive pattern of utilisation of health care resources (Mechanic 1968, Landy 1977). Consequently, the ways people in different cultures understand and interpret illness in terms of meaning, causation and classification strongly influence the actions they take when ill. In addition is the continuing process of cultural change, which influences the understandings of illness within transitional societies, particularly in developing countries.

In Thailand there is a paucity of studies which explore and develop an understanding of how rural people regard illness in terms of causes and classification, and how this knowledge influences what actions they take to deal with it. The impact of medical pluralism on health management and illness problems has rarely been studied in this country.

Thailand, once known as an agricultural country, has, over the last 30 years developed into an industrialised nation. Thai society has been transformed by modernisation and industrialisation, with vast changes to the traditional lifestyle having occurred within one generation, affecting every aspect of life: social, economic, cultural and familial (Wasi 1980).

In Thailand, scientific Western medicine, adopted as the core medical system for the government health care service, exists together with other healing services (Hathirat 1983, Mulholland 1979). Within their limited knowledge of the available healing services, Thai people select their own patterns of health and illness care. During this transitional period, it is likely that, to some extent, knowledge from Western medicine has simultaneously been adopted and implemented by local people, into their traditional ways of living.

The Northeast has been classified as the poorest and the most traditional of the four regions in Thailand (Wasi 1980, Khon Kaen Provincial Health Office 1991). Although many aspects of modernisation such as farming equipment and essentials, clothing, prepared foods, electrical household facilities and Western drugs, have come into people's lives, the traditional based lifestyle seems to continue, as do a lack of education, and poverty. Many health problems of the local Northeastern people have been at the first rank nationally. A variety of traditional practitioners and facilities exist alongside Western medical services and strongly influence people's ways of dealing with illness (Cunningham 1970; Uitrakool 1988; Sawangcharoen 1984; Chartbanchachai, Jirawatkool & Leungingkasoot 1990; Hongvivatana 1985; Pridasawat, Pradapmuk & Puranan 1987).

I was born, lived and worked as a community health nurse in this Northeastern region for many years, observing that most illnesses among the people of the Northeast have been managed entirely in the community without recourse to the government health care system. Available resources outside the government health care system include private physicians, traditional healers, injection doctors, medicine shops and village drug vendors. Many patients with chronic diseases, such as hypertension, diabetes, tuberculosis and asthma, fail to report for follow up examinations at the clinic which is part of the government health care system (Khon Kaen Provincial Health Office 1991). Moreover, it is also observed that most patients appear at government health care agencies with symptoms which have been present for weeks and sometimes months.

Government health care services have been implementing a primary health care approach, with a referral system, to provide people with different levels of service from primary to tertiary care.[1] Yet it is observed that this referral concept has not been used by local people. Most of the time, people utilised different health care resources for the treatment of any single illness (Day & Leoprapai 1977, Pridasawat *et al.* 1987). Local people are able to purchase a wide range of medicines without prescription (Tutiyapo 1977, Chartbanchachai *et al.* 1990). It is estimated that as much as 90% of illness is managed by self-medication among people in this rural Northeastern area (Pridasawat *et al.* 1987). Also, government reports show high rates of unidentified death and illness among infants and adults (Khon Kaen Provincial Health Office 1991).

A few studies have been undertaken to explore the healing practices of the Thai, especially from the point of view of the healers (Golomb 1985, Brun & Schumacher 1987, Mulholland 1979). No studies have been conducted to explore and develop an understanding of the cultural meaning illness has for these rural people during this transitional period. Patterns of medical service utilisation reflect illness behaviour, which is guided by beliefs about, and understanding of illness.

Studies in several countries show that people and health personnel perceive illness differently, and that illness is strongly defined by culture (Fabrega 1974, Leininger 1978, Levin 1986, Kleinman 1980, Keyes 1991). The strong influence of culture on illness indicates that in-depth studies must be undertaken in each particular community. Thus, health personnel, particularly nurses, in government health services in each culture need to be knowledgeable about people's understanding of illness and illness related behaviour. With this knowledge, the government can provide the most appropriate and acceptable health care services.

In Thailand, the basic nursing curriculum does not incorporate the cultural knowledge of local people regarding health and illness care. In practical settings, nurses who have been educated within the Western medicine curriculum are not always aware of, and are not sensitive to, the cultural aspects of the people's health and illness care. The knowledge generated by this study will be important in modifying the basic Thai nursing curriculum.

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1 See Chapter 2.

Basic knowledge of people's perceptions about illness and health practices is crucial to the development and modification of nursing knowledge, since it is expanded through nursing practice and nursing research.

It is expected that the results of this study will be of major interest to nurses who currently work in the Northeastern region. Better understanding of cultural knowledge about illness would enhance the ability of those nurses to provide effective health services. Nursing interventions could be planned and applied which would minimise the tendency of nurses to impose their practices and values on the people, or to treat people as a homogeneous population.

1.2 PURPOSE OF THIS STUDY

The purpose of this study is to provide an understanding of the cultural meanings which illness has for people in rural Northeast Thailand and their behaviour regarding health and illness care. It is expected that this understanding will assist in developing a guide to nursing assessment, planning, and intervention, particularly in illness treatment and prevention, and health promotion.

The research was conducted to explore the question "What explanations do people in a rural village in Northeast Thailand give for illness, and what actions do they take when episodes of illness occur?"

To elicit the categories of illness understood by these local people, specific questions were addressed:

What is considered to be an illness by these people?
Are there conditions regarded as illness in Western medicine, but which are not considered as illness by the villagers?
How do they make the distinction between what is illness and what is not illness?
How do they distinguish between illnesses?

To describe the overall pattern of medical service utilisation, which reflects illness behaviour, distinctive questions were asked.

What actions do they take when they are ill, and why?
How do these actions vary between different illnesses, and why?
From whom do they seek or not seek advice or assistance, and why?
How are nurses perceived as a health and illness care resource?

1.3 ORGANISATION OF THE THESIS

This thesis is divided into two main parts: the background, the findings. The background comprises: review of relevant literature, research methodology, fieldwork experiences and the research setting. The findings focus on: concepts of illness and disease; beliefs and attitudes of the local people towards the village healers and their healing methods; and the Western medical care providers and Western medical services; and the characteristics of the Northeastern Thai healing concepts as well as illness behaviour. The thesis concludes with a discussion of the implications of the findings for nursing and other health care professions in relation to the improvement of the health care delivery systems in this region.

1.4 OVERVIEW

Chapter Two presents the context of the transitional period of Thailand in general, and the rural Northeastern area in particular. The available health care services are discussed to provide background information.

Chapter Three provides an overview of the literature in relation to medical pluralism and its influence on the healing beliefs and practices of the local people. It illustrates the diversity in illness concepts, etiologies and classifications. Studies which describe healers and their healing beliefs and practices are discussed. The chapter concludes with a survey of the limited nursing literature, particularly in relation to the Northeastern area of Thailand, the focus of this study.

Chapter Four outlines the justification for the selection of a qualitative research approach, in general, and an ethnographic method, in particular. Fieldwork experience is discussed in relation to how the fieldwork situation was handled.

Chapter Five provides a basic understanding in relation to various aspects of the research setting. The period of change, from traditional lifestyle to modernisation, may affect beliefs and practices toward illness and healing.

Chapter Six illustrates the perceptions of illness of the rural Northeastern people. Categories of illness are highlighted as crucial to the selection of appropriate healers and healing methods. The emphasis is put on the holistic view of illness which includes disease as one of its causes. Illness is also the result of social

relationships among people, themselves, and spirits. The chapter concludes with beliefs in relation to the influence of spirits on health and illness.

Chapter Seven highlights disease, its names, its classification and its causations. The chapter provides an understanding of the villagers beliefs about disease which are different from the Western medical perspective. The beliefs about disease are crucial to illness behaviour, particularly the utilisation of multiple therapies.

Chapter Eight examines people's understanding in relation to the abilities of different types of village healing to cure particular causes of illness. The village healers are discussed in relation to their expertise in healing, and their reputations from the point of view of the people.

Chapter Nine elaborates beliefs and attitudes about Western medical care practices. Misunderstandings are highlighted, especially those that affect the utilisation of the government health care services.

Chapter Ten proposes the concept of illness behaviour among these rural Northeastern Thai. The conceptual description of the rural Northeastern Thai healing beliefs and practices is discussed in relation to illness behaviour.

Chapter Eleven concludes the study with discussion of the implications of the findings in Thailand, and internationally. Emphasis is placed on the importance for nurses and other health care providers to understand people's beliefs and practices and their implications. Recommendations are proposed for the improvement of health of the people in this medically pluralistic society.

CHAPTER 2

THE CONTEXT OF THE STUDY

2.1 INTRODUCTION

This study explores and develops an understanding of how rural people regard illness in terms of cause and classification, and how this knowledge influences what actions they take to deal with it. The impact of medical pluralism on people's management of their health and illness problems is highlighted. The discussion in this chapter emphasises the effects of the transitional period of Thailand, including the available health care services.

2.2 THAILAND: THE TRANSITIONAL PERIOD

Fundamentally, Thailand is rapidly changing. This country, once agricultural, started industrialising some 30 years ago, a process which has accelerated in the past few years. It now boasts a complex multi-faceted economy embracing industries employing the latest and most sophisticated technology. The industrial growth and diversification belong, to a large extent, to the private sector.

Thai society has gradually been transformed by this industrialisation and modernisation. Changes in traditional economic and social systems, many of them rooted in rural life, have accelerated as well. The rapid and often forced pace of this change has had enormous social and economic consequences in a variety of ways.

Despite industrialisation, three-quarters of the Thai population still live in the countryside, trying to make a living off the land but keeping up with the influences of modernisation. The great changes on their traditional lifestyle have occurred within just one generation, and been exacerbated by landlessness and the modification of culture and life. Their ideas of how to cope with their changing lifestyles need to be understood, especially in relation to Western medicine, one aspect of modernisation.

Thailand, which literally means *land of the free*, and originally known as Siam, is bordered by Malaysia to the south, Burma to the west, Laos to the north and north-east and Cambodia to the east, and covers about 514,000 square kilometres of the Indo-Chinese Peninsula.

The country is divided into four regions: the mountainous North; the Northeast, a rolling plain and semi-plateau; the Central Region, one of the most fertile plains; and the Isthmus of the South. The Central Region is relatively more prosperous and densely populated than the others, whereas the Northeast is the largest in land area but the least economically developed.

Estimated population, at the 1990 census, was 54.5 million with a growth rate of 1.4 percent per annum. Thailand's population is predominantly rural. The urban population still comprises less than 20% of the total population, most of whom live in the Bangkok metropolitan area with a registered 1990 population of 5.9 million. The next largest centres are the regional capitals of Chiangmai in the North, Haad Yai in the South, and Nakornratchasima in the Northeast, each having a population less than 250,000 (Thailand Ministry of Public Health 1990).

2.3 REGION OF THE NORTHEAST: THE LAND OF ISAAN

The distinctive Northeast, known in Thai as Isaan, is often called the most traditional part of Thailand. Culturally close to its neighbours, Laos and Cambodia, many people speak Isaan, a language similar to Laos and Thai, and communicate with people from Laos using this language.

Ethnic diversity is a feature of the Northeastern inhabitants. A majority of the region's population belong to the Thai-Isaan ethnic group composed of several subgroups, the largest of which, the Lao-Wieng, is concentrated in the central and north-east of the region. The second largest ethnic group, the Thai-Korat, a genetic blend of Thai and Khmer, is concentrated in the south-west. Other important ethnic groups include Phuthai, Khmer, Chinese, Vietnamese, So and Kui (Mikusol 1984). However, the local Northeastern people call themselves *Thai Isaan.* A Thai Isaan village was selected for this study with little consideration of the ethnic group of the villagers, which happens to be Lao-Wieng.

The Northeast covers 170,000 square kilometres (Khon Kaen Provincial Health Office 1991), and has always been a drier and less fertile region than the other

regions of Thailand. Drought is now a regular feature of the area with less than half of the region receiving sufficient rain for agriculture.

In 1990, an estimated 19.5 million people lived in the Northeast making up 35% of Thailand's population (Khon Kaen Provincial Health Office 1991). Approximately 80% are engaged in agriculture, predominately as subsistence farmers. In 1960, the region's inhabitants numbered slightly less than 9 million, but by the mid-1980s, the population had doubled to approximately 18 million. Average population density increased during this same period from 53 persons/km^2 to 99.8 persons/km^2. Since the introduction of family planning in the early 1970s, the birth rate has slowly declined and family size now averages less than six persons per family (Limpinuntana & Patanothai 1982).

The Northeast is considered the poorest region in the country, with the lowest annual per capita income in Thailand, estimated at 5,800 bahts[1] ($NZ 446) compared with 27,783 bahts ($NZ 2137) in Bangkok (Khon Kaen Provincial Health Office 1991). Conditions of poverty prevail throughout much of the Northeast because the natural ecology of the region, particularly its rainfall patterns and soil characteristics, does not lend itself to the production of commodities for sale. Moreover, there has been only limited technological change. Thus, it is becoming more difficult for people to survive from the land alone, especially with the depletion of the tropical forest, a source of food. Economic disparity between urban and rural areas continues to grow.

As agriculture, especially rice farming, is the main occupation of Isaan people, rainfall is the major constraint to crop production. Although the region has an average annual rainfall greater than 1200 mm, the seasonal distribution is poor (Lovelace, Subhadhira & Simaraks 1988), as almost all rainfall occurs from March to November. The date of the onset of the rainy season and the quantity and continuity of rainfall at the beginning of the rainy season, vary considerably from year to year. The ending of the rainy season also varies. There is usually a dry period in the middle, June or July. Indeed, there are three seasons in Thailand, *cool* from November to February, *hot* from March to mid-May and *wet* from mid-May to October. The cool season temperatures normally range between 17^{o} and 31^{o}C. Average hot and dry period temperatures are considerably higher, 31^{o}-36^{o}C but sometimes reaches as high as 46^{o}C. With the onset of the *wet* season, the temperature becomes more bearable, 25-34^{o}C, although the humidity substantially increases.

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1 During the fieldwork period in 1991-1992, one NZ dollar was equivalent to 13-14 bahts.

2.3.1 Economic Features

Although the economic infrastructure of the country is now focused on industrialisation, agriculture is still important. The Northeastern people have always been engaged in crop production, especially rice, cassava and sugar-cane. Seventy percent of produced rice is glutinous, the region's principal staple food. Agriculture accounts for 45% of the gross national product (Thailand Ministry of Public Health 1990). Livestock includes buffaloes for farm work, with poultry, eggs, cattle and pigs for sale. Fish production in the freshwater ponds and paddies provides an important source of food in rural areas and generates cash through sales. The major export from the Northeast has been labour, both skilled and unskilled. There is a well-developed pattern throughout the region of villagers, both men and women, going to Bangkok and other industrial centres to find work, temporarily or permanently, creating seasonal migration for employment. Recently, a few factories in some big cities of the region have been established, the result of the decentralisation of industrial areas into cities outside the Central Region. This has changed the pattern of migration in some rural villages, such as the research village. Young unskilled labourers prefer to work in local industries rather than those in other cities in order to live not too far from parents, relatives and friends.

2.3.2 Administrative Structure

Thailand is a constitutional monarchy with a centralised government which controls all the important agencies of power and policy. The central administrative structure is focussed in the office of the Prime Minister. There are thirteen functional ministries. The country is divided into provinces, each province divided into a number of districts, which are, themselves, made-up of subdistricts, each subdistrict comprising a number of villages. Clusters of houses make a *khoom*. There might be several clusters (neighbourhoods) in each village.

There are 73 provinces in the country of which 17 are located in the Northeast. The geographical division of four regions plays no role in the administrative structure. The government representative at the village level is a village headman who is responsible for social harmony and local organisation. A subdistrict is headed by a chief called *kamnan*, who forms essential links between villages and

the district chief officer who is the subdistrict chief's immediate superior. These two local administrative people are elected.

The district chief officer is directly responsible to his provincial governor, who is generally a career civil servant appointed by the King on the recommendation of the Ministry of the Interior and approved by cabinet. The Ministry of the Interior holds the overall power but the Governors are very powerful, decentralised decision-makers at the provincial level. The Governor must ensure central government policies are carried out, supervising the operations of all ministries, departments and agencies. Overall, government policies are channelled through the Ministry of Interior while other ministries have the responsibility of implementing sectorial policies and plans.

The role of the headman is defined in accordance with state not village interests. Some headmen, especially the subdistrict chief, may accentuate their position as a government agent and use the authority of the position, backed by official patrons, for their own ends.

2.3.3 Educational System

The present educational system was designed by state agencies to promote state defined objectives, and contrasts significantly with the traditional educational system, controlled by the Buddhist Sangha which is organised to inculcate religious rather than secular knowledge.

In Thailand, all children must attend primary school. In 1962, the four years of compulsory education was increased to seven. Before the seven-year requirement could be generally implemented, however, the system was changed, and primary education was made into a six-year program. By the early 1980s, nearly all primary schools throughout the country provided six years of compulsory education, the main purpose being to have every person able to read and write well-enough to cope with daily needs. Secondary schooling today lasts for six years. It includes pre-university and college, and the elementary level of vocational education. Tertiary education refers to university, colleges or equivalent which includes secondary vocational and teacher training.

Through compulsory education, the vast majority of Thai people have acquired knowledge of the basic elements of national culture, language, national history,

and the symbols of monarchy, religion and nation, and act within the state-defined social world organised around the bureaucracy.

Although people have complied, to a significant degree, with the compulsory education requirement, only a small percentage of the population has gone beyond the required primary schooling. Those who do pursue secondary and tertiary education are mainly townspeople rather than villagers. Not only do few parents in rural communities see any relevance in secondary or tertiary education for agricultural occupations, but rural schools provide poor preparation for those seeking higher education. Moreover, there are differences in the quality of primary, secondary and tertiary education in the country providing unequal opportunities reflecting class differences.

2.4 HEALTH CARE SERVICE INFRASTRUCTURE

The Health Care Services infrastructure in Thailand can be categorised into three types: the government sector, non-governmental organisations (NGOs), and the private sector.

The Ministry of Public Health, as the government sector, has taken the major responsibility for the delivery of health services since the 1920s (Van Esterik 1988). The government owns and operates 70% of the hospitals, while the 30% in the private sector have fewer beds and are located mainly in urban centres (Thailand Ministry of Public Health 1990). The private sector employs mainly Western medical practitioners in private hospitals and clinics. The use of traditional healers, and any kind of self-treatment, has not been recognised as private sector health care by the government, but rather, as *self-practices of the people*. Non-governmental organisations promote the government health care system.

There are two main categories of traditional healers in Thailand: formally and informally trained healers. Formally trained healers are those who graduate from the schools of Thai traditional medicine. This kind of traditional medicine has been influenced by Ayurvedic and Chinese medicine (Mulholland 1979, Brun & Schumacher 1987). Informally trained healers are those who learn the art of healing from others, such as relatives or kin, and by living with a teacher for a

period of time to observe the teacher's healing methods.[2] The latter group use their healing methods based on their empirical knowledge, observing and dealing with various illness situations, locally. They share knowledge of illness and healing with local people to help their kin and neighbours in the community (Uitrakool 1988). This kind of healer has not been identified in the national policy although they appeared in the health profile of some provinces as alternative health care of people.

Traditional healers are seen by other health service providers to hinder the utilisation of government health services. Even though the schools of Thai traditional medicine are legally operated and the doctors registered, there is no government policy to promote the use of this source of healing. The training system has also had to be adapted to the government Western medical system.

2.4.1 Government Health Care Services

At present, facilities provided by the Ministry of Public Health can be designated on four levels.

At the regional level there is at least one regional referral centre or hospital with the minimum capacity of 500-1000 beds. There were 17 of these in the country in 1989 (Thailand Ministry of Public Health 1990). The regional referral centre provides training for a variety of medical and paramedical workers as well as general and special health care services.

Khon Kaen Hospital is the Northeast regional hospital but also serves as one of the 73 provincial hospitals in the country. Services are predominantly curative, but some promotive, preventive and rehabilitative services are also offered. General hospitals are mainly utilised by people in the immediate area of the provincial capital, while the bigger regional hospitals serve the catchment areas for the population in their respective regions. Other special health care institutes, such as psychiatric hospitals, health promotion centres, communicable disease control centres are located in a few big cities in each region. Those in the Northeast are in the cities of Khon Kaen and Ubon. There may be municipal health centres, and other official hospitals, such as military hospitals and university hospitals, providing health services in some provinces. Srinakarind

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2 See for example, Uitrakool (1988) and Sawangcharoen (1984) about how the traditional healers in the Northeastern region gained their healing knowledge.

Hospital in Khon Kaen city is the only university hospital in the Northeastern region.

At the district level, people can use the community hospital in their own district. The capacity of community hospitals varies with 10, 30, 60 or 90 beds. At each 10-bed hospital, there are at least two physicians; as the number of beds increases, the number of physicians and other health workers also increases. The community hospitals provide curative, preventive, promotive and rehabilitative health services and are responsible for the overall supervision and technical support of health care activities and public health programs in the district where the hospital is located. A community hospital also serves as a referral centre at the secondary level of the health care service infrastructure.

In each subdistrict, there is at least one local health centre with two to four health workers who are usually junior health workers, a midwife, or a two-year trained nurse. The junior health workers are trained relevant to the services provided, mainly health promotion and disease prevention.

The health centre is supposed to serve an immediate population of at least 5,000 within its designated subdistrict service area with staffing ratio in proportion to population. Every health worker is allocated village responsibility, apart from routine work at the centre. The health centre services are basically prenatal, delivery and post natal; immunisation; nutrition; family planning; and water supply and sanitation. Health centres also provide limited treatment for emergency or minor illnesses beyond with referral services to the district and provincial hospitals. The health centre serves as the referral unit at the primary level of the health care system.

In the village, there is a health volunteer, trained in simple first aid and medical care. The Government health system aims to implement a Primary Health Care (PHC) approach with the health volunteer and his peers, the communicators, in each village providing health information and simple care to the villagers under the supervision of the local health workers.

2.4.2 Primary Health Care

The Primary Health Care (PHC) approach has been implemented and developed in Thailand since the declaration at Alma Ata in 1978 (Limprasutr 1991). Health care programs and projects relevant to PHC started at the beginning of the Fifth

Five-Year Development Plan (1977-1981). A recent development of PHC launched and reinforced intersectoral coordination among key ministries, education, health, interior and agriculture, and featured community involvement and participation. The government hoped that this strategy would strengthen PHC in achieving the goal of Health For All. A tool for this strategy is the Basic Minimum Needs Indicators (BMNI) designed for overall use anywhere in the country.

In the early period of PHC implementation, the roles of the village health volunteer, and his peers, the village health communicators were directed towards simple medical care of people in their immediate community. More recently, they have been expected to create their own community development plan based on the BMNI under close supervision from the government officers of the responsible ministries. The community development plan is expected to facilitate and indicate the level of achievement of village self-reliance, which is the ultimate goal of Health For All.

In reality, most of the work of the village volunteer and his peers is to gather information required by the health care centre, their immediate superior. The village organisation has also reacted to this government policy by encouraging its committee and its people to give relevant information to fit each BMNI. In-depth information of village needs, particularly in relation to health and illness care, is rarely available since BMNI were not designed locally.

In the research village, the health volunteer and his peers, were not knowledgeable about the BMNI and the intersectoral strategy as they were selected not by the community, but by the local health workers who identified their abilities to collect all the information and to facilitate the programs implemented by the health centre. The village health volunteer and the health communicators follow the instructions of the health worker in collecting related information. The development plan, in fact, is likely to be understood, implemented, and analysed by the government representatives.

The hierarchical health care system provides unequal opportunities to people in different settings, especially in terms of the levels of classified health care services. The curative hospital-based model of health care is urban-biased and so access is denied to many rural people. In reality, people can have free access to the available health care resources, but physical proximity and economic constraints may bar some of them from the use of such health care facilities, especially those of the government sector. Greater access to health care services

may not encourage equality for rural people because cultural appropriateness of health services is important.

The introduction of the Western model of health care resulted in the indigenous culture being considered inferior, and greatly affected the use of local health care. One of the key demands of PHC is people participation. As patterns of health care utilisation among local people reflect socio-cultural, economic conditions and the political characteristics of the country, especially the community, local needs should be central to health services and local perception, wisdom and experience, valued.

2.4.3 The Government Health Services System as a Hierarchy

A government health care service, comprises a group of medical health providers working in an organised hierarchical system, the functions of which provide graded levels of preventive, promotive and curative service.

In Thailand, the present provincial health system is hierarchical and operates on four distinct levels: at the local level, a health centre in each subdistrict provides primary care; at the district level, the community hospital offers secondary care or intermediate types of service; and the third and fourth levels encompass the capabilities of the provincial hospital or the regional hospital which covers the provincial level. This system involves a special distribution of facilities to reach the local population, while establishing reasonable accessibility to the higher, more specialised levels, when needed. Each level has, as its function, people service. As the levels ascend, they increase in specialisation and area served, while at the same time decreasing, in personnel numbers. Nationally, this tiered health system is represented by the extensive medical facilities of the capital, Bangkok, to which many people travelled long distances for treatment, and where they assumed (correctly) that the best and most sophisticated medical services are available.

However, this description is the theoretical administrative arrangement of the health system hierarchy, not the reality. Typical of Thailand's historical and present stress on centralisation, the system is most complete and is most effective at the highest level, lacking at the primary level. Guided by the Western model of large, expensively equipped hospitals, investment has historically centred on building large hospitals almost all located in Bangkok and in the large provincial

cities. It is only recently that Government investment has developed the health system at the local level. Thus, every district now has a community hospital.

2.4.4 Referrals in the Government Health Care System

As the health system is a hierarchical system, referral should be an important aspect of the health professional's job. If each level of the provincial hierarchical health system is to have a special function, then to make the system work effectively each level has to perform its own duties adequately while referring people to other levels when necessary. The Ministry of Public Health, recognising the importance of referral, established a hierarchical health care system in the predominantly rural Thai countryside: primary health workers for intermediate and everyday concerns (the local health centre or community hospital), intermediate skilled medical staff and facilities (the community hospital or provincial hospital), and, finally, the extensive equipment and staff of skilled doctors and specialists for serious and special needs (the provincial or the regional hospitals or the hospitals of specialty). People can also be referred in reverse, after treatment at any level, for further care.

2.5 NURSES AND THEIR CONTACT WITH LOCAL PEOPLE

Nurses who currently work in the Northeastern region are predominantly Isaan or are able to communicate using the Isaan language. They are familiar, to some extent, with cultural beliefs and practices of the local people. Most of them are from urban centres with high exposure to modernisation, especially Western medical practices. All were taught Western medical knowledge and tend to put aside their cultural beliefs because of their nursing training. On the other hand, they also follow the traditional understanding in relation to illness and health care in maintaining their relationship with the elders, especially ancestors.

The integration of traditional understanding and Western medicine could facilitate the nursing services provided. There has been no motivation and support for integration of the two main groups of knowledge to assure culturally appropriate nursing intervention. This study provides nurses with people's cultural understanding of health and illness care that affects the pattern of health service

utilisation. An exploration of nurses' knowledge of such cultural and scientific medical diversity is beyond this study.

Most nurses work in health care institutions such as hospitals. The health promotion section of a district hospital provides services related to the National Health Promotion Strategy to people within the subdistrict in which the hospital is located. Their services are similar to those provided by the local health centre. This sector was always occupied by nurses who were trained in such areas of health promotion as family planning, communicable disease control and nutritional surveillance. The villagers interact with nurses at this level, moving upward as more specialised care is required.

Although the government has been trying to allocate nurses at the health care centre level, most nurses are trying to move to a hospital. The government had to reconsider this. In general, people usually meet nurses at the hospital level, where the role of nurses is clearly seen. Although villagers meet nurses in places other than a hospital, they seem unable to differentiate nurses from other health workers.

The villagers in the research setting only had direct contact with nurses at the regional hospital, the university hospital, and other regional health care institutes including private hospitals in the city. At some private medical clinics there might be nurses working part-time. From the Government's point of view, the local health workers are the first medical providers with whom the villagers have contact.

2.6 CONCLUSION

This chapter gives an overview of the research country in its transitional period, discussing Government health care services, the location of nurses, and providing an understanding of how local people make contact with nurses in seeking health care.

CHAPTER 3

LITERATURE REVIEW

3.1 INTRODUCTION

The purpose of this study is to provide an understanding of the cultural meaning illness has for people in rural Northeastern Thailand and their behaviour regarding health and illness care. A study of current healing beliefs and practices of local people provides insight into the overall pattern of utilisation of existing health care services.

This chapter outlines the influence of medical pluralism on healing beliefs and practices of local people. The focus of the discussion is on medical pluralism in Northeastern Thailand, especially the diversity in illness concepts, etiologies and classifications. Studies, which describe healers and their healing beliefs and practices, are discussed. The chapter concludes with a survey of the limited nursing literature, particularly in relation to Northeastern Thailand, the focus of this study.

3.2 THE INFLUENCE OF MEDICAL PLURALISM

There is little agreement on definitions of terms, foci of investigation and bases of system differentiation to clearly explain a medical system (Press 1980). Dunn (1976) classifies medical systems into three levels: local, regional and cosmopolitan (Western). The local medical system is seen as being based on popular medical belief, culturally developed and absorbed from other systems. This system is not scholarly, but has developed from the understandings within the same cultural group. Examples of local medical systems are outlined in studies of healing beliefs in the Philippines (Frake 1961), India (Karkar, Srinivas Murphy & Parker 1972; Real, Kumar, Nanda & Vanaja 1982), Burma (Spiro 1974), and in Thailand (Mulholland 1979, Brun & Schumacher 1987, Golomb 1985). Regional medical systems, like local systems, are indigenous and traditional, but tend to be scholarly rather than non scholarly and popular,

like local systems. Regional systems include Chinese medicine, Ayurvedic, and Unani.[1]

Kleinman (1980) states that the medical system of any complex society consists of three different overlapping sub-sectors: the professional, the folk and the popular, describing them as the social arenas within which sickness is experienced and reacted to, and as the bases for most health care systems. However, most scholars view these three sub-sectors as co-existing with dominant regional or cosmopolitan (Western) medical systems.

The co-existence, and the utilisation of a wide range of traditional and modern healing services is regarded as a typical phenomenon of medical pluralism in most of the developing world (Oppong 1989, Leslie 1980). Different types of traditional healers provide alternative healing services to the majority of the local population, in addition to the services of physicians of Western medicine. In India, ancient medical beliefs such as Ayurvedic, Unani and others, exist in varying degrees (Nichter 1980). In Hong Kong (Koo 1987), Taiwan (Kleinman 1980) as well as Malaysia (Laderman 1987), Chinese medicine and Western medicine are used together with spirit healing and supernaturalism.

There is no single explanation for the different uses of the existing healing services. Rather, a variety of degrees of exposure to those healing systems may produce a variety of rationales. Some rationales for illness or its therapeutic beliefs may not represent fully any single healing theory. Therefore, some theoretical justification, or even names relevant to a particular medical theory, may disappear, but the practices continue. There are no universal norms for illness justification and therapy. Ayurvedic medicine, for example, as a regional medical system, such as in India and Srilanka, (Kapur 1979, Udupa 1975, Nichter 1980, Real *et al.* 1982, Khare 1963, Sharma & Ross 1990, Basham 1976), is implemented differently in each area. Humoral medicine is another example of a regional system found in many parts of the world, for example, in Guatemala (Weller 1983), among the Chinese and other South-East Asian refugees in America (Campbell & Chang 1973, Muecke 1983, Frye 1991), in Hong Kong (Koo 1987) and Taiwan (Kleinman 1980). However, these studies provide limited agreement on the determinants of various kinds of *hot* or *cold* food or medicine, and illness situations. Each study gives examples of the classification of illness, medicine and foods which illustrate its incongruence with other studies (Young 1978, Foster 1988).

1 Important studies of these regional medical systems include Leslie (1976), Kleinman *et al.* (1978), and Udupa (1975).

The concurrent or serial use of different healing services is common among transitional societies in medically pluralistic countries (Kroeger 1983) and has been a typical phenomenon of healing service utilisation by people in such areas. Examples are, Africa (Nyamwaya 1987, Fosu 1981, Uyanga 1979), Hong Kong (Koo 1987), Taiwan (Kleinman 1980), South Kanara of India (Nichter 1980), Srilanka (Obeyesekere 1976), Bangladesh (Sarder & Chen 1981), Malaysia (Heggenhougen 1980), among South-East Asian refugees in USA (Muecke 1983, Frye 1991) and in Thailand (Riley & Sermsri 1974, Pridasawat *et al.* 1987, Golomb 1985, Muecke 1979, Kunstadter 1979).

There is much evidence in the literature that lay people perceive illness and medical knowledge and practices differently from the healers. Often, lay and practitioners' responses to disease or illness differ simply because each reflects a different level of knowledge and access to medical treatment (Fabrega 1974, Spiro 1967). Two studies found that local people did not see the healers as representative of the healing systems to which the healers belonged (Gale 1979, Leslie 1980). Moreover, apart from Western medicine, the existing healing systems in pluralistic societies are identified, in some studies, as competitive and/or complimentary to each other as well as to Western medicine (Koo 1987, Oppong 1989, Nichter 1980, Golomb 1985, 1986, 1988a). While people may use Western medicine in combination with existing healing systems, little literature has been found describing the combined influences of Western medicine and other healing systems, on people's beliefs and practices within a given society.

Since illness beliefs influence therapeutic patterns, the use of multiple therapies and *shopping* for healers[2] may signify the integration of various healing beliefs and practices among local people (Karkar *et al.* 1972, Oppong 1989, Nichter 1980). An example is the use of Western medicine to cure various classification levels of indigenous disease or illness. Karkar *et al.* (1972) found that healers using Ayurvedic and Unani practices were apt to provide Western treatment, but their advice or explanations were not necessarily relevant to Western medical concepts. Rather they were designed to suit the customs and beliefs of the patient. African traditional healers adopted the use of the medical gown, stethoscope and hospital for patients who generally turned to them because of their dissatisfaction with Western medicine (Oppong 1989). Types of medicine and stethoscopes healers use are known to the people, and influenced the

2 *Healer shopping* describes events when people are seeking therapy from different healers within the same episode of illness. See Kroeger (1983) and Slikkerveer (1990) for more discussion.

selection of healers in local South Kanara (Nichter 1980), indicating the pluralism of traditional and Western medical services.

In Thailand, Western medicine has been introduced and eventually strengthened as the main government medical system in the country (Brun & Schumacher 1987). Other healing practices remain, such as spirit healing; herbalism; Chinese medicine and Thai traditional medicine, which has absorbed some elements from regional medical systems, Ayurvedic and Chinese medicine (Mulholland 1979, Brun & Schumacher 1987, Sermsri & Riley 1974, Tambiah 1970, Pridasawat *et al.* 1987, Suwanlert 1976, Kunstadter 1979, Golomb 1988a). The existence of these healing practices indicates their utilisation by local people.

A number of studies in Thailand (Pridasawat *et al.* 1987, Riley & Sermsri 1974, Golomb 1985, Kunstadter 1979, Suwanlert 1976, Cunningham 1970, Day & Leoprapai 1977, Muecke 1979, Chartbanchachai *et al.* 1990) show the extent to which people in such a medically pluralistic society absorb medical knowledge from Western and other existing systems. However, Western medical concepts or explanations for any illness situation are likely to be reinterpreted by local people.

In Thailand, studies found some evidence of integrated Western and traditional medical knowledge and practices by local people. Muecke (1976) indicated that Northern Thai women chose to give birth at a hospital for safety reasons: the hospital provided cleanliness and effective equipment. When the mother returned home she adopted home practices to suit indigenous beliefs to receive kin support. Pridasawat *et al.* (1987) and Golomb (1985) found that germ theory was included among lay people's beliefs about disease causation although theoretical justification regarding which germs cause which diseases were not clearly or correctly illustrated in relation to biological theory. Golomb (1985) found Southern Thai people believe that germs had to be activated by sorcerers or catalysed by humoral imbalances before they could become pathogenic. Traditional healers in Southern Thailand reported, in Golomb's study, that they also treated patients with psychiatric problems using talking and medication, either Western or indigenous, the patient living in the monastery to absorb merit which may help curing.

Self-medication using various kinds of drugs, especially modern Western drugs, was found to be common in Thailand (Riley & Sermsri 1974, Pridasawat *et al.* 1987, Uitrakool 1988, Chartbanchachai *et al.* 1990) while its justification may

not necessarily be congruent with the effective qualities of such drugs. Factors contributing to the inappropriate use of modern drugs range from the providers, to the perceptions of people, to the use of such drugs (Chartbanchachai *et al.* 1990). Self-medication, which seems to be the main part of the management of illness, is reported to occur in 50-90% of illness (Riley & Sermsri 1974, Pridasawat *et al.* 1987, Brun & Schumacher 1987), ranging from simple drugs for common ailments, prescribed drugs from the physician, dangerous drugs purchased from elsewhere, to the giving of injections by inappropriate providers. These studies have emphasised the occurrence of self-care, and self-medication in particular, as part of the healing service utilisation. People's perceptions of each kind of medicine used for self-medication have been given little research attention.

The administration of injections, particularly antibiotics, by unlicensed providers has been highly prevalent in the country, although references were scanty. The use of injection doctors was not mentioned in a recent report of the Government (Thailand Ministry of Public Health 1990), probably because the practice is illegal. The use of injections for treatment of symptoms has been common among Thai people because of their beliefs about the effectiveness of injections (Cunningham 1970, Day & Leoprapai 1977, Golomb 1985, Riley & Sermsri 1974). An injection is seen as the symbol of strong or powerful therapy to assure curing.

Cunningham (1970) found injection doctors were widely patronised by local people in Northeastern Thailand, outlining their characteristics and their tendency to encourage use of their services by local people. He found that based on trust, developed from kin relationships, the injection doctors gained more acceptance than others who also provided similar treatment. The study also revealed that their patients included those who had higher education such as college or university. The existence of this kind of healing service provider represents the integration of Western medical knowledge into the local. Two other studies in this region (Pridasawat *et al.* 1987, Chanposri, Saowakon & Kampor 1990) mention the persistence of injection doctors with no discussion of their healing beliefs and practices; neither were people's beliefs about injection doctors addressed in these studies.

3.3 MULTIPLICITY OF CONCEPTS AND CLASSIFICATIONS OF ILLNESS

Cross-cultural studies suggest that bio-medicine is primarily concerned with diseases, and indigenous medicine with illness (Kleinman 1988). Throughout the world, the important relationship between people's beliefs concerning illness and their attempts to seek relief from illness has repeatedly been demonstrated. There are no universal norms of illness: perceptions vary across individuals and cultures.

Illness is not the absence of health, nor is illness identical to disease (Kleinman 1988, Kleinman, Eisenberg & Good 1978). Illness has variously been described as the human experience of symptoms and suffering (Kleinman 1980, 1988, Good & Good 1981); the presentation of disease symptoms (Cassell 1974); the dimension of non-health, being synonymous with disease (Twaddle 1974); a deviant condition based on sick-role norms (Parson 1951); a negative condition judged on the basis of social and cultural convention (Fabrega 1980); and a theme of self-management in everyday life (Strauss, Corbin, Fagerhaugh, Glaser, Maines, Suczek & Wiener (1984). The concept of disease also varies. Disease has been referred to as the biological dimensions of non-health (Cohen 1981) or breakdown (Antonovsky 1987). Disease happens to individuals when their physical and mental functioning departs from normal (Twaddle 1974, Kleinman 1988). However, illness is culturally designated in that it differs among people from various cultural backgrounds (Fabrega 1974, Leininger 1978, Levin 1986, Kleinman 1980, Keyes 1991). Studies must be designed to define illness and its etiologies, particularly for each cultural group.

A large body of literature on health care utilisation in various parts of the world has accumulated in the last two decades. This literature suggests that a variety of social and cultural factors influence perceptions of illness and patterns of illness behaviour (Suchman 1965, McKinlay 1981).

Studies in developing countries identified a number of factors influencing health care utilisation patterns of local people. These factors include educational level, family size, ethnic groups and religion, socio-economic status and occupation, patient and healer communication, cost and fees, and effectiveness and quality of care. Local concepts of illness and disease, and traditional therapy and cure, also influence health care utilisation patterns. Most studies were interested in the way local beliefs and practices either hindered or facilitated utilisation of

Western medical services (Kapur 1979, Sharma & Ross 1990, Khare 1963. Hart 1981, Nyamwaya 1987, Obeyesekere 1976). Each saw such practices as indigenous and non-professional, and, therefore, less important than Western medicine.

Most local etiological perceptions were grouped into two categories: those with supernatural or social relationship origins, which were to be treated by traditional medicine, and those with natural causes which were to be treated by Western medicine, for example, Spiro (1967 & 1974), Hart (1981), Fosu (1981), Nyamwaya (1987), Khare (1963), Gould (1965), Beals (1976) and Chen (1970). This classification may be developed from the different degrees of exposure to Western medicine or modernisation of the rural and urban societies.

3.3.1 Thai Theories of Illness and Healing

Diverse classifications of illness and disease have been found among Thai people in different areas, although the main ideas of disease or illness theories may be similar. Some studies have categorised illness in terms of natural and supernatural causes (Kunstadter 1979, Riley & Sermsri 1974, Svetsreni 1976, Day & Leoprapai 1977, Uitrakool 1988, Pridasawat *et al.* 1987). Cheungsateinsaap (1990) proposed four co-existing healing systems in Thailand with different theoretical bases: the experiential, the supernatural, the astrological and the humoral.

Experiential medical theory has been derived mainly from people dealing with illness using home remedies found locally. Diseases which needed to be cured by local traditional healing methods were identified in a few studies, for example, *wind illness* in the North (Muecke 1979, Kunstadter 1979, Karnchanapaan & Ramitanon 1990), or *khai mhaak maai* (fruit fever) in the Northeast (Pridasawat *et al.* 1987). Theories concerning such phenomena as *wind illness* and *fruit fever* have been transmitted from generation to generation and been shared among people in the same cultural group or society.

Theories concerning *supernatural* etiologies include beliefs regarding the power of spirits and magic to cause and cure illness. A variety of explanations about the supernatural origins of illness, such as kinds of spirits, sorcery and cults, have been found in different parts of the country. Distinctive relationships between individual spirits and living people have been considered the major

cause for spirit-caused illness or death. Spirits of the ancestors, spirits of sacred places such as the rice field, the river, and the forest were found in many parts of the country. *Phii paya taen* (the high level spirit from the universe), *phii pu ta* (the village spirit), *phii pob* (the witch-like) and *phii fah* (the sky goddess) have been mentioned to influence health of rural people in the Northeastern area (Pridasawat *et al.* 1987, Tambiah 1970, Uitrakool 1988, Sawangcharoen 1984, Suwanlert 1976). A study of *phii pob* by Suwanlert (1976) indicates that its occurrence, as a culture bound syndrome, has been regarded as the probable predisposing condition to severe mental disorders among rural people in the Northeastern area. *Phii chao nai* (the lord or master spirit), the ancestral cults and *phii ka* (similar to the witch-like) were found, in the Northern area, to highly affect people's lifestyle, not only their health and illness (Terwiel 1979, McMorran 1984, Irvine 1984, Mougne 1984, Cheungsateinsaap 1990, Karnchanapaan & Ramitanon 1990). The use of magic and sorcery was found to cause illness and death among local people in different parts of the country: the Southern Thai, the Northeastern, and the Central (Golomb 1988b). While the traditional healers in the South of Thailand mention that Northeastern sorcery is the most powerful one they have heard of or encountered (Golomb 1986), no study has explored such beliefs.

Healing methods for supernaturally caused illnesses range from incantations, traditional herbal drugs, holy water and animal sacrifice to healing rituals. Western medical treatment and drugs have sometimes been used to cure supernaturally caused illnesses. Injections, especially from the unlicensed injection doctors, and modern drugs from a hospital or private medical clinics or purchased from the shops or pharmacies are among the Western style treatments employed in the treatment of supernaturally caused illness (Kunstadter 1979, Muecke 1979, Golomb 1985, Pridasawat *et al.* 1987, Sawangcharoen 1984, Suwanlert 1976).

Brahmanism influenced the theory that astrology caused and cured illness by the forces of the dynamic movement and changing positions of the stars and planets (Uitrakool 1988). This theory may be identified by local people when the diviner is called to reveal the cause and treatment for severely ill patients (Riley & Sermsri 1974, Golomb 1985, Uitrakool 1988, Pridasawat *et al.* 1987). A variety of services provided by the diviners in different parts of Thailand, whether or not related to illness, are regarded as parts of the astrological theory by Cheungsateinsaap (1990).

Humoral theory has absorbed some elements from Ayurvedic and Chinese medicine, probably as the result of the spread of Buddhism from India and trade with China (Unschuld 1976, Basham 1976, Hart 1981). Humoral theory has been described by Mulholland (1979) as Thai traditional medicine. A few studies investigating Thai humoral theory have revealed some differing aspects. This is probably due to the different methods of study, especially the sources of the information obtained. Thai humoral theory seems to be the most sophisticated and most systematised among the four categories.

Mulholland (1979) states, according to the Thai traditional medicine she studied from the two traditional medical colleges in Bangkok, that the body is composed of four elements: wind, water, fire and earth. Illness results from the imbalance in the proportions or arrangements of these elements, and is manifested by disorders of the various component substances of the body. Such disorders may arise from endogenous causes or from exogenous causes of natural or supernatural origins, such as the changes in climate or environment, and the factors of age and time of day. Whatever may be the primary cause, the effect is thought to produce changes in the function or structure of one or more of the four vital elements. Once the primary cause is identified, it is given a name and treatment. Treatments range from medication, very minor surgery and massage, to magic spells and incantations. A combination of drugs is also applied. The medication aims to add or to take away from the constitutive elements according to what they lack or what they have in excess. The medicines are associated with the four body elements.

Thai humoral theory may be reinterpreted by local people or healers of other specialties in varying degrees. Muecke (1979) mentions in her study of the Northern Thai healers and patients of wind illness, that there were two more body elements apart from the four stated in Mulholland's study. These two elements control and affect the functioning of the basic four elements. The consciousness element is in supreme control as a life-spark unifying and quickening the basic four elements. The air, or climatic element, surrounds and intermingles with the body, indicating a fundamental awareness of the importance of physical environment in health and illness. Each element is associated with certain months, and the period its influence predominates. Ailments blamed on excessive heat are more prevalent during the hot seasons whereas those caused by water occur more frequently during the wet season.

Cheungsateinsaap (1990) did not address Thai people's understanding and uses of Western medical knowledge and practices.

Most published research on illness and disease related beliefs and practices has employed the four co-existing healing theories; for instance, research among the hill tribes by Kunstadter (1979), the Northern Thai by Muecke (1979) and Kamchanapaan & Ramitanon (1990), the Southern Thai traditional healers by Golomb (1988a), and the Northeastern Thai village healers by Uitrakool (1988), Sawangcharoen (1984) and Pridasawat *et al.* (1987). Studies in Thailand, especially of the Northeastern Thai, for example Pridasawat *et al.* (1987) and Uitrakool (1988), seem to ignore the ways local people modify Western concepts to fit their indigenous beliefs.

To examine all aspects of local knowledge, practices and behaviours in relation to health and illness, is to study a holistic view of medical pluralism in any complex society. A review of the literature about Thailand indicates that there is no single Thai theory underpinning healing knowledge and practices which fully explains the illness behaviours of the local Thai people, especially in different parts of the country. Moreover, no study in Thailand has explored people's illness management in relation to the mutual influences of knowledge and practices from the co-existing healing systems in this medically pluralistic and transitional society. This is especially true for Northeastern Thailand, identified by many studies as the poorest, the least developed and the most traditional region in the country (Golomb 1988b, Tambiah 1970, Cheungsateinsaap 1990, Pridasawat *et al.* 1987, Keyes 1991).

3.4 HEALERS AND THEIR BELIEFS AND PRACTICES

Recent studies in Thailand have focussed on the beliefs and practices of healers of each healing system (Uitrakool 1988, Pridasawat *et al.* 1987, Golomb 1985, Brun & Schumacher 1987, Mulholland 1979, Sawangcharoen 1984). These studies centred on the healers as the knowledgeable resource persons with respect to their healing beliefs and practices. The cure is seen to occur in the hands of the healers, not the patient. People's beliefs about healing knowledge and practices have been viewed as less important and similar to those of the available healers. Healing beliefs and the illness behaviour of local people may be gradually conceptualised through experiences of utilisation of various existing healing systems in a pluralistic society. No study in Thailand has described this situation.

Golomb's (1985) study focussed on beliefs and practices of the traditional healers in Southern Thailand, rather than healer and patient relationships or patient's perceptions of the healing system. He found the reason for multiple therapies in any single illness is that the healers recognised multiple levels of causation and treatment for any particular affliction. Golomb proposed that recognising different etiologies for a single illness encouraged representatives of very different specialties to treat afflictions seemingly outside their traditional therapeutic jurisdictions. He also found the cumulative results of different treatments from several healers of different therapeutic orientations was another reason for multiple therapy phenomenon. The traditional healers in his study saw each other as competitors although they adapted each other's concepts and methods of therapy to suit their patients. Golomb observed that some healers tended to extend their specialty to cover the illness or disease classification and etiologies of their patients. This includes the use of their traditional therapies to cure Western medically classified diseases.

Uitrakool (1988), in describing the beliefs and practices of the traditional healers in Northeastern villages, found several types of healers who provided various kinds of therapy related to differing etiologies of diseases and illness. Examples are: *maw yaa* (the medicine man) *maw beep sen* or *maw nuad* (the masseur), *maw dharma* (the spirit healer), *maw tam yae* (the traditional birth attendant), *maw duu* or *maw sia kroh* (the diviner), and *maw kraduke* (the bone setter), where their specialty seemed to be extended to accommodate the variety of patients who consulted them. For example, some spirit healers also were diviners, medicine men or bone setters. The study focussed on the role of the healers in their immediate community and found that most healers gained high status as the cure provider and as the respected consultant on any social matters. Studies in different parts of the Northeast identified various specialties and types of healers. Sawangcharoen (1984) studied the healers called *maw lam phii fah* (the sky goddess dancer) with the emphasis on their beliefs and healing rituals. The latter healer has not been mentioned in other studies in the Northeast or in Thailand although it was found that various groups of people, with a wide range of complaints, sought their services (Sawangcharoen 1984).

Although self-medication is regarded as the main method people use to manage their illness, the wide use of modern drugs is common in rural Northeastern Thailand as well as other rural areas. Chartbanchachai *et al.* (1990) found extensive but inappropriate use of modern drugs among the rural villagers. It appeared that the villagers were not aware of the active ingredients of the drugs,

but the names and the indications were known among them. The dosage used was adjusted by the villagers to fit their preferences. Often many kinds of drugs were mixed together before administration for increased potency. Both licensed and unlicensed medicine providers were found in this study, a study not concerned with people's perception of illness and kinds of disease which could influence their patterns to use certain kinds of drugs. Rather, its emphasis related to drug choice in relation to effective previous usage, familiarity with the drug, advice from others, and its low cost.

With an emphasis on symptomatic relief, modern medicine, in general, and injections, in particular, are highly popular (Riley & Sermsri 1974, Day & Leoprapai 1977, Kunstadter 1979). There has been great patronage of the injection doctors by local people, especially in the rural Northeast (Cunningham 1970, Chanposri *et al.* 1990). Various kinds of injections are administered by these injection doctors, especially antibiotics (Cunningham 1970, Day & Leoprapai 1977, Kunstadter 1979). Cunningham found that although injection doctors were not officially recognised and were subject to legal action, in comparison to modern physicians or other traditional healers, they were doing much of the rural curing. He states that they play the role of cultural mediator in the health field under the social and technological changes. He also found that the Thai injection doctors were marginal practitioners who transmitted aspects of modern medicine by bringing them closer to the majority of the population, both by simplifying them conceptually and by bridging the status gap. He concluded that Thai injection doctors provided a broad range of treatment with no unique form of therapy like other traditional healers. Their forms of therapy were similar to those of the modern physicians, but their applications were different. The focus in Cunningham's (1970) study was on the role and status of injection doctors in their community. Most of the injection doctors were local people who had developed trust and strong relationships with other members of the same community. It seemed that the villagers were very satisfied with the healing services of their injection doctors, since they were likely to be given both physical and psychological treatment to cure their illness.

There is little information as to how local people perceive and use the services of injection doctors in relation to people's beliefs about illness and healing. A study of local beliefs and practices is necessary if researchers are to develop an understanding of the continued resort to these unofficial medicine providers.

3.5 NURSING AND NON-WESTERN MEDICAL PRACTICES

Nursing literature emphasises the unique position of nurses as encouragers of participation in the health care system by people of divergent cultural backgrounds provided they practice with an informed understanding of client health beliefs (Brink 1984, Lee 1986, Frye 1991, Campbell & Chang 1973); and noting that "health and illness states are strongly influenced and often primarily determined by the cultural background of an individual" (Leininger 1970). For such a perspective, adequate, effective and comprehensive health care of people from different cultures is required. Some studies investigate how South-East Asian refugees and minorities in the United States of America, who have encountered Western medicine as part of a different culture, responded to these health care services (Cheon-Klessig, Camilleri, Mc Elmurry & Ohlson 1988; Muecke 1983; Lee 1986; Campbell & Chang 1973). Those refugees, who brought with them their culture, including their medical knowledge and practices, had to adapt to a situation where Western medical services are dominant. These studies suggest that an understanding of cultural beliefs toward health and illness of these people, and their practices, provide information crucial to the development of health programs appropriate to particular cultural groups.

In Thailand there is a paucity of nursing research exploring cultural beliefs about illness and healing practices of the local people upon which to base nursing knowledge. While at present, Thai nurses are not encouraged to consider patient cultural beliefs and practices, they are taught to plan interventions to suit the medical needs of their clients. There is little encouragement to study the viewpoint of local people, hence the need for the present study.

3.6 CONCLUSION

The discussion in this chapter has concentrated on the phenomenon of medical pluralism and its influence on people's healing perceptions and practices in a contemporary world setting.

The literature suggests a wide-range of healing beliefs and practices exist among people within the same cultural group or society. Although elements of a single

healing theory are found in many parts of the world, the implementation of the theory by local people varies.

It is evident, from the literature, that people's beliefs and practices guide their utilisation of health care services, although other factors must be taken into account. A variety of healing beliefs found in many parts of Thailand were attributed to particular indigenous healing theories, especially that of the healers. People share, in varying degrees, the same understanding the healers hold which represents their healing systems. Symptoms may be confusing, be interpreted differently, and be subjected to frequent re-interpretation (Gould 1965). This is important information for nursing and other health professions if the healing beliefs and practices of local Thai people are to be understood. While the highlight of the literature on medical pluralism is a better understanding that no single healing system exists in Thailand, gaps in understanding exist with regard to what constitutes healing beliefs and practices and how people best use such a pluralistic healing system.

There is some evidence of integration by local people of various existing healing beliefs and practices including Western medicine. However, the majority of research focuses on traditional beliefs and practices separate from Western medical services. Research to explore what underlies the dual use of existing village and Western healing services is needed.

The present study, employing a qualitative research approach, is an attempt to fill this gap by exploring what people believe about associated medical practices, and describing more fully the context in which these beliefs and practices occur. The following chapter provides an overview of qualitative research methods in general, and the ethnographic method in particular. Also fieldwork experiences are discussed, particularly in relation to the researcher's management of the fieldwork situation.

CHAPTER 4

RESEARCH METHODOLOGY AND FIELDWORK

4.1 INTRODUCTION

The purpose of this study is twofold: to provide an understanding of the cultural meanings which illness has for the people in rural Northeastern Thailand, and to understand their behaviour regarding illness care and the context in which this occurs. The ethnographic method, a qualitative research approach, was selected as the most appropriate means to explore the research area and to achieve the research goals.

4.2 RESEARCH METHODOLOGY

4.2.1 Research Studying Human Behaviour: Qualitative Research

Qualitative research methods have become increasingly important as modes of inquiry among various disciplines such as sociology, psychology, education and nursing (Bogdan & Biklen 1982, Bogdan & Taylor 1975, Miles & Huberman 1984, Wax 1971, Leininger 1985). Qualitative research, however, has no precise meaning in any of the social sciences and humanities. It is defined in various ways and is often considered as an umbrella term covering various research strategies which reveal the meanings of certain naturally occurring phenomena (Van Maanen 1983, Bodgan & Biklen 1982).

Qualitative research is a systematic study of the world of everyday experiences that takes place in the natural setting in which people live. It focuses on the characteristics and the significance of human perception, beliefs, attitudes and experience as described by the informants and interpreted by the researcher, who is the most important research instrument (Bodgan & Taylor 1975; Parse, Coyne & Smith 1985; Van Maanen 1983). The researcher explicitly participates in uncovering the meanings of the experiences as humanly lived. Documentation,

explanations, interpretations and descriptions of events occurring in the natural setting are valuable data for qualitative research (Bogdan & Taylor 1975, Miles & Huberman 1984, Leininger 1985), while inductive analysis is employed to make sense of and to interpret the data (Bogdan & Biklen 1982, Field & Morse 1985).

The qualitative research method emphasises the importance of accurately documenting and interpreting, as fully as possible, whatever is being studied in the particular context from the people's viewpoint (Benoliel 1984, Field & Morse 1985). It is the major method to discover essence, feelings, attributes, values, meanings, characteristics and teleological or philosophical aspects of certain individual or group life ways (Pelto 1970, Spradley 1979). The context in which the phenomena occur is considered to be a part of the phenomenon itself. This contributes to the discovery of concepts or patterns which may not be identified by other approaches (Field & Morse 1985).

As research for the exploratory level of theory development, the qualitative approach claims to know relatively little about what a given piece of observed behaviour means until a description of the context in which the behaviour takes place is developed (Van Maanen 1983, Field & Morse 1985). Then the behaviour can be seen from the position of its originator.

Recently, qualitative research has been gaining recognition in nursing, especially by nurse researchers who are involved in anthropology, philosophy and education programs (Leininger 1985 & 1978, Field & Morse 1985, Tripp-Reimer 1984, Pearsall 1965, Osborne 1969, Diers 1979, Robertson & Boyle 1984, Aamodt 1982, Ragucci 1972, Watson 1981).

Qualitative research, by its very nature, is applicable to nurses in practical settings since it is important to help nurses understand the world in which clients live and express their health needs (Swanson & Chenitz 1982, Leininger 1978). As the philosophy of nursing is rooted in humanistic services to people, it seeks to comprehend the totality of human life experiences, as the understanding of people in their familiar and natural life contexts and ecological settings is essential for the development of nursing knowledge. Nurses need to be aware of differences in philosophy and world views, especially those of patients. Leininger (1978) highlights the significance of variations in philosophical, historical, religious, cultural and social ideologies and processes through time which formulate people's world views. Donaldson and Crowley (1978) define nursing's perspective and substance as focused on the wholeness or health of human beings in interactions with their environments. Benoliel (1984) also states that the

scientific understanding of the nature of human behaviour in relation to health, sickness, crisis states and tragic life circumstances is highly important to a grounded knowledge base for nursing.

A major goal of nursing research is the improvement of nursing practice. Qualitative research contributes to this goal by providing nurses with new and more meaningful insights about people, especially the meanings and essence of care, health and illness. Leininger (1985) suggests nursing knowledge be closely linked to the cultural life ways, values and patterns of human groups. Such knowledge of different world cultures contributes to the discovery and modification of the nature and essence of nursing. Qualitative research is, therefore, essential in gaining a holistic perspective to nursing phenomena.

In the multicultural world, health researchers need to identify and document cultural care patterns and lifestyles of people for their optimal health and survival. Qualitative studies on cultural care of individuals, families, institutions and world cultures are much needed. Qualitative research is the primary method to achieve this purpose and to gain new knowledge with which to understand the complex multicultural world. Munhall (1989) notes that the prevalent qualitative research methods nurse researchers seem most interested in today are phenomenology, grounded theory, ethnography, history, case studies and analytical philosophy.

4.2.2 Ethnographic Research

This study employed an ethnographic approach aimed at providing detailed descriptive data associated with beliefs and management patterns related to illness in rural Northeastern Thailand. For a full understanding of the illness behaviours of these rural people and their health care practices, beliefs, values and actual practices were documented and factors influencing these beliefs, values and practices were identified. The researcher believed that using an ethnographic method would enable exploration of the sociocultural context in which these behavioural patterns of illness management occur. It is important to note that the researcher is a *native* of Northeastern Thailand, writing for *non-native* audiences. The aim is not only for the researcher to discover the native's point of view, but to discover a means of conveying this point of view to *non-natives* in their own idiom.

Ethnography is a well-established research method for anthropologists (Sanday 1983, Leininger 1985, Powers & Knapp 1991), having been the principal anthropological method to discover unknown facts about lifestyles. The ethnographic method concerns itself with scientific descriptions of the cultural group (Parse *et al.* 1985, Fetterman 1989, Emerson 1983). Conklin (quoted in Van Maanen 1983, p 38) describes the ethnographic method as involving "a long period of intimate study and residence in a well-defined community employing a wide range of observation techniques including prolonged face-to-face contact with members of local groups, direct participation in some of the group's activities, and a greater emphasis on intensive work with informants than on the use of documentary or survey data". Glaser and Strauss (1967) recognise the values of ethnographic data as a vital means to developing theories that are grounded in empirical data.

The ultimate goal of ethnography is to discover and develop theories of the cultural knowledge people use to organise their behaviours, therefore it is essential that attention be directed to the view of the consumer as well as toward the view of the health care provider (Germain 1986). Leininger (1978) suggests ethnographic research is highly sensitive to patient's perceptions and world view. Moreover, giving and receiving of nursing care is a critical component of any theory in nursing. Beliefs, values and understanding are essential in the development of nursing knowledge.

Ethnographic research has been defined by nurse researchers as the discovery of the knowledge associated with human behaviour and attitudes from an emic point of view through a wide range of research methods (Omery 1988, Ragucci 1972, Field & Morse 1985, Parse *et al.* 1985). Dougherty and Tripp-Reimer (1985) note that ethnographic nursing research permits the discovery of attitudes and beliefs underlying cultural patterns. Ethnographic inquiry refers to the systematic study of the way of life of the designated cultural group (Aamodt 1982, Leininger 1978). It documents, describes and analyses physical, cultural, social and environmental features which strongly influence a people's lifestyle (Leininger 1978).

Ethnographic data analysis includes the identification of themes and patterns associated with the phenomenon under study (Leininger 1985). The heart of most ethnographic research, defined by Fetterman (1989), is the *emic* perspective or the insider's perspective of reality. The *emic* dimension of knowledge refers to the local or indigenous cognition and perceptions about a particular phenomenon, such as caring and nursing care, whereas the *etic* dimension of knowledge refers

to the more universal or outside knowledge related to care phenomenon under study (Leininger 1978). *Emic* data are inductively or empirically derived from first-hand interviews, observations and direct participant experiences (Leininger 1985). This native or insider's perspective provides accurate descriptions and explanations of the phenomenon in its natural setting. In contrast, most *etic* or outsider's views are based on the researcher's observations and interpretations of data. Pelto & Pelto (1978) propose that the *emic* approach is designed to examine how various elements of a particular group unfold in relation to each other. A combination of *emic* and *etic* data may be employed to get the total view of the phenomenon related to the purpose of the study and the general theoretical interest of the researcher (Leininger 1985).

Since the aim of this study was to obtain a better understanding regarding the beliefs about illness and the health care utilisation pattern in the context in which it occurs, the data are *emic* in nature. The research methods were based on participant-observation, in-depth interviews and ethnographic records which were conducted in the intensive 12-month fieldwork period. The nature of the fieldwork of this study is discussed in a later section. This study, however, adopted ethnographic research as the method of data gathering and analysis for the development of a grounded knowledge base in nursing about people's perceptions and explanations of illness.

4.2.3 Ethnographic Research Methods

The major modes of data collection for this study are participant-observation, and in depth interviews. Ethnographic records included field notes and photography. Methodological triangulation[1], which is a specific research strategy of comparing information sources to examine the quality of the data, was employed.

4.2.3.1 Participant-observation

Participant-observation characterises most ethnographic research and is crucial to effective fieldwork (Fetterman 1989), combining participation in the lives of the people under study with maintenance of a professional distance that allows

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1 See Mitchell (1986) and Kimchi, Polivka and Stevenson (1991) for discussion about triangulation.

adequate observation and recording of data. It aims to generate practical and theoretical truths formulated as interpretative theories, allowing the researcher to look beyond statements of ideal behaviour to observe behaviour directly so that the correspondence of or the discrepancy between the real and ideal cultural statements can be described, assessed and explained (Germain 1986, Field & Morse 1985). Pearsall (1965) defines participant-observation as a role, a means of getting data and a methodology for understanding human behaviour in a natural context.

Participant-observation involves immersion in the culture (Jorgensen 1989). The methodology of participant-observation focuses on the meaning of human existence as seen from the standpoint of insiders in everyday life situations and settings (Spradley 1980, Jorgensen 1989). This methodology involves a flexible, open-ended, opportunistic process and logic of inquiry through which what is studied constantly is subject to redefinition based on field experience and observation.

Participant-observation seeks to uncover, make accessible and reveal the meanings or realities people use to make sense out of their daily lives (Sanday 1983, Jorgensen 1989). It requires close, long term contact with the people under study to learn the language and to see the behaviour patterns (Fetterman 1989). Long-term residence helps the researcher to fully recognise the basic beliefs and practices of the people under study. Direct observation is the primary method of gathering information (Jorgensen 1989). However, other strategies may be employed such as documentation and various forms of communication. Participant-observers commonly gather data through casual conversations, in depth, informal and unstructured interviews, as well as formal interviews and structured questionnaires. Generally, participant-observation is practiced as a form of case study that concentrates on in-depth description and analysis of the phenomenon.

Gold (1969) suggests that participation and observation are competing and conflicting objectives. The more the researcher participates, the less he or she is able to observe, and vice versa. This view of participant-observation discourages complete participation because subjective involvement is thought to be a threat to objectivity.

Four types of participant-obseravtion have been described: complete observer, observer-as-participant, participant-as-observer and complete participant. The fieldworker employing the complete observer role may be visible but does not

interact with those being observed. Field and Morse (1985) note that this role does not allow the researcher to interview, interject or to clarify issues with the participants in the setting. Without this knowledge from the participants, the phenomenon cannot be interpreted accurately (Field & Morse 1985).

The role of the observer-as-participant is publicly known at the outset. This role provides access to a wide range of information, and even secrets may be made available when the researcher becomes known for guarding confidential information. The majority of the researcher's time is spent observing and interviewing with minimal participation in the participant's role, providing more freedom to do research with minimal interaction. Field and Morse (1985) note that in this role the nurse researcher may be considered *an outsider* by staff and not trusted or given access to the insider's perspective of the phenomena.

The role of the participant-as-observer is not wholly concealed, but the observer activities are subordinated to activities as a participant, activities that give the people in the situation their main basis for evaluating the fieldworker. The participants in the setting are aware of the researcher's purpose and dual roles, and this may limit access to certain kinds of information especially when responsibility is dominant in either role, the participant or the researcher.

Gans (1982) classifies the latter two roles as the researcher-participant. He notes that the researcher is only partially emotionally involved in the situation so can function adequately in the research role and activities.

When the role of the complete participant is deliberate, the participant-observer's identity as a researcher is intentionally concealed in order to become a fully-fledged member of the group under study. The advantages and disadvantages of this role in field research are made explicit by Schatzman and Strauss (1973), Germain (1986) and Field and Morse (1985).

It is highly desirable for the participant-observer to perform multiple roles during the course of the fieldwork, and gain at least a comfortable degree of rapport with the people, situations and settings (Junker 1960, Jorgensen 1989). However, the role of the researcher is influenced by various factors such as the research design, its purpose and the ability of the researcher to assume the role (Germain 1986, Pearsall 1965).

The relationship between the participant, people in the field setting and the larger context of human interaction is one of the key components of this methodology

(Gans 1982). The character of field relations heavily influences the researcher's ability to collect accurate and truthful information (Ragucci 1972).

In this study, I was aware of the need to shift research roles among the four types during the fieldwork period to gain rapport and accurate information from the research setting and the informants. I mostly took the observer-as-participant role. The nature of the study, especially the purpose of my living in the village, was explained to the informants and the community throughout the fieldwork period which helped identify the role of the nurse researcher. The social relationship with the informants and the community allowed gainful access to the informant's world view.

4.2.3.2 Interviews

Since the ethnographic method focuses on documenting and understanding the meaning of what is heard, seen and observed from people in their natural setting, the major mode of data collection is interviewing, often combined with participant observation (Fetterman 1989, Field & Morse 1985, Leininger 1985). Researchers use interviews to help classify, organise and interpret the individual's perceptions of reality.

This study employed the open-ended interview which is an unstructured type of questioning to let the informant's ideas, world views and information be revealed rather than those of the interviewer. Guided interviews were conducted to verify some detailed information during the later period of the fieldwork. This technique ensures that the researcher will obtain all the information required (without forgetting a question), while at the same time permitting the informant freedom of responses and description to illustrate concepts (Field & Morse 1985).

Crucial to the unstructured or open-ended interview are the kinds of questions posed. Spradley (1979) identifies three main types of questions used based on interviewing strategies to grasp how the informants conceptualise and organise their knowledge: descriptive questions which allow informants to provide statements about their activities; structural questions which attempt to find out how informants organise their knowledge; and contrast questions which allow informants to discuss the meanings of situations and provide an opportunity for comparison to take place between situations and events in the informants' world. However, Fetterman (1989) classifies the questions into two types according to

the context of the topic from a global to a more detailed understanding. A survey question elicits a broad picture of the native's world to define the boundaries of the study or to identify the significant topic to explore, whereas the specific question reveals, refines and expands general or global understanding.

In this study, interview questions were based on those two classifications. Examples of some unstructured questions are:

Q Do you ever go to the doctor or nurse or visit the clinic? If so, tell me about it.
A You mean when I get boh mee haeng or when I accompany my relative who is boh mee haeng?
Q Yes.
A I have been to the clinic of Maw CO many times when I was boh mee haeng. I took my wife there too, when she needed an injection.

This section of the interview starts with a general descriptive or survey question focusing on the topic in relation to kinds of healers, beginning with the assumption that they would be ill if they sought health care and trying to avoid using a term for being ill because that term is understood differently by the villagers. The informant defined the question in terms related to that situation: *going to the doctor, or nurse, or the clinic,* with *getting boh mee haeng* and *accompanying my relative who is boh mee haeng.* Then, I could continue using his local term, *boh mee haeng* to identify being ill. Similar survey questions used in the study were: *Were there ever times when you were undecided about visiting the doctor? If so, how did you make up your mind to go or not to go?*, and *Do other people in your family ever go to the doctor? Tell me about them?*.

Q Are there things that make you boh mee haeng and go to the clinic of Maw CO? What are these?
A Well, many things. Do you want me to talk about all of these or just what I have ever had before?
Q Both.

I attempted to encourage the respondent to talk about the context of *being boh mee haeng* from personal experience and from others he was involved with. The questions became specific and structural in nature: *Are there things that make you go to the hospital?*, *What different actions do you take when you do not go to the clinic or the hospital?*, *How do you think they work?*, and, *Are there any ways to avoid being boh mee haeng?*. Then, contrast questions were asked to obtain the differences between things that exist in the context of being ill:

Q You said sometimes you go to the clinic of Maw CO, buy the medicine from the shop in the village, or go to the hospital in the city. Tell me, what is the difference among these?
A I buy the medicine from the shop for the disease of the stomach that I have, like other people, because this disease is known and there are many good medicines to cure it. My wife does not have this disease. She has bad blood. I took her to get strong medicine from Maw CO.
Q What about going to the hospital?
A Yes. Only when someone is puai or puai laay. Like Mae Yai SO, she is staying in the hospital now because maw said she has to have an operation on her heart.
Q So, what is the difference between you and Mae Yai SO, tell me more?

I wanted to hear how he perceived the two situations, purchasing the medicine from the shop without the prescription, and being hospitalised. The local terms, *puai* and *puai laay* were identified from further conversation. Then I moved on to the differences among the three local terms for being ill, *boh mee haeng, puai,* and *puai laay*. Examples of contrast questions are, *Are there differences when you take the medicine from the hospital and the medicine from Poh Yai*[2] *VE?* (the village medicine man), *Are they the same, the disease of the cover sheath of the heart that Mae Yai SO has and khai mhaak mai yai?* (to differentiate between the local name and the name given in the Western diagnosis of the hospital doctor), and, *Do you think the surgery cures her disease or the Tang kae ritual?*

Interviewing involves developing rapport and eliciting information (Spradley 1979). Most interviews were conducted informally to establish and maintain rapport with the informants. At the research site, all conversations between myself and others were regarded as forms of interviewing. It was a natural way of obtaining information and a comfortable form of social engagement for me and for the informants.[3]

4.3 FIELDWORK

A 12-month period of fieldwork was carried out for this study. I lived in the village intensively gathering and analysing data. The fieldwork is discussed in

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2 *Poh Yai* is the title for a grandfather. The examples are, Poh Yai PL, Poh Yai VE and Poh Yai LN. For a grandmother, *Mae Yai* was addressed as Mae Yai O, Mae Yai P and Mae Yai SD. These titles were used by the villagers to show respect as if they were in the same kin relationship. The parents taught their children to call their friends of the same ages by titles similar to theirs such as *Mae* for mother and *Poh* for father.

3 See also how the interviews were conducted during the fieldwork period, page 55.

the following section under three periods: entry, living in the field, and conclusion and exit.

Fieldwork requires the continuous process of establishing and developing a trusting relationship between the researcher and the people in the setting, to achieve the research goal. Considering that people's privacy may be invaded, that their activities and their identities are likely to be observed and questioned, social relationships are complicated in establishment and maintenance throughout a long period. I was aware of this, and adapted appropriate strategies, suggested by various sociologists and anthropologists, to the situations encountered in the field setting.

4.3.1 Entry

4.3.1.1 Selection of the research setting

There were a number of features which made Baan NG the most suitable choice as a research site: hospitality of the local people; the location, a convenient distance from the city and university; medium in size (approximately 232 households), with a low incidence of reported crime; and the available records which showed existing health problems.

Local hospitality

Returning to the village before the village selection, some villagers could remember me as the lecturer from the university who came with the nursing students in 1989. Memories about the activities of the nursing students in 1989 were the topic of conversation. I felt comfortable talking with the villagers because of earlier contact. Most of the villagers were willing and prepared to have me live with them.

Further, the head of the local health care centre, Maw CO, an old and respected teacher whom I call *ajarn*[4], showed his willingness to provide information which would be helpful. The association with him and other villagers enabled development from a point where I was known, rather than starting as a stranger to establish a relationship.

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4 *Ajarn* is a title of respect and honour for a teacher.

Maw CO was praised by the villagers for his private home practice in a nearby village that provided *good* and *strong* medicine[5] during the early stage of the fieldwork. He introduced me to other villagers although we had met. While I considered this a very good start access to the villagers, I soon developed my own independence.

Physical location

Accessibility to most of the available health care resources by the villagers was of concern in this study. Baan NG is located 19 km from the city of Khon Kaen. While the village is a typical Northeastern rural settlement, its proximity to Khon Kaen enables villagers to make the 19 km journey by public transport or hired vehicle to one of the two city hospitals, should hospital treatment be required. Also, there are private clinics in nearby villages, including that of Maw CO, to supplement the local health care centre.

Because of the proximity to an urban city, Baan NG has been exposed to modernisation. These influences, especially the introduction of Western medicine, were important selection criteria, and include clothing, new and alternative food products and agricultural equipment. It was assumed that the villagers would be incorporating some of these aspects into their lifestyle. Thus, the village represents the transitional period of rural village life influenced by modernisation.[6]

Medium size of the village

Results of a previous survey undertaken by the village headman and his committee (Rural Development Section of the District Office 1991), provided information about the village population and its characteristics. The village consists of 232 households with a total population of 1301, 663 males and 638 females. It is considered a medium-sized village in the subdistrict. As villagers know each other's activities very well, news or information quickly spread.

Exposure to research

Although it was the setting for a community health nursing study by nursing students from Khon Kaen University (1989), there had been no research in this village for more than ten years. It was an advantage that the villagers had not

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5 Villagers believe they are powerful drug. See Chapter 9.

6 See Chapter 5, The Village Life.

been involved with any recent research study for exposure to research, may colour the information given or encourage villagers to please the researcher and give what they believe the researcher wanted. Also, they may be tired of having the researcher around.

Health related data

The village has been classified as one of the less developed in the district. The criteria for this classification are based on the BMNI under the PHC approach for the intersectoral rural development strategy of the four responsible ministries.[7] These criteria include aspects of health care managed by the villagers.

From the records of the local health care centre (Khon Kaen Provincial Health Office 1991) and the reports of the nursing students (Khon Kaen University 1989), many of the patients with chronic diseases such as hypertension, diabetes, asthma and heart disorders, discontinued the treatment dispensed by the local health care centre or the hospital. Haemorrhagic fever, diarrhoea and food poisoning, pneumonia and influenza among children were reported each year. The reports of the nursing students stated that self-medication is commonly employed among the villagers whenever any symptom presents itself. Low utilisation of the government health care centre has been reported by the Research Development Institute, Khon Kaen University (1991), stating that people in this village go to private medical clinics in nearby villages and to the main hospitals in Khon Kaen. The available reports mention the existence of traditional healers in the village and nearby villages, but the utilisation of their healing services, by local people, is less emphasised.

The available information prompted a number of questions: Why were the traditional healers still recognised as healers if they had stopped giving healing services to the local people? Why the high percentages of drop-out patients with chronic diseases when Baan NG is near city hospitals? Did some private medical clinics and the local health care centre, accessible to the villagers, not give enough useful health information to encourage patients to have treatment and follow-up examinations? Why did villagers not utilise such easily available resources? Why was self-medication so commonly used by these villagers? These questions focused my interest on the village after I spent several weeks looking at other villages in the province. I was intrigued with these questions about this village.

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7 See also Chapter 2, under government health care services.

Reported village crime

As a sole woman researcher, I needed assurances of safety during the fieldwork. Personal communication with the deputy chief of the district officer, the local health worker, the abbot of the village temple and the head of the subdistrict, emphasised there had never been any reported crime in this area. There were fights, sometimes, among young men during ceremonies and festivals or when inebriated. The fights were not serious and no severe injuries had occurred. The villagers tried to solve any conflicts, fights or misunderstandings without the action of the state's law to identify these events as crimes.

4.3.1.2 Gaining access

A letter of recommendation from the Dean of the Faculty of Nursing Khon Kaen University, was formally presented to the district officer, Muang District, Khon Kaen Province. Information about the research study and my residence in the village were provided to those authoritative persons in order to obtain formal permission to enter the village. Questions about how I was going to live in the village were raised because they had not encountered a researcher living in the village before. Thus, spending time with these authorities was very helpful in assisting them to understand what the researcher would normally do in the field setting.

Verbal permission was granted by the district officer. A few months later, the Dean of the Faculty of Nursing, Khon Kaen University, received a formal letter from the district officer giving formal approval for the research.

The subdistrict must be informed of every event so that proper management occurs. On arrival in Baan NG, I was assigned to the health centre as their responsibility for the duration of the study. The head of Baan NG and chief of the subdistrict took responsibility for my welfare in the village. The deputy chief of the district office was sent every month to enquire if there were any problems in terms of safety, living or working in the village. This was probably due to the fact that a woman was formally permitted to live in the village by government authority, so the management of living arrangements had to be well organised, and supervised.

Being accepted by those key people helped facilitate gaining rapport and trust with other villagers. Once those people accepted my living in the village, it was likely that other villagers would accept me too. Almost every night during the first week of the stay in the village, many key persons came to visit me to see how I lived. I made some visits to them too: the abbot, the previous village headmen, the two healers, the health volunteers and the village wisemen. They said they came to see if I could live in the village in the way they do. For the villagers, the formal introduction facilitated the establishment of a trusting relationship. However, more personal questions about me followed.[8]

4.3.1.3 A place to live

The house that I lived in is one of three houses of the extended family headed by a grandmother, Mae Yai P. It belongs to her third daughter whose husband left her a few years before my fieldwork. Most of the family members live in the big house except the second son-in-law of Mae Yai P. There were nine adults; two men and seven women, and six school children in the family. These houses are among other neighbouring houses on the main road of the village which is the road to the city and nearby villages. Needed facilities such as a toilet and an indoor washing space were available.

The selection of a house was based on the recommendation of the village wisemen, Maw CO, the abbot of the village temple, and some elders who felt that living with a family might facilitate research. The villagers understood that the house was rented on the recommendation of all these people.[9]

4.3.2 Living in the Field

4.3.2.1 Entering into relationships

The aim of participant-observation is to observe events while causing as little disruption as possible to the natural situation, developing trust and establishing

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8 See later in this chapter for details.

9 I paid rent of 400 bahts ($NZ 30.80) a month as requested. My husband fixed the windows, the doors and connected the power from the big house which cost 4,800 bahts (about $NZ 370). The expense was almost the same as the rent over the fieldwork period, so the owner of the house asked me not to pay rent.

relationships, crucial to the researcher's involvement in the research scene (Burgess 1984). Making myself known to the villagers facilitated rapport and developed a trusting relationship with the villagers.

Meeting the villagers

Before living in the village, at one of the early subdistrict meetings, I made my marital status clear by introducing my husband to the committee. Because my husband is from a rural Northeastern village, this made his acceptance by the villagers quicker and easier than it may have been. It also facilitated my acceptance by the villagers.

The purpose of my stay in the village and the research was announced by the village headman through the village broadcasting every morning during the first week. The villagers were asked to co-operate. It was made known that visits to some houses would be made. Villagers began to ask when they were going to be included in the house to house visit. This was encouraging; a sign of acceptance.

Initially, casual home visits to those people known from the 1989 visit, provided an opportunity to meet other villagers. Visits were made to the village school, and the village temple. Casual visits with the abbot and other monks followed almost every week. Attending most social activities and religious ceremonies held in the village, such as weddings and home warmings, provided an opportunity to meet people and to talk with them. On every holy day, elders would gather at the sacred hall of the village temple for meditation, providing a further opportunity to talk with them in a group.

Walking through the village to meet and greet people everyday as much as possible, provided additional opportunity to obtain information. It is similar to what the villagers usually do when they go to work in the field. They would see other villagers on their way to the rice fields and that is the time for them to catch up with each other. All news spreads this way.

Gaining rapport and trust

The main food of the villagers is sticky rice with side dishes of meat and vegetables. As a local of this region, it was not difficult to eat village food. Sometimes, the villagers brought food, or offered a meal during house to house visiting. This was helpful as valuable information, related to the study, could be obtained.

In the village, women wear a sarong and a top, no make-up and sandals, where appropriate. I did the same, except on visits to the city or other villages when trousers were worn for convenience. Therefore, the villagers saw me as similar to them but different from other city women they have encountered.

The local dialect of the villagers is Isaan, my mother tongue and used to communicate. Clarification of some words was necessary because of dialectic differences. I could understand most of them. Appearing as an Isaan woman and able to understand the dialect contributed to acceptance and the building of a trusting relationship.

In the village, people will be called by a title which is related to their age and their status in the family and in the kin chain. The elders called me *ajarn,* which refers to the position held at the university, while those of the same age or younger showed respect with the title *pa*. The use of *pa* assisted in building a relationship with villagers. This respect was returned with acts of gratitude to maintain relationships: helping with physical tasks especially at the rituals or any activities of the family or the community; bringing food when invited to a meal; giving the essentials for betel nut chewing to elderly females; giving food and other household necessities to an informant's family on a special occasion; and showing respect to the community elders.

Another feature which contributed to acceptance was the villagers' knowledge of my grandparents. This enabled discussions about farming in my province and other similar events which occurred there. Two village women who married NG men, related their family to me, since we were from the same province.

The action that brought me very close to the villagers was sleeping in the open space in Mae Yai P's house with others in the family. Mae Yai P was very proud to tell other villagers about this. She always said that I was an ordinary person like the villagers. I think this is another way to be accepted by the villagers and to show that I was not a person from the government sector. Usually, the villagers will be fearfully respectful of the government personnel who come to the village. Those people would not be offered the place to sleep like I was. The villagers had never seen any government personnel come to live in the village as I was doing and they assumed correctly that I work for the government. The villagers appreciated my adoption of their lifestyle.

My husband came to the village and socialised with village men, drinking with them during village ceremonies or festivals. This was another opportunity for the villagers to get to know us.

Information about me and my family had to be shared with the villagers. Whenever I talked to them, they would ask me about it. At the very beginning, I tried not to talk about that and went to another topic. I found the villagers would not continue talking to me either. Thus, I had to share with them whatever they wanted to know as much as possible. I found later about the importance of that kind of information. Sharing information leads to acceptance. Villagers would give their trust and acceptance to persons they knew personally. This confidentiality includes financial information, family relationships, property and kin. Talking about these things is common and very important for the villagers. During most casual conversations, listening and asking questions related to the topic under discussion, avoided conflicts and misunderstandings between me, the informants and other villagers.

There was no privacy at all in the village. Everything had be to public. It was very common for the villagers to enter my bedroom and look at everything, asking many questions. When on home visits, the villagers would search my bag and look at everything. The interview cassettes and field notes were kept in locked luggage, telling the villagers the field notes could be lost if not secured. They agreed.

Whenever I met the mothers or persons with children I would stop by and spend time with the children. I also went to talk to most of the elders when I had time. To the villagers, the children are the centre of love and care in the family and the elders are the most respected persons. Thus, it was an opportunity to be able to access the family by doing those things.

It was also helpful for me to join any activity held in the community. I could talk to most people who attended that particular activity and get information for the study. Some of the informants were discovered during the community activities. Those activities included: religious ceremonies, meetings of different groups in the village committee and the mobile clinic from the local health care centre.

4.3.2.2 Informants and access to the informants

Traditionally, the term *informant* has been used to refer to the person who is able to provide useful information to the researcher (Leininger 1985, Spradley 1979, Fetterman 1989, Burgess 1984).

Burgess (1984) suggests that the selection of informants should be based on the researcher's judgement, suggesting a range of informants should be selected to avoid partial accounts of a social situation. In addition, the nature of this study requires intensive work between the researcher and the informants throughout the fieldwork. The relationship plays a crucial part. The informants must be willing to share an experience with the researcher and be able to critically examine the experience and response to the situation. The informants also need to be knowledgeable about the particular topics in the study that may complement the observations of the researcher and lead towards further investigation to understand such situations or events. Two kinds of informant have been widely used in most research involving participant-observation and interview: key and general informants.

In this study there were 18 key informants and 13 general informants, whose ages ranged from 23 to 74 with approximate male and female equality. Their marital and economic status varied. All informants were those who were knowledgeable about illness and health care utilisation from their own experience and that of others. Key informants provided detailed information of any illness in the village with which they were personally involved. Most general informants were selected to give reliability checks and validate the information given by the key informants. Conversations with other villagers rather than the informants led to further investigations and identification of some cultural themes and patterns found. Similarly, reliability checks and validation of the data was provided by other villagers.

After some months of living in the village, a trusting relationship was built up and rapport established. This provided the opportunity to look for primary informants.

During this early period, explanation was given to the villagers about the nature of data collection. It was clear to the villagers that I would like to talk with any person in the village who became ill, visiting the patient to ask questions about the illness. When the issue of visiting came up, it quickly became known whom I had visited and those visited villagers were very willing to share information with

me. They told others about our conversation. All households were visited at the beginning of the fieldwork period so as to appear to be treating all villagers equally. This was done before selection of informants.

I found some villagers had an ability to give information during a casual home visit. Some informants were found by the village committee because the committee was informed about my interest in health and illness care. Names of the village healers were mentioned as persons who were knowledgeable about curing. Names of the ill people in the village were talked about. Visits to the ill person's house to see the ill person and to build trust and gain rapport were made, when they gave information about their illness and its management. Later interviews identified further information.

After the early months, some villagers were identified as good informants, who could give opinions and talk and discuss with others. Most villagers who believed they were ill liked to talk about their illnesses with me. They seemed to understand what information was wanted. They were not shy, but willing to participate in the study. They appeared to have good relationships with Mae Yai P's family with whom I lived. Some villagers who were not close to Mae Yai P's family and some other families, were found as well.

The traditional healers in the village and nearby villages were identified during interviews with other informants. Although some healers were introduced by the village committee as the *maw* who know about health and illness care in the village, I did not ask them to talk about their healing service at the beginning of the fieldwork, needing confirmation from other villagers that they were currently giving healing services. Only after their names had been mentioned many times by the villagers, were details asked about their being *maw* and their service during these recent years. All of them became friendly and, after conversations about their healing knowledge, told me when they were giving treatment to villagers. These healers were not only *maw* in the village, but respected elders and wisemen who were always asked for advice and comment.

4.3.2.3 Role of the researcher

As mentioned above, the important research instrument for this study is the researcher, whose role in the research setting actually influences the quality of the data obtained. A Northeasterner who has worked as a community health nurse in

the research area for six years, I felt competent in this culture. This facilitated entering into relationships with the people in the setting, bearing in mind an awareness of some disadvantages and bias of doing the fieldwork in one's own culture.

The role of the observer-as-participant maintained throughout the fieldwork period, however, gave me three roles: a researcher living in the village, a *maw*, and a kinswoman in the community.

as a researcher living in the village

Although I went to the village as the lecturer from the university, the purpose of my living in the village was gradually made clear to the villagers and provided some understanding of the research, although the words research and researcher were unknown to them. Thus, it was known that the aim was to obtain information about what the villagers thought and what they did when ill. Eventually, when any event related to health and illness care occurred, I was asked to attend or to participate.

As the researcher who lived in the village, I spent some time participating in the villagers' activities and important events, and presenting myself at most of the community events to observe the reactions of the people who were involved in the event. Most of my time was occupied by observing, interviewing, field note taking and analysing.

as a maw

I became known as the lecturer and *maw* from Khon Kaen University in the city where the two hospitals are located. Information about hospital visits and other related information about the medicine and treatment which is usually given at the hospital was asked for by the villagers.

Aware of influencing data given, by the villagers, I planned not to give much advice and to focus on observing and asking for information from people involved in each illness event. Later I decided to give advice, especially when there was fatal illness. I found I had two status. As a health adviser, my advice was treated as it would be from any health care provider. The other, as a married woman who was accepted by the villagers as kin and neighbour but was lacking in experience so my advice was ignored. There were a few situations which led to giving advice which I could not avoid.

as a kinswoman in the community

The social structure of this culture dictates that a social relationship leads to information when trust and rapport are established. Immersion in their culture and adoption of kin relationships are highly significant with kin relationships providing opportunity for in-depth information.

4.3.2.4 Data gathering

Interviews

Most informant interviews were informal and conducted at a suitable time and convenience, in the informant's house or at the social gathering places in the village. There was no privacy at all during the interview. Most of the time other villagers joined in, and sometimes shared their opinions, like an informal group discussion. This is the way the villagers usually act in the village when they talk or discuss anything. The topics were usually current events, such as when somebody became ill, when there was a healing ritual, or when there was reported spirit possession. It was natural to have fieldwork discussions when the villagers were normally talking about some other matters. Villagers living in neighbourhoods, might have known each other for many years and would know each other's business quite well. Thus, during the discussion, if anything was omitted, others in the group would remind the owner of the story, or correct it. This is another way to validate the data. As there is possible disadvantage that others might influence the informant's ideas, at least one interview with only the informant, was held even though this was very difficult to do. But, this helped to confirm information.

To increase the accuracy of field notes, audio tape-recordings were taken during the interviews. This was useful during the early period of the fieldwork when the structure of the study was not focussed. Many aspects of the research setting were obtained to reveal the study's frame. Interruptions often happened, especially at most of the informal interviews. Interviews during the later period of the fieldwork were mostly conducted without tapes as the data became *saturated*.[10] It was more convenient to write down key words and important points during the conversations and then put in the details later. When different

10 The word *saturated* originated from the grounded theory method of analysis. In this study, it refers to redundancy of data.

or new points were made it was necessary to give a full explanation, so the full descriptions were made at the scene.

For casual conversations and discussions during the healing process, a tape-recorder was considered inappropriate. Most casual conversations took place in the context of a social gathering, therefore, it was difficult to identify the person involved in each utterance. Also, it was disrespectful to use the tape-recorder or to ask for clarification during the discussion about the management of an illness. Instead, diagrams were used to show interactions. An example of a diagram drawn during such an event is given in Appendix 4.

After each interview the data were analysed and the directions for the subsequent interviews outlined in order to gain more detailed information on particular points. As most of the questions for subsequent interviews were specific, structural or contrast, an interview guide was drafted. (Appendix 1)

All of the interviews in the village were conducted without making appointments because whenever the villagers were at home or in the village, they considered it was their free time. Thus, a daily walk through the village identified available informants. Whenever I found one informant, I stopped and started a conversation about the related topic.

Most of the village women were at home. Although they worked in the fields, they came home in the evening. While they talked with me, they also did their home activities. The women's free time was mostly at meals. During the farming season, July to September and November to December, almost every villager is very busy trying to finish farming activities while there is still rain. I used this time to talk to the elders. Apart from that period, which they call *the hard period*, I could interview them at any time when I saw they were at home or any where in the village. If I did not take the chance to talk to them, I might not be able to do it as soon as I wanted to.

As interview skills improved, a protocol developed for subsequent interviews. Short interviews brought the informants' attention to particular topics. Casual conversation allowed the informants to talk informally. In this way, new information was uncovered.

Observation

That I was not there as a *maw* became apparent to the villagers from the beginning, as the purpose of the study was explained to the villagers throughout

the fieldwork period, to avoid the scene being prearranged or unnatural. For example, before observing the village healer curing clients on *the healing or protecting day*, I made this request: " *Other villagers said that you cure people on this day, and I would like to know how you do that because I have never seen that before. Would you allow me to be here with you ?*" On most occasions involving severe illness, my presence became an unobtrusive part of the scene without my telling them to be natural, doing the things they were used to doing. Examples are; activities while a woman was having a diabetic shock (case # 14), discussion about effective curing methods for a man with severe abdominal pain (case # 3), management of a woman with the local disease *khai mhaak mai yai* (the big fruit fever)(case # 17), and the treatment of the crying baby (case # 18).

Employing the observer-as-participant role, and living in the village, I developed intimate contact with informants and other villagers. In this way, usual behaviour and beliefs were revealed, because most of the observation occurred in the natural setting. During the events mentioned above, people involved were asked about their attitudes and beliefs to the event. Furthermore, the health care providers regarded me as a kinswoman of the patient. When the injection doctor came to the village and when the drug vendors came, I was present to listen and watch, moving to the participant-as-observer role when asked for advice and unable to avoid giving it.[11] The same applies to observation at the city hospitals and private medical clinics, attending simply as a patient's relative, thus I was not identified as a nurse researcher. In that way, some useful information was gained from the perspective of the patient's relatives about the attitude of the doctors and nurses. It is also an advantage being a nurse ethnographer. Being able to make observations at the hospital without saying anything about being a nurse researcher, allowed for a free exchange of information.

Observations at the local health care centre were done on different occasions with permission from the health workers, but interviews had to be at a convenient time.

Frequent casual visits were made to the village healers, sometimes, eating with them, which in this culture is the proper way to maintain a relationship. However, trying to concentrate on topics or themes where clarification was required was difficult. These traditional healers are *khruu*[12] (teacher), and to talk

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11 See also the Role of the researcher in this chapter.

12 *Khruu* means teacher. In the context of this study, it refers to the master exorcists who have their pupils live with them for a long period of time. The pupils are taught incantations and

about their healing methods and justifications, is similar to teaching and learning. I had to be their disciple in order to discuss about their healing knowledge. After learning this, visits were to help them work rather than interview, while listening to what they talked about. Thus data was often obtained informally as they provided treatment.

Being relaxed facilitated data collection. Some women in the village said I had been working too hard and should relax more although I did not do any hard work in the fields. The villagers even thought walking through the village to visit the informants was hard work. The villagers considered the work of *maw* or *ajarn* not to be hard compared to their work in the field or on the building site. They saw *work* as physical labour. I did help with some women's work at home, for example; feeding the silk worms, preparing preserved fish, silk or cotton weaving, weeding the vegetable garden and picking mulberry leaves for the silk worms, especially at Mae Yai P's house, to return kindness for being accepted as one of her family. Relaxing at home, villagers would come to eat and chat. Furthermore, being at home enabled observation of villagers who went to see health care providers in nearby villages or the city. Some useful information came during such observations.

Observations are only useful if they are accurately remembered and recorded. At the beginning of the fieldwork, considerable information about villagers' practices in relation to illness in general, especially in the past, was recorded from interviews and casual conversations. Observations at the beginning stage were mostly related to the setting, villagers' work and home activities. Actual illness behaviour was observed when there was an ill person. This allowed me to spend time observing and asking details of their beliefs and attitudes about illness. This natural occurrence of illness led to observation and field note taking, the length of the observation varying, but covering patient illness management. As observation skill improved, the length of observation time increased.

Ethnographic records

Ethnographic records are needed to assist in documenting the cultural scene studied. Ethnographic records in this study were field notes and photographs.

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their uses, by listening to and observing the master exorcists during the healing process. The masters would tell the pupils to leave when they were satisfied with their pupils ability to conduct the healing.

Field notes

The use of field notes provides the researcher with both data gathering and an analytical tool. Bogdan and Biklen (1982) identify field notes as a written account of the things the researcher hears, sees, experiences and thinks in the course of collecting and reflecting on data in a qualitative study.

In this study, field notes were predominantly descriptive and aimed to provide a detailed portrait of the illness situations observed. Field notes included descriptions of the behaviour of people involved in each situation, and words and phrases used during conversations, to provide a literal account of the particular illness related situation. Date, place and important people who were involved were also recorded. Diagrams were used to summarise details of some situations before writing more detailed notes later, especially the roles of people and the progress of the activities during an illness event. For example, diagrams were drawn to show how a decision was made about taking the patient to hospital (Appendix 4). Diagrams also illustrate the illness management behaviour captured from the conversation. Another set of field notes included interview data, interview plans and guides, and my feelings and reflections. The interview data to this latter set of field notes was indexed for cross checking.

Then data were summarised on cards, in Thai. Descriptions were recorded in Thai while some words and phases of the conversation were put in Isaan to hold their literal meaning. More than one card was always used to summarise the illness related situation. Indexes were used to link the summarised cards to the two sets of field notes. Then the cards were used in the development of categories and themes because they were already primarily sorted. They were also useful to locate items or topics quickly. Examples of actual field notes, cards and memos are provided in Appendix 2, 3, and in examples of data analysis later in this chapter.

As initial analysis in the field suggested *a frame* for the research, selected field notes were translated into English for intensive analysis after the fieldwork. Using a word processing program facilitated this stage. Two Thai lecturers from the Department of English, Khon Kaen University, edited the translations. They are competent in Isaan and English. Furthermore, each piece of translation was discussed to obtain the closest English meaning, otherwise full explanation of the content was provided.

Experience in taking field notes revealed that it is idealistic to believe that one can record, review, correct and complete field notes everyday. The earliest time in which to complete field notes was often three to five days. The longest time during the fieldwork was a week when I engaged in the observations of a severely ill patient and kin, at a hospital. While able to record the situation and the conversations, it was not possible to review, correct or complete the field notes. Memorisation during this severe illness situation was needed since the activity of writing might show a lack of concern for the patient who was struggling with life. In casual situations, the villagers permitted time to write down necessary information.

Photography

Visual recording has frequently been used as a means of increasing validity of the data (Field & Morse 1985). Photographs of people and the illness related events were selectively taken during participant-observation stage. However, ethics prevents their use in this thesis.

4.3.2.5 Data analysis

The purpose of data analysis is to uncover the system of cultural perceptions of illness that people use to explain their behaviour related to illness management.

Analysis during the data collection

In this study, analysis began a short time after data collection commenced. First sets of field notes were reviewed to search for cultural terms and patterns related to illness, looking particularly for key words or concepts in order to ask specific questions in subsequent interviews. Related data were coded.[13]

Examples

Excerpts from the reconstruction of the transcription of the first interview with Poh PM are given in italics.

The survey question asked if Poh PM had ever been to the hospital or clinic or any health care resource. He responded by giving details of his recent hospitalisation.

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13 See Corbin (1986).

" It was last year about the same day as today in this month, I went to collect the dried grasses for the cows and buffaloes in my paddy field. When I started to fill the second basket up, I found my left hand could not grasp the bunch of grasses. I felt numbed and I had no energy in that hand. Then, I knew something wrong had happened to me. I stopped picking grasses and went home. I went home to take some rest. I told my wife about this. She told me to go to sleep. Sleeping is the best rest. I didn't even have food. The next morning when I woke up, I could not move my left arm. I felt the pain at the upper arm. My wife went to call our relatives and neighbours to see me. After they had come and taken a look at me, they talked about the possible illness that I might have. Then, they came to an agreement that I might have the disease of the nerve because I could not move my left arm. At that time, I could not think of anything. I just told them when they asked me about my symptoms. Poh Ta SO and other relatives decided what I should do. They took me to Khon Kaen Psychiatric Hospital in that morning. The doctor there told us that I didn't have the disease of the nerve as we guessed. We were told by that doctor to go to Khon Kaen Hospital immediately because there was something wrong with my blood pressure. Thus, we went to Khon Kaen Hospital. It was before lunch time. This hospital is the nearest from the psychiatric hospital. The doctor at Khon Kaen Hospital told me that I have high blood pressure and I had to stay in the hospital for some days until the pressure is decreased. I was wondering at that time why I had to stay in the hospital. I thought I was not puai laai. I could walk and eat as usual. I could walk to the hospital. If I was puai laai, I had to be taken to the hospital. I might not be able to eat and walk as usual. Thus, I thought I was just puai and had less energy. I didn't want to stay in the hospital. If I stayed in the hospital, it meant I was fatally ill. I didn't want to be like that. But the doctor insisted that I had to stay because my blood pressure was 200. He didn't allow me to go home. He said I had to stay to decrease my blood pressure. "

Separate coded items from the interview material were extracted line-by-line from the field notes. Examples are as follows. My comments are in brackets [-].

> experiencing feeling something wrong [self-recognition of the change, was there another way to say something wrong?]
>
> consultation with close kin for possible illness [why?]
>
> kin's articulation of illness and suggestion [why?]
>
> belief about the disease of the nerve [how do they explain this believed disease, were there other diseases that they thought about?]

kin's management [why, were there any other ways?]

physician's diagnosis and suggestion [why did they follow it?]

physician's diagnosis and suggestion [why did they listen to it?]

beliefs about hospitalisation [are there other situations for hospitalised patients?]

meanings of *puai laay*, *puai*, and hospitalisation [were there things for each situation, were there other ways of saying, and why?]

patient's preference contrasting with the physician's order [why, was there any other way to do it?]

From coding I recorded my ideas, questions and hunches into memos to be used to guide further interviews. The following are examples of memos:

#1 He mentioned about his own feeling that made him feel *something wrong happened*. Is there another way to say *something wrong happens*. He recognised this by himself. Are there any situations when *something wrong happens* that are not recognised by a person? Anyway, what does *something wrong happens* really mean to him and other informants?

#2 His explanation showed that he is likely to be able to organise his own ideas. Did taking a rest help? Are there any other things to do when you feel *something wrong happens*?

#3 His wife called their kin and neighbours to see him. Why? Who were these people and how are they important to him? I know my relatives give helpful important support, mentally and physically, but not to make decisions for me. But I don't know why he mentioned these people made a plan for him, and led his ideas. Ask more about this.

#4 I experienced the physician giving the patient an explanation about hypertension. I need to know what he actually understands about this condition and what he does about it.

#5 These are the terms I think relevant to the term *illness*. Need to ask for more detail about meanings, situations, any diseases, how did he know about or how do people do about. Are there different ways to do about those situations? I must have got it! Are there any other terms? Are they different from each other; how?

Questions were asked of other informants for cross checks, and, as the fieldwork proceeded, data were confirmed and clarified. Data from key and general informants were triangulated for consistency and validation. Information from casual conversations with villagers was also used to clarify and verify pieces of data.

Intensive analysis

All data was compared and classified into three sets: the meaning of illness, illness management patterns and kin involvement, and the beliefs and attitudes toward the available healers and their healing methods. Under each set, there are subsets. Card indexes were used to summarise and organise the bulk of information of each set and subset, and to identify the location of the raw data used later to explain the context of themes and patterns identified during intensive analysis.

Examples of coded sets of data:

The meaning of illness is classified into three groups: *boh mee haeng*, *puai* and *puai laay*.

puai laay
must be hospitalised
is not able to talk, eat, sleep, as usual, do no work
lie down on the mat if stay at home
kaai mhaak mai yai
diabetic shock
the disease of the abdomen, mass in the abdomen, hypertension
kin and neighbours are called to see the patient
more than one disease is thought about and managed
age ends
spirit attack
bad karma

Under the set of beliefs and attitudes toward the available healers and their healing methods, are the following:

avoiding any inconvenience at the hospital
seeking assurance from the healer
seeking reputable healers
establishing kin relationships with the healer
seeking cultural closeness
negotiating for therapeutic choices
enduring an inconvenience for survival
accepting intimidation by the Western medical care providers
avoiding an unpleasant experience

Thick descriptions, which are written records of cultural interpretation (Geertz 1973, Fetterman 1989), were used to reveal the cultural themes although data were coded into items, to reveal real meanings. Verbatim quotations are also given in this report.

The three sets of data identified are interrelated and need to be explained in the whole context in terms of process. The identified sets of data were read and re-

read, trying to understand the situations informants faced, and then investigate what guides the integrated use of the available health care resources which satisfies the villagers.

4.3.3 Conclusion and Exit

In order to leave the field, it was made clear throughout the fieldwork that I would live in the village for a certain time only, promising, however, to return after the study was completed and university teaching resumed.

It was very difficult terminating relationships with some villagers who had been very close during the fieldwork, but I promised to visit them to maintain relationships with them. Culturally, kin relationships are important, and once a person is accepted into their society, it is considered dishonest to terminate relationships. The outcome of the study will be explained to them, very simply, during a return visit to the village.

4.4 ETHICAL CONSIDERATIONS

Research ethics centre on the value of human life and rights of the individual (Kimmel 1988). Ethical considerations should ensure that people are not physically or emotionally harmed by research, with no violation of people's right to privacy and confidentiality, and freedom from exploitation by the researcher (Jorgensen 1989, Kimmel 1988, Wax 1971, Bogdan & Biklen 1982, Roberts & Burke 1989, Seiber 1982).

Field and Morse (1985) suggest that fieldwork introduces special moral and ethical problems that are not usually encountered by other researchers. In becoming a part of the setting, the researcher is exposed to all aspects of the environment, having a responsibility to the participants by virtue of being present and being a witness.

Cassell (1980) notes that in the conduct of fieldwork, there is a comparatively minimal level of harm. The primary violation is of privacy or confidentiality. The informants are usually free to leave the situation or decline interaction. Ethical consequences of participant observation are mostly concerned with the behaviour of the fieldworkers.

In Thailand research ethics has not been of much concern. Most Thai people ignore this kind of ethical consideration. I was aware of these ethics and chose to honour them.

The research proposal of this study was approved by the Human Ethics Committee of Massey University. Permission for entry to the village was obtained from the District Chief Officer and the local representative people who form the village committee.

The nature of the study was given to the villagers in an appropriate manner to ensure understanding. This included a purpose, dangers, obligations and informant participation, benefits, process and period of the fieldwork, and the plan for protection of the informants' rights. The informants were told they were free to withdraw their information at anytime, and were included in the study, voluntarily. Verbal consent was obtained from the informants at the beginning of the fieldwork. To ensure their understanding, I reminded them about the study throughout the fieldwork period.

The use of the tape recorder was clearly explained to the informants. A pseudonym was used for every person mentioned in the study, to protect anonymity. Oral consent was obtained for the early interviews. When a trusting relationship was developed and rapport was built, the informants told me it was not necessary for consent because we knew each other and they understood the work. Another reason for not being able to get consent from the informants was that the information was given at many informal interviews, mostly during social gatherings without asking for oral consent, apart from the earlier interviews. They were reminded throughout the fieldwork period that their information was to be included in a study, checking again whether any sensitive data given could be used.

When recording information, names of people involved in any situation that might be considered insulting, were replaced with pseudonyms to protect identity. This is especially true of the injection doctor involved in this study, because he needed protection from the illegality of his services. Whole case descriptions of a few informants are presented in the study with names replaced by pseudonyms. Usually only a piece of data from most informants was selected for each suitable topic or theme.

All photographs taken in the village were shown to the persons involved. Because there were some events involving spirits influencing a patient's life, the

villagers asked that photographs not be taken, a strategy showing concern for their dignity and rights which enabled maintenance of relationships. For those events where photographs were allowed, permission was obtained. A written account of observations and interviews were often an adequate record for the situation where photographs were not allowed.

All informants and some other villagers were told that field notes, especially interview tapes, were kept securely in locked luggage, inaccessible to everybody in the village. Each informant was told they could only access their own interview tapes.

4.5 CONCLUSION

The discussion in this chapter includes the general features of qualitative research especially those utilised in nursing in recent years. In order to advance a basic knowledge base for nursing, the reasons for the selection of the ethnographic method for this study were discussed. Strategies were illustrated to show how the researcher handled the fieldwork.

CHAPTER 5

THE VILLAGE

5.1 INTRODUCTION

The research aims to reveal the meaning of illness and its management among Baan NG village people in Northeastern Thailand, a village which has been influenced by contact with the outside world, to some extent. The discussion in this chapter focuses on the daily lifestyle influencing villagers' beliefs and attitudes towards illness and its management.

5.2 THE LOCATION

Baan NG lies approximately 19 kilometres from Khon Kaen, and is one of five villages in Tambon (subdistrict) DA, Amphur (district) Muang, Khon Kaen Province. It is located at the border of three different subdistricts.

NG people travel to the city of Khon Kaen from Baan TN by public bus. It normally takes 20 minutes. From Baan TN, the villagers hire motor-cycles and motor-tricycles at the junction to go to the village on the rough dusty road via Baan DA. It takes 20-30 minutes to travel to Baan NG from the city. During the fieldwork period, the bus fare from Khon Kaen city to Baan TN was three bahts ($NZ 0.25) and to hire a motor-cycle or a motor-tricycle from the junction to Baan NG it was eight to ten bahts ($NZ 0.70-0.80).

Villagers use bicycles to travel from their houses to their fields. Some villagers might walk pushing a cart carrying their lunch and necessary things to work in the field. Most of their fields, located around the village, are about 30-70 minutes away. Usually, there is at least one small hut on each farm, so villagers can stay overnight during the growing and harvesting season.

There were two families who owned trucks which would be hired to carry rice from the field to the barn near the house, to carry cassava to the nearest

factories, and to carry patients to the hospitals in the city or to the healers in nearby villages or tambons. Sometimes the villagers hired the truck to travel in a group to other districts to buy *good medicine* and to see the reputable healers. No one in the village owned a car. A few families had motorcycles or motor-tricycles which were used for hire to generate cash for the instalments on those vehicles.

The villagers from nearby villages and from Baan NG communicate with each other on a regular basis. The connecting roads among those villages are rocky dusty roads which are a real problem during the wet period. Any road might be cut by flooding from the rice field beside the road. Thus, villages need to repair those roads almost every year, and, as the government repair budget is inadequate, villagers do it voluntarily.

The villagers are accepting modernisation. Radio and television are the main media from the outside world with five television channels. The Government control of radio and television broadcasting makes it impossible for villagers to gain valuable independent commentaries on any particular event such as politics. The favourite programs are the movies and the advertisements. The advertisements for various kinds of medicine on television and radio influence people's selection for self-medication (Chartbanchachai *et al.* 1991). Daily news or other educational programs are not of interest. A few people occasionally read the newspaper. Most of the time, the villagers have to depend on word-of-mouth reports about what is happening in the village and the outside world. This is the most influential source of new information because it is easily understood. Moreover, the villagers believe the person who reports the news because that person is known to them. Knowing each other is important in building trusting relationships.

5.3 SETTLEMENT OF THE VILLAGE

Baan NG early settlers moved from other villages in the same province 80-90 years ago.

> *"We [1] moved from Baan P about 80 years ago. The leader at that time was Poh Yai SH who first came here for hunting with five or six other men. They came across a reservoir surrounded by thick forest. It was very plentiful*

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1 The informants used a word which I translated into "we" to refer to what they meant by original settlers in the sense that the villagers were in the same group.

with natural food. So, that group of men went back to gather some of us who decided to come here. Then we moved to settle in Baan NG." (Poh Ta SO, 26 November, 1991)

"We came to this place about 70 years ago, from another tambon which is about ten kilometres north of Khon Kaen city. Back there, the number of families grew, and there was not enough land for everybody. We were persuaded by some who had come before us, to move here where there was more land and water." (Poh Yai SM, 1 December, 1991)

Stories and memories passed on by parents, grandparents and relatives, indicate that the reasons for migration were drought and insufficient land. No villager said anything about starvation or death from lack of food, or disease.

Mikusol (1984) notes that the Thai-Lao (Isaan) village is characteristically located on higher land, called *non* or *don* (mounds), to avoid annual rainy season floods. Also, they are located near the *nong* (ponds or swamps) for the main purpose of obtaining water in the dry season.

The name Baan NG comes from the name of the pond, the geographical feature of the village, a common regional practice.

When people did decide to migrate, it was rarely undertaken independently, for migration involved a small group of relatives or friends forming a caravan. On arrival, they might discover spirits, the owners of the new place, called *chao thii* or *pu ta*.[2] The first thing, was to choose a place at the entrance to or on the fringe of the village to build a shrine, or *San pu ta*. The place had to be surrounded by tall trees, with shelter and a peaceful atmosphere. Once the shrine was built, a rite of submission to the *pu ta* (the village spirit), with the recently arrived migrants calling themselves the village spirit's children, and asking for his protection and blessing, was performed. Usually, a festival would be held twice each year to *feed* the village spirit.[3]

In Baan NG, the reserve forest behind the village temple is the place where the *San pu ta,* the shrine of the village, was built. This forest is called *Don pu ta* and is known for its dangerous animals, creatures of the village spirit, such as a tiger, or wild buffalo. As a result, the villagers avoid contact with the forest, especially the children, who are forbidden near the forest by themselves. There are stories passed on from generation to generation about the power of the village spirit which relates to the health and illness of the village people.

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2 It refers to the guardian spirit of the new location of the village. See Mikusol (1984).

3 See The Village Spirit, in this chapter for more detail.

"I was told that there were many people from nearby villages who died from fii-daat. But none from our village died or had that deadly disease. Our parents said that this happened because of the power of pu ta who blessed and protected us from that disease." (Miss KP, 12 December, 1991)

5.4 VILLAGE POPULATION

The village is considered small to medium in size compared to other nearby villages. In 1991, the village had 232 households with a population of 1301: 663 males and 638 females. Age and sex distribution of the population is shown in Table 5.1. The age ranges in this table correspond to those of the Rural Development Section, Ministry of Interior.

Table 5.1: Age and Sex Distribution in the Village of Baan NG, 1991

age	male	female	total
1day-5yrs	35	30	65
5+-7yrs	43	34	77
7+- 14yrs	85	83	168
14+-18yrs	135	128	263
18+-50yrs	290	270	560
50 yrs+	75	93	168
Totals	663	638	1301

5.5 VILLAGE ORGANISATION

The village headman is elected to communicate with the government.[4] The role of the headman is defined in accordance with state, not the village interests. Often the headman attempts to organise villagers to participate in government

4 Keyes (1989) discusses the roles of the village headman in contemporary Thai rural Northeastern villages.

determined projects by giving them orders. At the beginning of the fieldwork, the deputy district chief often told the headman to encourage the villagers to cooperate with my study. The headman gave that information to the villagers through the village broadcasting system every day for the first few weeks. He told the villagers, they should answer the questions asked by the researcher. I did not do any interviews during the first month. I only went house to house for casual visits, to build trust and to gain rapport with them. I tried not to allow the headman and the deputy of the district chief influence or organise the villagers to give information in that first month.

The village headman often asked the villagers to help him choose the members of the village committee, a village organisation designed by government authorities. Usually, the committee would be divided into different groups, related to government projects. During the fieldwork, there were four main groups: agricultural, health care, educational and safety. Each main group had a representative from the district office to formally give advice but, in reality, to tell the villagers what to do in relation to government projects.

The health care group consisted of the village health volunteer and his colleagues, six female village health communicators, each representing her own neighbourhood, with Maw CO (the local health worker) as the consultant. The leader of this group Mr SN, was the village health volunteer, a married man, aged 37. The leader of the educational group was the headman's assistant, while the headmaster of the village school was the committee's secretary. Most of the meetings took place at night which prohibited the headmaster and the health worker who lived in another community from attendance. The meetings dealt with dissemination of information from the district office and assigned member responsibility for each government project.

Apparently, in-depth data might not be available for each project, an example being the village literacy rate (see Table 5.2 and 5.3). In the annual report of the district, the literacy rate is given as 100%, which means every villager could read at least the signs in the village and write their own name. In reality, it appeared that they could write their own name, from memory, but reading the instructions was not possible, often relying on their children, who had just finished school, to read for them. Another example was the number of toilet facilities in the village. Mr SN, the health volunteer, reported the actual number of toilets in the village, not the actual toilets used by the villagers. He did not mention that some people had toilets but never used them, preferring the field or behind the bushes for *toileting*. Another example is that of illness episodes

reported in answer to a simple question: had they had any illness during the previous year? A simple answer would be given as *none*, except if one's illness was experienced seriously which was recognised by the community. Therefore, actual numbers of illness episodes could not be reliably taken.

5.6 HOUSING PATTERN

Keyes (1983a) describes Thai-Lao villages as *nucleated settlements* or cluster types, surrounded by rice fields or crop area. The village is normally divided into a few groups of houses built close together called *khoom* (neighbourhoods). Each neighbourhood is characterised by a small hut, the social gathering place. Baan NG is divided into six neighbourhoods located at different parts of the village. The villagers in these neighbourhoods have close contact with each other, so news spreads quickly. Within a few days house calls for fieldwork could be made to every household. Any community activities were carried out, based on the cooperation of neighbourhoods.

It is common to see the large house of the parents surrounded by houses of married daughters. The husband usually moves in to live with the wife's parents before the couple build their own house near the house of the wife's parents. They work in the fields of the wife's parents and share that income. Some families divide the land among their children, although they still work for, and share the crops. Sooner or later one of them might inherit land. Therefore, inheritance in the kin group is always assigned to the maternal side.

On the small areas of land around the house, each family grows fruit trees (bananas, mangoes and tamarind), plants vegetables, and cultivates some herbal trees, used for home remedies to cure specific illnesses. The use of herbs has been passed on from generation to generation. Many villagers dig a pond on their rice field, or nearby, in order to have more water for animals and for growing vegetables throughout the year. They could also catch fish, shrimps and crabs from their own pond to generate income.

Houses are usually five to six metres high, with the ground level left open for cattle, buffaloes, chickens, ducks and other domestic animals. The family live upstairs. The waste from the animals is scattered around the ground. Most households have no garbage container, garbage being left on the ground around their house and gathered for disposal by burning or burying.

Houses in the village are simple, self-constructed of wood with a corrugated iron roof. The house usually consists of one or two bedrooms, or one open space with few windows. Every member of the family might sleep in the same space with separate mosquito nets. Sleeping necessities consist of a mosquito net, a mat, a pillow and a thin blanket. In each house, one or two closets are shared by each family member. There might be one or more wooden or bamboo beds on the ground floor, the gathering place of the family. Only close relatives and friends gain access to the upstairs section of the house.

Close to the house is a small barn where rice is stored. A toilet is built near the house, and every house has a space for *showering*, generally at the back, where villagers take water from a storage jar with a small bowl and pour it over their bodies. There was no tap water in the village.

5.7 EDUCATION

There is one primary school with six classes at different levels. Every child has to complete a compulsory education of six years duration. A few of them, whose parents can afford payment for further study, move on to high school in Baan TN or other nearby communities. In 1991, there was only one student who went to a vocational college in Khon Kaen and four who went to high school in Baan TN. By the end of the fieldwork (1992), there were twenty-three villagers who had graduated from high school and five from vocational school. Parents cannot see the relevance of higher education for farming and unskilled labour. The main village school task is to teach children to read and write in order to understand the important things of daily life. The village school does not prepare the children for further education since it is seen as unnecessary. Moreover, the headmaster mentioned that after higher education, graduates from rural villages are not able to find a good job. Most of the jobs, because of high competition, go to city people. Tables 5.2 and 5.3 show the levels of villager's education, as itemised, in 1991.

Table 5.2: The Villagers of Baan NG by level of education completed in 1991

Educational Level completed	Numbers
Compulsory schooling	946
Secondary school	31
High school	23
College or University	5
Total	1005

Table 5.3: The Villagers of Baan NG by level of education undertaken in 1991

Educational Level taking	Numbers
Compulsory schooling	147
Secondary and High school	6
College or University	1
Total	154

5.8 ECONOMIC ASPECTS OF THE VILLAGE

The main occupation among the villagers is rice farming, although the villagers also travel to labouring jobs outside the village such as sugarcane harvesting, labouring at the building construction sites or in the factories in Khon Kaen, or being hired by others to help work in the rice or cassava fields.

Glutinous rice farming has long been the way of life of NG people. It seemed that people try to do everything to maintain their livelihood with this kind of farming. Thus, whenever the villagers were asked about their main occupation,

they would immediately refer to rice farming. They also call themselves farmers, *chao naa*.[5]

Village agricultural and food products, produced or collected from the forest, the stream or the reservoir, are taken to the morning market almost daily. Anything from nature that can be sold is collected and taken for sale to generate income. The village people say they need money to shop. In the early morning they sell their products and return home late morning with goods or food purchased from the market including medicine.

Electricity allows for the purchase of electrical products such as refrigerators, fans, radios or stereos and television. It is common to demonstrate people's economic status by their ability to purchase these facilities, although some of them are not used as they should be. Some families use large refrigerators only for cooling drinking water, whereas some play their stereo only during the village festivals or family ceremonies. Having more of these facilities is one way of showing modernisation. Through radio and television advertisements, villagers' needs tend to be increased especially as most of the goods are brought to the village by travelling salespersons. This was also true for *khon khaai yaa* (the drug vendors) who come to the village with various kinds of *good medicine*.

The government bank, the Bank for Agriculture and Agricultural Cooperatives (BAAC) encourages the villagers to take out a farming loan under the government project to help facilitate planting rice and other crops. The loan is very popular because of its low interest rates compared with other private creditors and commercial banks. They spend it on fertilisers and agricultural implements, as intended, or pay off their previous debts with private creditors, friends or relatives, or on household goods. Some obtain a loan for the endowment of a son's marriage. Thus, some of them had been accumulating debt for years which they have to pay back in the future. Normally, the BAAC requires the properties and land as guarantee for the loan. After each farming season, villagers go to work elsewhere to earn more money to help pay off debt. It seems to be the best way for them apart from expansion of their field area for rice or other crop cultivation.

Sugarcane harvesting is very popular among young male villagers and middle-aged men. After the rice harvesting season, approximately late December or the

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5 Keyes (1967, 1989) discusses Northeastern Thai villagers perceptions of their identities as farmers.

beginning of January to late March or the beginning of April (before the Thai New Year's Eve), the owners of the sugarcane fields send a lorry to transport some villagers to the fields. A few days before the lorry is sent, the foreman comes to recruit labourers. Usually, couples go together taking their young pre-school children. Those who are single and young go by themselves or with their brothers or sisters. The owner of the sugarfield provides them with temporary shelters. Before they leave for the fields, they prepared rice and other staples such as fermented fish, dried fish and spices, and their cooking and sleeping necessities. Fresh food and some medicines would be sold in the field by, probably, the wife of the foreman. They were paid 30 baths ($NZ 2.30) for cutting 100 canes. Usually, they stay for two to three months earning about 7,000 to 15,000 bahts ($NZ 358.45 to 1153.85). During the fieldwork period there were 27 men and 11 women who went to do this kind of work.

> *"We don't want to take the money from Tao kae [6] like that but we didn't have enough to pay the Bank. We were told to pay off the debt after selling the rice we harvested. But we could not sell all the rice we have. So, we sold some from the barn. We could not live if we don't have rice in our barn. It's ridiculous that we are the farmers but we have to buy rice. Therefore, we took the money from him and have to go back to his field every year for returning his money. This is good so that we can get off the debt and have work to do at the same time. We don't need to go to other people for a job. We have known this man for some years. He is a good person. We have to work hard apart from doing rice farming. We can't stop doing rice farming although there is no rain. Because rice is our life. We can't live without rice...."* (Mr SN, 28 December, 1991)

Being skilled or unskilled labourers at the construction sites is also popular among the villagers. Most of the skilled labourers developed their skills from having worked and observed other persons for many years. They have no formal training. Payment ranges from 80 to 150 bahts ($NZ 6.15 to 11.50) a day depending on ability as judged by the foremen. Unskilled male labourers start at 70 bahts ($NZ 5.40) a day while a female starts at 50 bahts ($NZ 3.85). The longer they work with the same company, the higher the pay received, thus, they stay with the same company. The important thing about working with the same company is that it is known that those labourers from rural district need to return home during the farming season, and the company accommodates this situation. Those who do this kind of work sometimes hire other villagers to do the rice farming for them, because they could earn more than the amount they paid to hire others. The labourers live at the site in temporary shelters provided

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6 *Tao kae* usually refers to the owner or the boss who is believed to have more money and assumes a high status in the community. Money and property are the criteria to consider a person as *Tao kae*. In this context, the owner of the sugarcane fields are Chinese merchants engaged in a small sugar businesses.

by the company and came home with money every pay day which is every fortnight.

In previous years, a few young girls went as maids to the city, being paid 500 to 700 bahts ($NZ 38.45 to 53.85) a month. They had to live with the family. With modernisation, most young girls work in local factories. A few of those who are too old for the factories, mothers with two to four children, sometimes work in the city for daytime baby sitting and housework. They do not live with the family, for whom they work, because they have their own children to look after and housework to undertake. These mothers do the city work to earn money to buy such items as a motorcycle, a motor plough, a buffalo, a television, to help pay off the debts, and for household necessities.

During the *hard period* in the farming season, especially the rice planting season, some villagers are hired to help work in the fields. Most of them are the young who have finished with their own fields and want to earn more money. Usually, adults are paid 60 bahts ($NZ 4.60) a day while school children are paid 30 to 40 bahts ($NZ 2.30 to 3.05) according to their ability. School children, who are about to finish their compulsory education, learn how to work in the rice field from their families. Whenever they finish helping their families, they are hired by others in the village or nearby villages. They give all of their earning to their parents or family. Occasionally, when they want to buy particular items, they ask for money.

The village children learn that they will be farmers like their ancestors. They have also been told they should go to the factories in nearby communities when they left school. They did not think of other choices. In fact their elders planned for them. Few good looking girls might be sent to the beauty shops in the city, to learn beauty care and continue working in the beauty salon or return home to make cash from giving such services to other village women, as well as working in the rice field.

Many of the young go to work in the factories, either at Baan TN or in the city. A few would go to Bangkok or other big cities in the Central region to be labourers. Those who work in Bangkok or other cities have to pay for transportation and shelter and have very little to give to their families. They said living in the city was very expensive because they had to pay for everything. Those who worked nearby could still be close to and support their families.

> *" All of my friends are at home. I don't want to be alone in another place. I can earn some money working in Khon Kaen. I don't like to live far from home. My family need me to do hard work in the field. I can enjoy life in the village too. Our village is modern. We, the youth, always have dancing party every year. We can get what we want. So we don't need to go to Bangkok. Everything in Bangkok is expensive. If we don't have money we can't stay there. But in this village, we can go to any house to ask for rice if we don't really have it. I don't know much but my mother said the important thing is we have to work to get some money, at least enough for buying necessary things at home. You should go and talk with those who are older than me, at your age. They know about this because they went to Bangkok when they were about my age. They will tell you everything. I don't know how to tell you correctly. I am too young to know...."* (Mr WA (18), 2 January 1992)

A strong sense of responsibility is very obvious in many young villagers who mention family interests not personal income. All money earned goes to the family until they have their own families. It is the expectation of parents or grandparents that children take responsibility for their welfare when they can no longer work hard in the fields. Support for the family is the important thing Isaan people have to maintain. Failure to do that would be considered *bad* and, therefore, a demerit, and part of *karma*. Other actions considered bad include: refusing to listen to or follow the instructions of the elders in the family; failure to look after parents or grandparents; shouting at parents or grandparents; negative thinking toward other people and those who had been good to them; and stealing.

5.9 FOOD AND EATING PATTERNS

Glutinous rice is the staple food and is prepared by soaking the rice in water for several hours before steaming. It has a distinctly sticky quality. Other foods eaten are side dishes containing little meat and many vegetables. Meat is always prepared for special occasions. Fish is consumed throughout the year, because they have their own ponds in the field. Preservation of fish is popular. The villagers dry or ferment fish and make fish sauce. Preserved fish is available all year round to provide the main supplement to rice.

On festive occasions, meat is preferred, including beef, pork or chicken. Without meat, a festival is not considered to be a complete occasion.

For daily consumption, anything that the villagers can gather from the rice field or the village forest for cooking, is eaten. This includes vegetables from the garden, tree leaves or tops, fish from the pond, edible insects, ants and their

eggs, frogs and crabs. At every meal, fermented fish chilli paste, which goes with any dish, is served.

With the influence of modernisation, ready cooked foods are brought into the village by the village grocery shops. Curry, soup and stir fries, which the villagers can buy and eat straight from the plastic bag, are popular. Various kinds of *packaged foods*[7] are sold, particularly to children, most parents allowing this as it is convenient while busy with their work.

There are various kinds of drink available which are believed to produce more body strength, including *Milo*[8] and *Ovaltine*, UHT milk and soya bean drink. These drinks, which are packaged ready to drink, are always given to a patient, either at home or in hospital, because of their health properties.

Dried food, such as chicken or fish, hot rice porridge, boiled eggs, fermented fish or fish sauce and banana seem to be the basics for a patient staying at home. Food for the hospitalised patient is provided by the hospital, although sometimes kin supply extra.

People believe that food prepared at home makes more use of herbs than bought food does. Usually, home cooked food is simple, but they say, it is good to have a variety of food available in the shops.

> *"Usually we cook simple food at home. We don't have fancy food often because it is city food for city people. We just have gaeng-oom, (casserole) tom pla (fish soup), jaew plara (fermented fish chilli paste), tambaghoong (papaya salad), and other simple ones. Milo, coke, Sponsor*[9] *and Pepsi are very good; they give more energy as in the advertisement. It's great. Ping kai (barbecued chicken), sai kok (sausages), kuai teaw (noodles soup) and kanom (desserts) are ready made and bought at market so we don't need to cook. We eat them with jaew plara (fermented fish chilli paste) and phak (vegetables). That makes our lives easier. Sometimes, if we don't have enough money to buy these foods, we go to the rice field and catch fish, crab or edible insects...."* (Mae Yai O, 25 December, 1991)

Among male villagers, raw meat is preferred for special occasions to go with whisky or beer. They also like fresh raw fish dishes.

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7 Packaged foods include: 2-minute noodles, ice lollies and all kinds of sweets. The children normally eat the 2-minute noodles, *mama*, straight from the package for a snack or lunch.

8 Milo is a chocolate drink in a ready to drink package of about 350 ml, and costs five bahts ($NZ 0.40) a package. Young children as well as patients are given this drink. The villagers believed Milo gives energy.

9 Sponsor is the electrolyte drink, with sugar, which is advertised to increase energy, especially for those people who work hard. Most village men resort to this drink when they are tired from working in the fields.

"Eating something raw makes us strong and more fertile. Women don't need it because they don't need to be strong like men. Look at the tigers, they eat raw meat. They are so strong. If you are a man, you have to be brave. Raw fish is really delicious especially fresh fish from the pond. I don't think city people eat it because they think it's dirty. We don't eat in the city either. We will eat only what we cook to be sure that it's clean. Maw CO told us not to eat raw food but it's all right if we cook it. There is no parasite or disease in our food if we cook it carefully. We can also get yaa (medicine)to kill parasites. But we can't be strong as a man should be, if we don't eat raw meat sometimes." (Mr SE, aged 32, 15 November, 1991)

5.10 HEALTH CARE SERVICES AVAILABLE

Khon Kaen is 449 kilometres from Bangkok. There are 19 community hospitals, each one located in a district, and 178 local health care centres. Two general hospitals in Khon Kaen provided general health services as well as specialised medical needs. There is also a psychiatric hospital and other regional health institutes. Most of the time, those hospitals had a high occupancy rate, usually in excess of capacity.

Ninety percent of the reported traditional healers in this province live in the villages, approximately three in each village, with one traditional healer providing services to approximately 315 villagers (Khon Kaen Provincial Health Office, 1991). All of them are informally trained healers. Injection doctors are not mentioned in this official report although they appear to provide their healing services to most of the rural people.

The two general hospitals in Khon Kaen, are the Khon Kaen Hospital and Srinakarind Hospital. Khon Kaen Hospital is the regional referral hospital of the Northeast with an official capacity of 614 beds. Khon Kaen Hospital is the resource centre for medical and paramedical students from many academic institutes in the country including Khon Kaen University. Referrals were often made from Khon Kaen Hospital to Srinakarind Hospital for sophisticated treatment. Most reputable physicians seek to move to Srinakarind Hospital in order to obtain lecturer status and advance their careers.

Srinakarind, the teaching hospital for Khon Kaen University, has extensive services with reputable physicians drawn from other hospitals, sophisticated equipment and modern treatment and medicine.

Alongside the government health care institutes, there are five private hospitals with bed capacity of up to 30; 163 private Western medical clinics; 4 traditional

medical clinics; 36 dental clinics; and 22 midwifery clinics. All private hospitals are located in the city as well as the majority of the private medical and dental clinics. Most of the midwifery clinics are scattered in various districts. Almost all health personnel who practice privately are full-time employees of government health care institutions.

There are patients from other provinces in the region who come because of the reputation of the two hospitals. They have a wide-range of illnesses and generally come without institutional referral.

An example of this occurred during the fieldwork period, when a pregnant woman, accompanied by her family and kin from a nearby province, travelled past many community hospitals to the Regional Health Promotion Centre because the centre has a high reputation for maternal and child health services, especially delivery. There were no complications. Another example: two grandmothers from Ubon province, 280 kilometres from Khon Kaen, travelled to Srinakarind Hospital with symptoms of leg ache. They were prescribed the simple medication, previously obtained from Ubon Hospital, after waiting in a queue for three hours.

As the research village is situated in the district of the city of Khon Kaen, there is no district community hospital, as would be expected from the hierarchy of health care services. The provincial level, however, is exempted because the two general hospitals are the regional and the sophisticated and modern university hospitals in Khon Kaen. Therefore, official referrals for the villagers, start at the local health care centre and go directly to the regional hospitals and other regional health care institutes in Khon Kaen. The tertiary level of referral is the hospitals in Bangkok.

The villagers select the health care services from among the private medical clinics, the home clinics of the local health workers, the injection doctor, the traditional healers within and outside the village, the two hospitals and other regional health care institutes. For their self-treatment, there are a variety of medicines, either traditional or modern, available from either licensed or unlicensed providers such as drug stores, pharmacies, drug vendors, grocery shops, relatives and neighbours. The nearest health care providers from the government sector are the health workers at the local subdistrict health care centre.

The PC Health Care Centre is located at Baan PC, three kilometres east of Baan DA. There are three health workers at this centre: a midwife and two junior health workers. The midwife was trained at the College of Midwifery in Khon Kaen while the two junior health workers had completed the two-year training course at the Provincial Public Health College. The villagers consider visiting the health care centre inconvenient, because of the dusty road or the walk across the fields. They can easily see private physicians in a nearby village and buy goods from the morning market at the same time. Frequent contact with the local health centre takes place when the health worker comes to the village with the centre's activities or programs.

The head of the health centre, Maw CO, has been responsible for the research village for five years. He has developed trust and gained rapport with the villagers for his work at the health centre and from his private practice. Maw D, another junior health worker, and his wife, the midwife, who live in Baan DA, also have private practices for general medical care and maternity care. That couple, however, were not as popular as Maw CO.

During the fieldwork, the main services of the local health care centre were immunisation for school children, nutritional surveillance for children under five, treatment for common ailments (diarrhoea, colds among children, body ache, coughs and exhaustion), giving letters of recommendation for further investigation and proper management at the hospital level and for sick leave. Health care for most mothers, especially during pregnancy, delivery and postnatal is obtained from the Regional Health Promotion Centre or the two government hospitals in the city. The villagers mentioned there are insufficient facilities to save the life of mother and/or baby at the local centre, so they used the hospitals or the Regional Health Promotion Centre, in the city. Recently, the number of pregnant women giving birth at Srinakarind Hospital has increased due to its facilities and reputable doctors.

The villagers believe that the medical supplies and facilities at the health care centre are limited and out-of-date. They mention that sometimes they were not given *good* and *strong* medicine due to its unavailability, so they still had to go to the hospital or clinics. They also believe most medicine provided at the health care centre could be purchased elsewhere.

Villagers, therefore, see the health care centre's role relevant to other activities such as immunisation and nutritional surveillance of children under five years, and sanitation. There is one activity that reflects the high use of the centre, early

detection of haemorrhagic fever among children of all ages. Most villagers are concerned about observing behaviour changes in their own children to avoid the possibility of haemorrhagic fever. The child has to be first taken to the health care centre for a test before being referred to the hospitals in Khon Kaen. During the fieldwork, there were seven children taken to the health care centre and found positive from the test.

Although the responsibilities of the health care centre cover most preventive and promotive health strategies, the administrative work is always heavy especially as the primary information relevant to health is collected at this level. The personnel at the health care centre are engaged in this administrative work most of the time, except when clients called or they were out in their respective villages.

The government's annual budget for the health care centre is insufficient to supply a variety of medicines and necessary modern equipment. Medical equipment has remained the same since the establishment of the centre, while the medical supplies vary due to the budget provided each year. As well, the health care centre receives little payment from clients who believe the service is free. This allows for only simple medication and other non treatment services. This situation facilitates the home practice of health workers who see opportunities to provide a variety of medicines to fill the needs of the people, generating extra income, a practice common in most rural areas.

Misunderstandings occurred among the health personnel themselves which hindered the referral system. The workers at the local health care centre believed they should refer patients with diseases beyond their ability, while hospital personnel complained about receiving referrals for simple or common diseases instead of complicated and severe ones. From the point of view of the local health workers, their abilities to treat common or simple diseases are limited. The local health workers add that hospitals always accept the referred patient and continued contact with the patient without referring back to the health centre.

5.11 HEALTH IN THE RESEARCH VILLAGE

Available resources identify that most preventable diseases found in this province are similar to other areas of the region, and the country: enteritis,

diarrhoea, pneumonia, cholecystitis, urinary calculi, skin diseases, conjunctivitis, bronchitis and pharyngitis, malaria, haemorrhagic fever, parasitic infections (especially from eating raw meat and fish), leprosy, diphtheria, venereal diseases and herpes zoster. Liver flukes are very common among rural villagers who prefer eating raw fresh water fish, as are ulcers in the digestive tract and colic as well as pyrexia and exhaustion. Chronic diseases such as diabetes, tuberculosis, asthma, cataracts (especially among the elderly), hypertension, thyroidism and *diseases of the heart* have been reported in most hospitals. Malignancy neoplasm and diseases of the heart have been identified among causes of death. Cholera and rabies are still found in some areas. A few cases of AIDS have been reported from the Ministry of Public Health hospitals and health care institutions in the province, but not from Baan NG.

There are some common ailments people self-treat, such as influenza, colds, diarrhoea and food poisoning, renal calculi, gastric ulcers, colic and abdominal discomforts, and haemorrhoids.

Malnutrition, among children under five, as well as diarrhoea and otitis media, are common. Dental caries are also predominant among school children. Anaemia among women of reproductive and child rearing age is generally found especially in rural areas, although it is only detected when the women come to the hospital with other symptoms.

Villagers experience most preventable diseases, especially infectious and communicable diseases. Among children, second and third degree malnutrition is common as well as diarrhoea, otitis media and parasitic infections. Village women suffered from procidentia uteri when they are entering old age. Leucorrhoea and other sexually transmitted diseases were also mentioned by the villagers, with dizziness, exhaustion and faintness generally found in women of reproductive age. These conditions are always treated by the injection doctors.

5.12 BUDDHISM AS THE CENTRE OF VILLAGE LIFE

Buddhism has been part of the life of the village for centuries, guiding thinking and living. However, in the Northeast, not only Buddhism but other belief systems such as Brahmanism, spirit beliefs and animism exist. People have adopted parts of these belief systems into their way of life. They believe the force of Dharma is the most powerful force, able to destroy the force of evil and

spirits. They still believe in making merit; taking food to the monks regularly, joining in religious festivities, showing respect and faith; and believe in many kinds of spirits, respecting the village spirit and paying homage, and consulting the spirit healers in appropriate situations. The villagers recognise themselves as Buddhists, in the sense of *popular Buddhism*.

Since everybody in Baan NG is Buddhist, there is only a Buddhist temple with three monks and two novices. The temple is made up of two houses for monks, a hall and an *ubosot,* which is the sacred place where Buddha statues are kept, where monks pray and where all important ceremonies take place. The villagers are very proud of having a sacred hall in their temple.

The temple grounds are extensive and cover several *rai*.[10] Part of the ground is cleared of most of the trees, and is used for cultural events, entertainment and other community activities. For example, Maw CO, set up his Well Baby Mobile Clinic in the temple grounds in order to have space for mothers and their children. It has been used as the meeting place that villagers gather before carrying out any community activity. The temple ground is at the centre of the village, used as the reception hall for people who visit. For example, when the deputy district chief visits the village with his colleagues, the village elders and the village committee welcome them there. A group of housewives prepares food in the small hut in the temple ground. Thus, the abbot is involved in every village occasion. Moreover, it maintains equality, as no person's house is used for the community reception.

The temple's *pel*[11] drum tells the community when it is time for the monks' meals. Usually the parents and relatives of the monks take turns delivering food. On Buddhist holy days (four times a month, according to lunar calendar) many villagers go to the temple for merit making, *tham boon*, offering food and other assistance to the monks and the temple. During the fieldwork, villagers often related their activities to those at the temple, such as *" Before pel, I took the diabetic pill.".*

Merit making is an essential part of village life. Every household takes food and gifts to the monks and the temple, and listens to the preaching of monks on holy days and during festivals and ceremonies.

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10 *Rai* is the Thai unit of measurement of land. One *rai* is approximately 1,600 square metres or two-fifths of an acre.

11 *Pel* is the hour between eleven and noon when the Buddhist monks have their last meal of the day.

At any village temple, anyone who wants to stop and have food at midday, is welcome as part of merit making. Although, the villagers have not seen the visitors before, they would be treated well. During the fieldwork, a group of people from the nearby village, Baan ST, came to inquire about the rice mill and *phii pob* (the witch-like spirit) and stopped by at the temple. The abbot and other monks as well as the elders who were there, offered them food and talked to them as if they had known them for sometime.

The abbot, plays an important role as a natural traditional leader. His involvement in most community activities shows how important he is in social harmony as well as religious activities. The abbot gives comment and valuable advice when it is needed, but rarely makes any decision in village conflicts. He has made people concerned about the main problems of the whole community, including the repairing of the road and the bridge, and fund raising for the school lunch program, the village broadcasting unit and the sacred hall.

Aging villagers, having at least one grandchild, are expected to go to the temple very often. Thus, most of the villagers who attended the daily sermon were grandmothers or mothers. At any religious activity, apart from the elders, women are in the majority. Although men are at home, they do not go to the sermon because each should have been a monk or novice once, and claimed to have learned a lot about dharma. Villagers also said that men made high merit by being ordained. Women did the same by providing alms and food for the monks as well as listening to the sermons.

5.13 KIN RELATIONSHIP

Isaan society is based on kinship. Respect is given to the elders of each family. These are not only the oldest people, but also the most respected. While they appear to be ordinary people, without any important role in everyday working activity, it is their intervention which is requested in all village ceremonies rituals, important events and, especially, in conflicts.

The language of kinship is used to express how non-kin relationships are hierarchical. Friends became *pii-nong* (elder sibling-younger sibling), and members of a community or an association are considered *pii-nongkan* (siblings together).

Thai and Isaan people are taught to respect, and never to question their elders. Other than play friends (peers), a child learns to treat others according to the age ranking system: *pii* (elder brother or sister), *nong* (younger brother or sister), *loong* (father's or mother's elder brother), *pa* (father's or mother's elder sister). If a person is very elderly, the usual form of address is the English equivalent of grandfather and grandmother, *poh ta* or *poh yai* and *mae yai*. This pattern of social position of the villagers is based on the fact that villagers have been related to each other since their ancestors formed this village.

Kindness is the first qualification of a *good person*. If a person is doing something which is not considered respectable, respect can still be earned by demonstrating kindness. Usually, the young villagers living in the cities come home during Thai New Year in mid-April to pay respect to their parents and relatives. They also come home when their parents and relatives are ill. These are the expected expressions of kindness towards parents.

As Buddhism guides the social life of these Northeastern people, they believe in the law of karma which explains how to accept what is happening without question or complaint. The present life situation is always determined by one's previous karma. People have to choose to react morally or positively to what has happened. This generates positive karmic consequences for a better present and future life. There are things people cannot control, and have to accept. It is believed that anything which occurs which cannot be solved, happens because of the previous karma of that person. This is always applied to long or incurable illnesses.

An individual is understood to be ultimately morally responsible. Although other people do not know what an individual has done, the individual would receive the consequences. This is important in the consideration of the ethics of this study. The villagers said they were not worried about informed consent after its implications were explained because if something unethical had been done to them intentionally, the doer would receive negative consequences. They did not need to do anything in return. It is karma. The villagers usually say that it is in this life that they would see the consequences of their karma, not only in the future life.

It also appears that any disagreement or fighting occurring among the villagers is managed completely by the village. Negotiation of these conflicts is mostly done by the respected elders who are accepted by both sides in the dispute. They rarely go to the police to solve problems because they are afraid of a fine

or imprisonment. As they do not know much about the law, they use traditional regulations for proper community management. There were a few events which occurred during the fieldwork that showed the well-organised problem-solving methods Baan NG people use: *phii pob* and the rice mill, the eloping of the young couple, and the shared material weaving machine.[12]

Usually, NG families are extended, with more than one couple living under one household management. Although a new couple has their own house, they share everything with the parents' family. There are very strong matrilineal links. Children are closer to maternal than paternal kin. Most of the children are cared for by their maternal grandmothers while the mothers work in the fields or elsewhere.

The natural maternal grandmother is likely to be available most of the time because she does not work in the fields. She helps to look after the grandchildren and the house. The grandfather helps with the cattle or the buffaloes and makes bamboo baskets or other containers used by the family. He also attends to temple management and meditation.

While the concept of male and female roles appears to assign women to domestic roles and men to public ones, for agricultural work, they are equal. Women are always responsible for domestic activities, preparing foods, caring for the children or sick members, and managing the household economy. Men are involved with most of the public activities, giving cooperation to the village committee, administering the temple property and activities, and interacting with outsiders particularly those from the government sector. Both aged men and women are consulted when there is illness or other events in the family. The head of the family, as reported in the official record, is always the eldest among the members.

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12 The *phii pob* and the rice mill event are discussed in Chapter 6. A young girl aged 14 who just left school, spent the night with her boy friend in his house. Although this situation embarrassed the girl's family, they did not require the girl to marry. The boy's parents and relative wanted the two children to marry. However, the two parties compromised and the children were engaged. Another example is about the weaving machine shared among six women. The argument occurred when one of them took the machine with her to another province when she went to visit her relative for a month. It was the only period women could do material weaving. Therefore, those involved requested their shared money back. They finally brought the machine back and the woman who brought the problem was not allowed to continue using it.

Potter (1976) discusses the characteristics of a *loosely structured* social system of Thailand. See also Embree (1950). Keyes (1983b) discusses the consequence of past karma influences on people performance.

It was known among the villagers that the highest merit[13] a man can obtain for himself and his family is to be ordained as a monk. As mentioned earlier the merit accrued to his parents. Every *good* son would try to enter the monkhood for at least one period of his life. It is the best way to show gratitude to parents, especially the mother, and to give merit to them for the next *better* life. The villagers spend a lot of money on the feast for this ceremony, saying this is the only time in his life he will make merit.

Knowing each other for some time facilitates a relationship. Usually, people trust any person if they have known that person for a period of time and that person has shown gratitude to others. Knowing each other is to know personal information about the family and relatives, occupation and economic situation, and home. People in this position are addressed as relatives or friends of the family using a kin position before name. Mistrust can also occur, but negotiations as well as kindness usually bring back the previous relationship.

The villagers mentioned that although they were not necessarily related to each other by blood, they shared a kin relationship because of kindness, the most important thing to strengthen any relationship. The villagers said: *We are in the same village, we are elder sibling and younger sibling to each other.* Very rarely did they mention about being friends, except those who were in the same class at school. Fieldwork data indicates villagers consider kin relationship, by blood or kindness, the most important in their social relationships.

The villagers also relate themselves to those who have similar backgrounds, building up social or kin relationships. When the villagers found that the researcher's grandparents were rice farmers in the province where the wife of one family in the village came from, they considered me to be similar to them, relating me to that woman's family, and then to the others in the village. The villagers always inquired about farming in my province, although knowing nothing, I shared with them as much as possible, to keep the conversation going and to maintain relationships with them. Most of the time they gave me knowledge on rice and cassava farming since they knew I did not know much about it.

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13 Keyes (1983b) discusses the two fundamental meanings of *merit* understood by all Buddhists. Firstly, merit is seen as a form of spiritual insurance, an investment made with the expectation that in the future one will enjoy a relatively prolonged state without suffering. Secondly, it is seen as the social recognition of being a person of virtue, through the act of merit making such as the giving of gifts to the monk.

The villagers mentioned that because Maw CO (the local health worker) and Maw CH (the injection doctor) were considered ordinary villagers like them, they felt comfortable consulting these two healers. They always praised them for their willingness to help in curing patients who were kin and neighbours. Another example is the drug vendors. The villagers always bought medicine from vendors they could relate to, such as those who came from a known village or who were farmers like themselves.

In hospital, the villagers appreciate the nurse who comes from the village, and can speak in the same dialect. The villagers, especially the patients, were apt to talk to such a nurse, without feeling fearful of her. Instead, they feel as if they are talking among kin and neighbours who share concern for each other about the patient's condition and illness management.

Among kin or relatives, participation or cooperation in agricultural work and common rituals is expected and often undertaken. When the economic situation is in recession, these activities would be decreased. NG people were very proud that they still help each other when in need, especially during rituals. Any event which occurs in the village has to be noticed by the villagers. The person who faces that particular event would be supported by kin.

Helping can be companionship, giving advice, consultation or managing material things, as they consider doing this is part of making merit: being helpful to others or being good to others.

Fieldwork data indicates that kin and neighbours are important people for illness recognition and illness management. Kin and neighbours are involved in all stages of the decision-making process when illness occurs.

Most illness recognition, especially diagnosis, is articulated by kin and neighbours, who visit the patient. Suggestions about effective therapies, especially the reputable medicine for particular diseases or illnesses, are always given by kin and neighbours from their experiences. The patient and family always listens to, and follows such suggestions because they believed kin and neighbours are well-intentioned and never did harm to each other. These suggestions are believed to help cure the patient.

Being among relatives and friends makes a person more comfortable, especially when ill. During the healing process, either at the hospital or at home, kin and neighbours are always needed. Kin and neighbours accompany the patient and family to see healers, especially to the hospital. It is normal for the health

personnel to see a lorry carrying people accompanying one patient. There are crowds of people at relative shelters and other open spaces around the hospital when kin and relatives stay overnight.

The villagers always visit the patient at home. Sometimes, they stay overnight, returning to their work during the day. It is common to see many people at the patient's house if there is any important ceremony being held such a healing ritual. An invitation is not required in cases of illness and death. Sympathy and emotional sharing, needed for these two events, shows that the patient and family belonged to their community.

In the case of the hospitalised patients, kin and neighbours always share in the discussions and in any decision made about curing, and do the patient's work. This is considered another way of showing kindness. The villagers consider the most important time to show kindness is during illness.

Kin and neighbours take it as their responsibility to attend healing rituals. Essential preparation for the ritual is done by kin and neighbours. The patient and family are pleased to have people attended the ritual, to accompany the patient and family, and to be witnesses. During the *Su-khwaan* ceremony, *khwaan* (the essence of life) calling by the whole congregation represents the power of the ceremony to bring the essence of life back. Curing usually occurs.

5.14 SPIRITS AND VILLAGE LIFE

The villagers relate themselves to spirits from the spirit world, as some illnesses represent the influence of spirits on people. Traditions, regulations, healing rituals and merit making ceremonies show communication routes among people and spirits. Each kind of spirit is responsible for particular events or activities.

Different kinds of spirits, which affected illness and healing among people, were mentioned by the villagers. *Phii*[14] means *spirit*. In the research setting, these are spirit of the ancestors, guardian spirits, spirit from outside and spirit from the living person, the witch-like. The spirits, apart from the witch-like, are

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14 *Phii* is used by the villagers as a title for all spirits. Of the nature spirits believed to inhabit all corners of the world, those thought by the villagers of the research setting to be important are the household spirit, the forest spirit and the rice field spirit. The spirit of special deceased people, who used to be extraordinarily effective humans, are believed to be more powerful. Examples are the village spirit and the ancestoral spirits.

believed to both help and harm people, while the witch-like, *phii pob*, can only harm.

5.14.1 *Phii Chuea* or the Spirit of the Ancestor

Phii chuea, the spirit of the ancestor, is believed to protect descendants from evil or hazards. It is the spirit of the family and kin to whom the members pay high respect. The spirit of the ancestor can attack only those who belong to the same kin chain. The most important thing for every family is to follow traditions passed down from their ancestors. As it is believed that the spirit of the ancestor can gain enough merit to be born again, one of the most important traditions is merit making for the ancestor. Further the health and peace of the family or kin is affected by the well-being of the spirit of the ancestor.

When the spirit of the ancestor is not satisfied, discomfort or illness might occur. It is believed a spirit becomes upset or dissatisfied when a person does something to offend their traditions.

5.14.2 The Guardian Spirits

Places believed sacred, because they are important for daily life, include the village, the house, the rice fields and the forest. Each sacred place is the habitat of a guardian spirit, a spirit believed to help protect people and what the people do at each location. There are regulations and rules for people to follow to show respect and to satisfy the spirit.

5.14.2.1 *Phii pu ta* or the village spirit

> *"...We have pu ta to protect the village and the villagers. He brings peace to the village. Pu ta helps patients to be cured and people to solve their problems. Family and kin pray for the hospitalised patient to recover. Students who sit the tests want his blessing so that they could do well. Phii pu ta can help people in almost every matter if they are good and satisfy him. Each year villagers join the ceremony to feed and thank him. It is an important ceremony for the villagers to show their respect for him. We have to do this ceremony otherwise pu ta will not support and protect us...."* (Poh Yai LN, 24 November, 1991)

The village spirit protects people in the village. Soon after the village was settled, the villagers went to look for a good spirit known within the community

or nearby. They selected the best spirit and invited that spirit to reside in a shrine built in the forest by the village. The villagers had to know many details about the spirit before they made a selection.

In Baan NG, the village spirit came from the only public pond of the village. This spirit belonged to the great chief of a migration caravan who died many years ago.

People of Baan NG believe that it was the power of this spirit that protected them from the epidemic of *fii daat* (plague) some 40 to 50 years ago. At that time, other nearby villages were attacked by this deadly disease, but nobody in Baan NG was.

> *"..I think in about 1945, people in the surrounding villages died from fii daat (plague). No one died from that deadly disease in our village. The old people said that it was the power of pu ta who protected us from evil. I could remember that year because it was the year I left the monkhood to get married. It was said that the forest nearby those surrounding villages became yellow because there were many bodies of those who died from fii daat burned. So, leaves of the trees in that forest were yellow from the heat of burning...."* (Poh Ta SO, 24 October, 1991)

It is believed that there is only one person who is accepted by, and is able to communicate with this spirit, the Tao Cham who is selected from men who know incantations and have been ordained. The Tao Cham is given high respect from the villagers, and he is one of the persons who is most consulted by other villagers on any important matter. His major role is to communicate with the village spirit, either during the two village ceremonies to feed and thank the spirit, or when somebody wants its help.

Poh Yai LN (case # 26) is the Tao Cham in the research village. He was selected after the previous person died. After he left the monkhood, he lived with his nephews before he adopted them. People believed he has strong incantations because he is single and has never lived with a woman. It is not necessary for the Tao Cham to be single.

Liang Baan ceremonies to thank and feed the spirit of the village, are held each May and November, and are led by the Tao Cham. Every household attends, and people who want special protection, blessing or help from this spirit, have to provide the spirit with particular offerings, identified by the Tao Cham who is believed to be told by the spirit what to say and do and what to ask for.

The ceremony is held before the rice planting and the rice harvesting seasons so that the spirit will help with successful crop production. The first festival is on

any May Wednesday with a full moon with a second festival on any Wednesday night of the seventh full moon in November. Every household has to prepare a *prasat*,[15] containing a one baht coin, a pair of candles, a pair of flowers, a lump of sticky rice, a cigarette and a mouthful of *mhaak* (essential things for betel nut chewing). Any person who prays for special help or protection, has to add the following: a bottle of the local whisky; one whole steamed chicken; a piece of sarong, either silk or cotton; a bottle of fragrant water; and a piece of shoulder cloth,[16] and help prepare the vessel with all the offerings. During the fieldwork period, Mae HG (case #13), Mrs SW (case #7), Poh PM (case #2), Mr PA (case # 16) and Poh PG (case # 3) prayed for the recovery from illness, and when I had a miscarriage, the Tao Cham asked for special protection from the village spirit. People often praise the help of this spirit when any major conflict in the community is solved, or the patients are cured.

The Twice Yearly Ceremony to Feed the Village Spirit

The ceremony to feed the village spirit usually starts at early morning. There is a procession led by the Tao Cham to *San pu ta* in the forbidden forest behind the village temple. The abbot escorts the ceremony. Representatives of the families join the procession pushing the carts which carry the vessels. When the procession reaches the spirit shrine, all vessels are put on the shrine while the Tao Cham chants his incantations to communicate with the spirit, asking the spirit to accept the offerings in each vessel, and to give blessings and protection. The Tao Cham asked the village spirit to protect me, while in the village and blessed the study, saying I was one of the village spirit's children, and under his protection. It is said that this spirit protects people who are living in the village.

Besides the feeding ceremony, the villagers who want favours from the spirit ask the Tao Cham to communicate with this spirit for them. Offerings are assigned by the Tao Cham, according to the purpose, to please the spirit. Those offerings are taken by the Tao Cham, later. Some people say that to be the Tao Cham is good, because he takes all of the offerings. The villagers are afraid there might be no-one interested in being the Tao Cham after Poh Yai LN, because most men now are not interested in learning incantations, although they are ordained. People expect Poh Yai LN to be in this position until he dies.

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15 A *prasat* is a square vessel made of the outer layers of the banana plant stitched into shape with bamboo skewers.

16 A cloth is used by the elders to cover their shoulders. It served such purposes as a napkin, a handkerchief, a head cover when there is sun, or a fan.

5.14.2.2 *Phii baan* or the household spirit

Phii baan is the household spirit protecting people who live in the house, and providing peace and happiness. This kind of spirit is always blamed for any conflict or discomfort which annoys the householders, especially when traditions or customs are ignored as in building the house against tradition or sleeping by pointing the head in a wrong direction other than to the east.

5.14.2.3 *Phii na* or the rice field spirit

The rice field spirit is expected to help with the success of crop production. It is believed that the result of farming each year depends on the power of this spirit to affect fertility of the soil and the level of rainfall. There is a ceremony to pay respect to this spirit asking for fruitful production before each planting season. Also, the villagers have traditions to follow in relation to farming. Because farming is the most important thing for village livelihood, the rice field is a respected place. People are aware offending the spirit of the rice field could harm the owners of the field or other people who enter the field without informing the spirit.

5.14.2.4 *Phii pa* or the forest spirit

The forest spirit either protects or harms people who enter the forest. Those who go to the forest have to give respect to the spirit by praying to it. The villagers follow this tradition before doing anything in the forest. for example, not cutting trees without asking for permission from this spirit, or not performing any wrong action in the forest. No one in the village has been severely ill from an attack by this spirit in the past few years. The reduction in the size of the forest has resulted in fewer people visiting there. This may be the cause of the lack of attack in the recent years.

5.14.3 *Phii Fah* or the Sky Goddess

Phii fah is believed to be a higher spirit, who can either harm or help people. The sky goddesses come from the universe.

It is believed that the sky goddess comes to reside with an affected person, to let them know the sky goddess makes them ill. The patient might have to attend the sky goddess dance[17] to appease the goddess. People have to be aware they can be attacked by this spirit. Often the attacked person realises this when symptoms are still severe after particular therapies. The sky goddess does not allow the attacked person to be given cures by other healers, particularly the monk curer or the spirit healers. The sky goddess can become furious and make the attacked person more severely ill. If the sky goddess is not satisfied because the patients and their kin do not recognise her, the spirit might make that patient die. There is only one way to cure illness caused by the sky goddess, the sky goddess dance. This ritual is believed to make the attacking sky goddess satisfied by inviting other sky goddesses to talk to her, asking for forgiveness, on behalf of the attacked person.

5.14.4 *Phii Pob* or the Witch-Like Spirit

Phii pob is mentioned as one of the causes of illness and death in the research setting. This spirit is different from the others and held to be an evil spirit originating from a living person, the witch-like spirit. It is believed that *phii pob* can reside in any shape, in animals[18] or humans. *Phii pob* could have more than one body from one originating person. The more bodies, the stronger the power to harm people. *Phii pob* attacks people by either possessing a person or making a person die.

While people say most of the possessed persons are women of different ages, one man was possessed by *phii pob* during the fieldwork.[19] All of the possessed women were married, were considered beautiful for their age and were considered strong before possession, but did have social relationship problems with their family or others, prior to the possession.

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17 See details in Chapter 8.

18 Animal shapes *phii pob* could reside in are snake, chicken, monkey, rat, buffalo, cow, dog and tiger. Usually, people said they could differentiate between real animal and *phii pob* because *phii pob* are bigger. The villagers believe the strong bodies of *phii pob* has to be in the shape of the strongest animal, the tiger. My neighbours and Mae P talked about seeing a tiger walking on the village road one night after the ceremony to feed the village spirit was held.

19 See Chapter 8, The exorcism for *phii pob*.

There are various reasons that *phii pob* possesses or kills people: *Oog pak*, telling people about causes of previous deaths which were from *phii pob*; showing dissatisfaction over some people, especially a possessed person; telling people to do the right things; harming, either to make the person ill, or to kill or *eat*[20] a person; and unknown reasons, especially in death.

Symptoms or chief complaints during *phii pob* possession were found during the fieldwork. Most of the possessed or the attacked persons, would first be unconscious or disoriented, trembling, shaking, clenching their fists, convulsing, have a spasm or be tense, and unable to stand either electrical light or sunlight. They made noises by screaming, weeping, shouting, or crying wearily and continuously, and were unable to recognise any thing or person. When the possessed person was beaten by the spirit healer, it is believed they were not hurt. It is the spirit who was hurt.

Therapy is given to the possessed person during the possession to drive the spirit away. The spirit healer beats the patient with a magic stick while he shouts to the spirit to leave the body. He forces the patient to take holy water, and ties holy threads around the patient's wrists and neck. Then he blows incantations and sprinkles holy water over the head of the possessed person. Another important aspect is to accept whatever the possessed person requests during the possession, for it is a request from the spirit, which the family, or persons involved, have to follow to prevent the spirit from re-possessing the patient or involving other people. The later attacks or possession of this spirit are believed to be more serious than the first or previous ones, and more life-threatening. Family and kin of the possessed person try to satisfy the spirit as well as finding protection for themselves even though they have healers to beat and chase the spirit away.

Most of the spirit's requests, accepted by the people, are related to changes in behaviour of the family and kin members, such as asking a couple to stop quarrelling,[21] or asking a son not to take part of the land from his mother.[22] Requests other than these might not be accepted, such as the requests to eat raw meat or drink fresh chicken or cow blood.

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20 See Chapter 8.

21 See Chapter 8, reasons for *Tang kae* ritual.

22 See Chapter 6, Case # 12: Mae TA, *phii pob* possession.

During the fieldwork, there were complaints from possessed persons. Before possession, the majority of possessed persons would have headaches, dizziness, feel heart palpitation or a burning sensation over the body. Right after *phii pob* left, the possessed person felt thirsty and drank much more water than usual. Lying under a thick blanket, surrounded by their kin, they felt cold in the palms and soles, and numb over the legs and trunk, and complained of extreme exhaustion, as if they had no energy at all. They wanted to be with their family and kin as they recovered after the spirit left the body, discussing proper management of things mentioned by the spirit during the possession. For the possessed person beaten by the spirit healers, medicines to cure the beat marks were provided. The possessed person would not admit to feeling pain, because the beating is not supposed to hurt the patient, only the spirit.

After the spirit left, holy water and holy threads were given to the possessed person until the fifteenth day of the waning moon. The possessed person might take some medicine to cure the symptoms,[23] and be taken to see the healers for persisting symptoms. During the fieldwork, none of the possessed persons was taken to hospital, although people said that in previous years some possessed persons were hospitalised. People mentioned that while in the past few years, possessed persons were not treated badly by spirit healers, there were a few deaths believed to be caused by the spirit.

There are some characteristics of deaths or possession by *phii pob*. Most of the deaths were sudden: falling to the ground, and dead; stopping breathing as if something obstructed the throat; stopping breathing at night while sleeping; having blood coming out of every hole of the body, and then death. Most have no symptoms relevant to those before death. They are strong, meaning they have not been ill or severely ill before. Deaths from *phii pob* or from other causes are never given a post-mortem because it is not necessary. To the villagers, post-mortem results are unknown and irrelevant. To make the spirit of the dead satisfied, the merit making and the funeral should be done correctly.

Spirits appear to help maintain, strengthen and transform traditions and values of people and social relationships in the community.

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23 See Chapter 6, Case # 12: Mae TA.

5.15 CONCLUSION

Basic information about people and their daily lifestyle indicates their attempt to incorporate knowledge from the outside world to their traditional wisdom. Some aspects of modern ways, are selected to fit the villagers' lifestyle such as transportation and communication, various kinds of ready to eat food and drink, clothing and medicine. At the same time, the values of their traditions are regarded highly in order to maintain kin relationships in the family and the community. It appears relationships are necessary for community harmony as well as health. Spirits remain the powerful centre for most harmonious relationships. While the villagers regard the witch-like spirit to be harmful, it appears to help social regulation.

Fieldwork data suggests beliefs and attitudes, in general, affect what villagers do when ill. The following chapter provides current knowledge about illness which probably affects experiences of contact with the outside world, especially the modern Western medical services.

CHAPTER 6

BELIEFS ABOUT ILLNESS AND HEALING

6.1 INTRODUCTION

In this chapter, the discussion focuses on the villagers' understanding of illness, based on subjective experiences. Illness recognition is highlighted classifying different degrees of illness, and beliefs about multiple causation of illness. This chapter describes how multiple therapies, village healing and recently adopted Western ideas, are used based on village perceptions about illness.

6.2 ILLNESS RECOGNITION

The following two extracts from the field notes illustrate how villagers recognised presenting symptoms which are perceived as unusual or different from what they normally feel, and might affect their ability to carry out usual activities. Symptoms can be recognised by the person, or by others.

> *"...It was last year that I felt painful in the right wrist. I noticed the protruding bone made the wrist swollen. It was very painful especially when I moved the wrist while I was removing the silk threads from the pot. It had been annoying me very much for many months. I could hardly make my hands grasp properly when I worked in the garden taking out weeds. I could not grasp the silk threads properly as I should. At first, I thought it might be because of the hard work I have done."* (Mae Yai TG, 6 December 1991)

> *"...I went to collect the dried grasses for the cows and buffaloes, in my paddy field. When I was about to fill the second basket, I found my left hand could not grasp the bunch of grass. It felt numb and had less energy than the other hand. Then I knew something was wrong. I stopped picking the grass and went home to take some rest. I told my wife about this. She told me to go to sleep which is the best thing to do.... The next morning, when I woke up, I could not move my left arm. I felt pain in the upper arm. My wife went to call our relatives and neighbours to see me."* (Poh PM, 20 November 1991)

While adults are expected to recognise *something is wrong* within the body, among children, self-recognition of the presenting symptoms is not expected. The villagers believe children, especially those who have not been to school, do not know how to tell their feelings correctly. The mother or another person

might be able to recognise the symptoms, especially changes in the child's general appearance or behaviour. Young adults, especially those who have just left school, are expected to recognise any *unusual feelings*. As they do not have much experience in telling the difference between the unusual feelings in their own body and those which normally happen, unusual feelings are always confirmed or articulated by their elders. The young might be able to identify the dominant symptoms, but might not be able to give more detail. Most young adults would be accompanied by a parent, or another adults, to see a healer.

The ability to recognise unusual symptoms and to identify their differences varies among villagers. High expectation of this ability is always given to old adults and other people who have more direct and indirect experience of illness. Information about unusual symptoms, which might be relevant to any illness, has to be shared with others. This enables a person and/or kin to identify the symptoms correctly and seek an appropriate therapy. Symptoms do not always represent the occurrence of illness or disease. Instead, the perceived cause of the persisting symptoms is the basis of explaining the illness situation of such patients. An example is the case of Poh PG, cited below.

Case # 3: Poh PG

Poh PG (68) was taken to Khon Kaen Hospital when he had severe abdominal pain. He was accompanied by kin and neighbours who travelled in the same truck. Poh PG did not talk to the doctor in the examination room. The doctor requested his wife give information about his illness. His father and his uncle were said, by kin and neighbours, to be the best persons to give this information, because his wife was believed, not to be able to give correct details of his *disease of the abdomen*. His wife had to ask for more details and what should be told to the doctor, from his father and others.

6.3 DEGREES OF ILLNESS

In the village, local terms are used when illness and being ill are talked about: *boh mee haeng* (non-severe illness), *puai* (severe illness), and *puai laay* or *bhen haeng* (fatal illness). Each term contains its own meaning which is identified by the villagers. The difference between the terms seems to vary with the severity and the perceived nature of the causes, the dominant symptoms, or the social events which the person experiences. This is diagrammed in Figure 6.1.

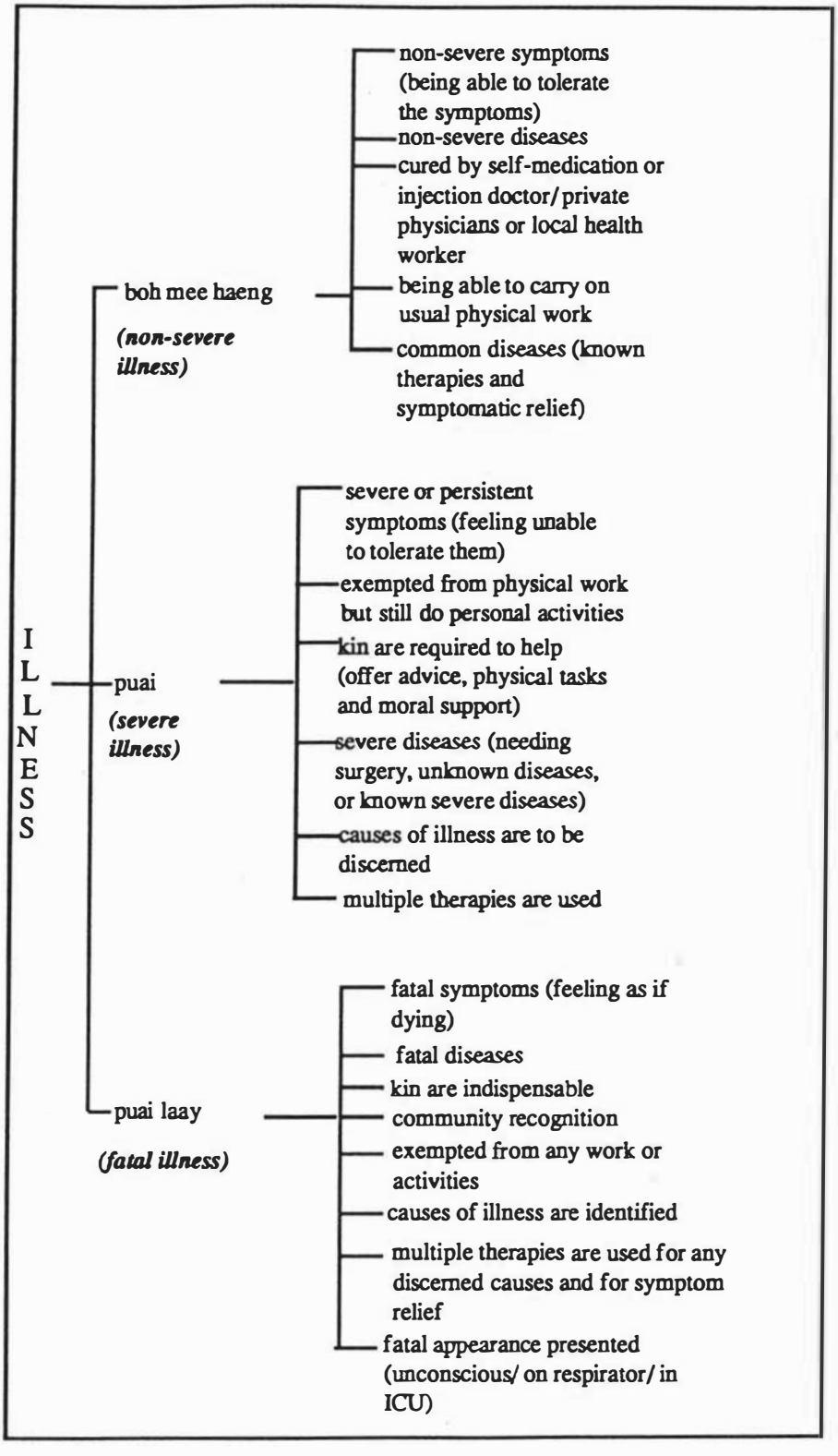

Figure 6.1: Villagers' perception of degrees of illness

6.3.1. *Boh Mee Haeng*: *Having Less Energy* or Non-severe Illness

Boh mee haeng is usually recognised only when non-severe or common symptoms are present, the distinguishing feature of this illness situation. A

person known to have a certain disease, is not necessarily *boh mee haeng* when no symptoms are present. It is expected that almost every person would be *boh mee haeng* at times throughout life, as most people experience common symptoms of disease at least once. *Boh mee haeng* can include some common symptoms from hard work in the fields, and does not usually require diagnosis of disease or other causes.

When the term *boh mee haeng* is used to specify an illness situation, certain symptoms are always mentioned: exhausted, tired, dizzy, having less enthusiasm, being unable to sleep well and not feeling hungry or not enjoying food. It seems that the term *boh mee haeng* is derived from these symptoms which always accompanied an illness situation. There are some diseases, believed to be common, that people always talked about as being *boh mee haeng*. For example, diarrhoea among children is very common. Villagers said that children get this disease because they play on the ground or eat rotting food. The villagers know of no child dying from this disease. Diarrhoea is cured simply and effectively. The child is given medicine to cure stomach ache, *nam klua pong*[1] and a mixture of fish sauce and salicylate powder. The symptoms of diarrhoea usually disappear soon after taking the medicine. If the symptoms persist, the parents look for other causes, which might be a severe disease or other causes of illness.[2]

Examples of villagers in the fieldwork who were said to be non-severely ill, follow.

Case # 4: Mrs SP

Mrs SP, a 47-year old widow, was lying on the bamboo bed at her house talking with neighbours and myself. Two neighbours walked in and Mrs SP tried to get up to greet them, then fainted for a few seconds. She felt dizzy. The women who were there said she fainted because of the heat. They massaged her arms and legs, and suggested she get the injections to increase blood from the injection doctor because her face was pale. She was accompanied by her mother and some of those neighbours to see the injection doctor that afternoon. Mrs SP, her mother and those women said Mrs SP was *boh mee haeng*. They suggested she receive the injection to increase blood whenever she felt dizzy and tired. She was believed to have *bad blood*.[3]

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1 *Nam klua pong* refers to the oral rehydration powder which has to be added to lukewarm boiled water to make the solution for the person who had diarrhoea. The villagers can get a package of this powder for free from the local health centre. Because the villagers do not like the taste, they use coca cola, or pepsi, to mix the powder instead of water.

2 See also Concepts of Illness Causation in this chapter.

3 See *bad blood* as cause of disease in Chapter 7.

Case # 5: Mr S

Mr S, (45), noticed he passed red urine and felt pain while urinating. Because they were unusual symptoms, he consulted his parents and his mother-in-law, and was told he had *nuew* (renal stones).[4] This disease is common among the villagers and needs surgery to cure it. The villagers found there was a foreign medicine to dissolve the stones.[5] Mr S thought he did not have severe symptoms because he could still work. The surgery might make him *puai* (severely ill) so he bought a bottle of the medicine. He also took, to cure a high fever and an abdominal pain, *NOXA*[6] and *Pii-NO*[7] tablets, and received injections from the injection doctors. After he finished the second bottle, he passed clear urine and did not feel pain while urinating. The high fever was gone as well as the abdominal pain. Mr S and other people said he had *neuw* but not *puai*. He was *boh mee haeng* for a few weeks but could still work. Although he had to take some rest, he could stand the non-severe symptoms.

Case # 6: Mae Yai P

Mae Yai P (63) was known to have a *disease of the abdomen* for some years and twice during the fieldwork, had abdominal pain, nausea and diarrhoea. She recognised these symptoms and expected they might appear again because that always happens to people with this disease. Because she did not want to wait until the symptoms became more severe, she was accompanied by her daughters to have injections from private medical clinics in a nearby village. She went there whenever she had the symptoms. She was *boh mee haeng* because the symptoms were not severe, and she could tolerate them.

Case # 7: Mrs SW

Mrs SW (45) said she was *boh mee haeng* when she felt dizzy, tired easily, or had a headache. She was cold: her soles and palms felt cold, and she had a high fever. She believed that these symptoms had come because she did not see the doctor at the clinic to get the medicine for *the disease of thyroid* that she had. Injections from the injection doctor made her feel better. She was thinking of going to the clinic if the symptoms persisted after the injections from the injection doctor. She could still do her housework. As

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4 The symptoms are those of renal calculi.

5 The foreign medicine to dissolve the stones is an orange powder labelled in English with both name and instructions. The solution is prepared by mixing the powder with water. It tastes sour. The litmus paper comes with the pack for testing calculi in urine everyday while taking the medicine. The patient takes the medicine until the test paper's colour was unchanged, which meant the calculi had gone. The villagers understood that they could get *the disease of the stomach* and *the decayed teeth* after taking the solution because the medicine could also affect the stomach and teeth. A bottle costs about 130 bahts ($NZ 10.00).

6 *NOXA* comes in capsule form containing 10 mg Piroxicam. One capsule costs ten bahts ($NZ 0.80). The villagers take this medicine when the symptoms are mild because it is believed not to be as strong as *Yaa Hiro* (250 mg Tetracycline HCL). It is always taken as one, single dose to cure pain, especially abdominal pain and high fever.

7 *Pii-NO* is PNO-SOLONE containing 5 mg Prednisolone. One capsule costs five bahts ($NZ 0.40)., and is used, as is *Yaa Hiro* (250 mg Tetracycline HCL), for any headache, body ache, abdominal pain, dizziness and a slack womb.

the symptoms disappeared after the injections, she did not return to the private medical clinic previously attended.

Case # 8: Poh Yai SM

Poh Yai SM (72), went to see Maw D (the local health worker), when he noticed a small amount of blood during defecating, and felt pain as well. He was given an injection and tablets to take. He was not satisfied because he expected to be given anal suppositories. He believed he had haemorrhoids which could be cured by suppositories, not injections or tablets. He went to see Maw CO and was given what he wanted. He took a capsule of *Yaa Pii-NO* (5 mg Prednisolone) to relieve anal pain. He said that medicine was effective, because the pain disappeared a few days later. He said he was *boh mee haeng* although he did not go to the field as usual for a few days, because he wanted to rest.

Case # 9: Mae B

Mae B (59), had *the red eyes disease*[8] for a week, with high fever and headache. She bought eye drops from the shop to clean her eyes whenever they felt itchy. There was a secretion. She took a tablet of *Yaa Pen*[9] and a capsule of *Yaa Pii-NO* (5 mg Prednisolone). On the first night of the second week, she had a painful left ear[10] and she could not sleep. She took medicine to cure the pain but it did not help. She went to see Maw CO and was given ear drops, pain relief tablets and injections to relieve the pain and the inflammation of the ears. She came home satisfied. She took *the medicine sets*[11] to cure the high fever and the painful ear. The pain decreased and disappeared within a few days. She told me that she was *boh mee haeng*.

Case # 10: Mae Yai JN

Mae Yai JN (64), realised that she had a slack womb (Procidentia uteri), her vagina feeling heavy and painful. Walking was uncomfortable because she believed her womb was between her legs. Mae Yai JN said she was *boh mee haeng* whenever symptoms were present. Other women who had the same condition said they were *boh mee haeng* when their symptoms were present. When one woman went to hospital for surgery, they said she was *puai* (severely ill) from the operation not from the condition itself.

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8 Symptoms of *the red eyes disease* are similar to conjunctivitis. Usually the patient would be recognised as having this disease when the eyes are red, a high fever and eye secretion. The effective method of therapy is to clean the eyes using eye drops which could be bought at a shop. This disease, probably called *Sang ta lium* in the past, is believed to cause blindness. The eye drops to clean the eyes, help prevent blindness. The cause of this disease is believed, by the villagers, to be toxins in the wind. Any person could get this disease.

9 *Yaa Pen* is Penicillin G Potassium 500,000 IU, which costs 10 bahts ($NZ 0.80) a capsule. This medicine is used for various symptoms, but mostly those similar to *Yaa Hiro*, and is very popular among the villagers. Fever, headache, coughs, boils and skin inflammation are believed to be cured effectively by this medicine.

10 Symptoms are similar to those of Otitis Media.

11 The popular kind of medicine sold, by the medicine vendors or at anywhere, is *yaa chood* or *the medicine set*, consisting of five to seven different shaped and coloured pills, taken in a *once only dose*. Villagers are not interested in the ingredients of each pill which are unknown. The curative quality is more important and required.

Case # 11: Miss KP

Miss KP (45), had a hysterectomy when she was 30 years old because the hospital doctors found a large mass in her womb. It took her two years to realise she did not menstruate after the womb was removed. The villagers understood that she could not be pregnant since her womb had been removed. Miss KP, like other women in the village, went to get *the injection to increase blood* from the injection doctor whenever she felt exhausted, dizzy or had a headache. Those symptoms were believed to be caused by *bad blood*. Miss KP did not menstruate, therefore, she had the symptoms very often. An effective method to cure symptoms caused by *bad blood* was to have an injection to increase blood, from the injection doctor. Whenever the women had the symptoms of *bad blood*, they were considered *boh mee haeng*.

Case # 12: Mae TA

Mae TA (60), was possessed by a witch-like spirit, *phii pob*. After the possession, she had a headache and no appetite, and felt exhausted and dizzy. She was accompanied by her eldest son to see the injection doctor. She was given the injection to increase blood and the injection to strengthen her body. She was said by her kin and neighbours to be *boh mee haeng* when she had those symptoms after spirit possession. Nobody said she was *puai* (severely ill).

Therapy for *boh mee haeng* is self-medication, simple for the villagers to use, and can be bought from village shops. Injections from the injection doctor are also given to people who are *boh mee haeng*, especially from *bad blood* among women. The injections requested to cure *boh mee haeng* include the two most common and reputable injections.[12] Sometimes, the villagers saw a private doctor at the clinic to obtain medicine for *boh mee haeng*, usually whenever they noticed the symptoms recurring.

6.3.2 *Puai*: Severe Illness

The villagers realise that a person is *puai* (severely ill) when symptoms persist for a period of time or when a person could not tolerate the symptoms after taking medicine believed to be effective. Some people are *puai* when severe symptoms occur such as severe abdominal pain, persisting high fever, intense coughing and shortness of breath. The person stays at home and stops hard work in the field, but might be able to attend to personal activities.

A person found to have a known disease cured by surgery, for example, is believed to be *puai* although the presenting symptoms are not severe. The

12 Two most common and reputable injections mentioned in the field setting were *the injection to strengthen the body* and *the injection to increase blood*. The ingredients of these two injections were not obtained.

villagers believe operations are frightening. It is not the recognition that a person has a known disease that makes them *puai*, it is the symptoms the patient cannot tolerate because of their severity or because of the length of time endured.

Examples of people who have a particular disease for a period of time, but were not *puai* all the time, are Mae Yai O, Poh PM and Mae Yai HG.

Case # 14: Mae Yai O

Mae Yai O, (65), married, was known to have diabetes for almost two years before the fieldwork. During those two years she had diabetic shock almost every three months although she had never stopped taking diabetic pills. During my fieldwork, Mae Yai O had two diabetic shocks and was hospitalised for a few weeks after each shock. To the villagers, Mae Yai O was *puai* only when she had severe symptoms prior to shock, although she might have some other symptoms when she was not in shock. Her kin and neighbours would be called to see her only when she had severe symptoms prior to shock.

Case # 2: Poh PM

Poh PM (65), was diagnosed hypertensive by a doctor at Khon Kaen Hospital. He had continued to take his medication after his second hospitalisation. Although, he had some symptoms which made him stay at home and stop work, he did not say he was *puai*. When he felt numb in his legs and arms, and fainted[13] (unconscious), it was time to say he was *puai*. His kin and neighbours would be called to discuss possible causes of his illness and effective methods of therapy.

Case # 13: Mae HG

Mae HG (57) had an operation to remove stones from her left kidney during the fieldwork. When she felt itchy in her vagina and pain while urinating, it was suggested, by her neighbours, to take medicine from Poh Yai VE, the village medicine man. She also applied the medicine solution, as suggested by her female neighbours, to her vagina. The symptoms persisted. She bought *sets of medicine* to cure the symptoms from a drug vendor who came to the village. Any medicine other people suggested she used. The symptoms worsened. The skin in her vagina was pale, because of the medicine solution[14] she applied and felt pain after applying the solution. Also she had high fever and dizziness very often. After three months, she felt she could not tolerate the symptoms and thought she might have a severe disease. Accompanied by her female neighbours to the hospital, she was given vaginal tablets and a cream to apply. She went to the hospital again because the symptoms persisted and she felt, they had worsened. Told by the doctor she did not use the prescribed medicine properly, she was given another set of the same medicine. She went for her third hospital visit, because her symptoms still persisted. She was given different kinds of

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13 A faint was considered to be *boh mee haeng* in Case # 11: Mrs SP fainted for a few minutes while Poh PM fainted for a longer period.

14 The medicine solution was believed to cure any itchy feelings on the skin. I did not know the active ingredients of this solution.

vaginal tablets and cream which she could recognise by their colour and shape. Told to go for blood and urine tests, she was diagnosed diabetic for which she needed to take medication, continuously. The news about her disease spread to kin and neighbours who suggested she use effective medicine for this well-known disease. People said she was *puai* from diabetes at that time, because the symptoms persisted although they were not severe. She took both Western and village type of medicine, especially pot medicine. She developed mild back pain. When she returned to the hospital, to receive the diabetic pills as instructed, she was diagnosed to have kidney calculi, for which an operation was needed. She was said to be *puai* when she had the operation because she could not do her usual activities. She felt tired, dizzy and had headaches very often when she returned home which made her stay at home most of the time. Her neighbours believed she was *puai* for a month after the operation. She still had diabetes and took many kinds of medicine, particularly pot medicine. Her illness was believed to be caused by diabetes and that surgery would cure the renal calculi.

Kin and neighbours would be called by the patient's family to see the patient when the patient was *puai* (severely ill) or *puai laay* (fatally ill). People who were *boh mee haeng* (non-severely ill) might want to have kin and neighbours around, but it was not necessary for kin and neighbours to come. The villagers believe that a person who is *puai* is unable to do any work including light work.

Any patient who knew that there was something uncommonly wrong with the body, had to look for the causes of the illness. Was it caused by any particular disease, by a spirit, by the previous *karma* or something else? The patient had to lie down on a mat under a thick blanket, and listen to what other people discuss about the illness situation and its causes, and effective methods of therapy.

The patient is the responsibility of kin and neighbours. Whenever it is heard that a person is *puai,* it is a community event. The patient and the family listen and follow any advice given by kin and neighbours. Decisions are based on those shared experiences which are believed to be the best for the patient's condition.

The patient is taken[15] to see a healer, based on the decisions made by, and accompanied by, family, kin and neighbours. The villagers believe that the patient would feel more secure and comfortable with people in attendance. As a result, clinics and hospitals, are congested by kin and neighbours who accompany patients. Usually, a small truck is hired to carry the patient and kin and neighbours to the healer, especially to hospital.

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15 The patient is believed unable to visit the doctor unaided.

6.3.3 *Puai Laay* or *Bhen Haeng*: Fatal Illness

There are some expectations for a person who is said to be *puai laay* or *bhen haeng* (fatally ill). The patient might have severe intolerable symptoms and feel as if they are dying. The patient appears to be unable to stay alive although therapies have been used. The villagers believe that the whole body of the patient is affected by disease or other causes of illness. It is more severe than being *puai* because disease or other causes might affect only parts of the body when the patient is said to be *puai*. Severe symptoms can occur after being *puai* or *boh mee haeng* for a period of time, or suddenly.

Symptoms are considered to be severe based on the patient's condition: unconscious; shortness of breath; experiencing severe abdominal pain with or without diarrhoea, vomiting and nausea; numbness of the body; fainting; and passing loose faeces many times per day. The symptoms may cause extreme discomfort and/or restlessness. Most of the time, the patient lies on a mat, at home, surrounded by kin and neighbours, unable to do anything. The villagers say that the patient is lying down as if *going to die*.

Examples during the fieldwork are as follows:

Case # 14: Mae Yai O

Whenever Mae Yai O (65) had severe symptoms of diabetic shock, she was *bhen haeng* (fatally ill). She had diarrhoea, vomiting, severe headache and dizziness, was chilled and sweating, and complained her heart was beating rapidly and heavily, as if she was going to die. Her body was cold and she did not move. Very often she was found unconscious. Usually, her kin and neighbours were called to see her when she had these symptoms before she became unconscious. They thought she might have other diseases rather than severe symptoms from diabetes because she did not stop taking diabetic pills and pot and other medicine. When Mae Yai O was believed to be unconscious from diabetic shock, people said she was severely ill. This shock represented the effects of illness to the whole body because she did not notice anything happening during the unconsciousness. The villagers said being unconscious was like *the light being turned off*. Her neighbours and kin said it was the explosion of the fire element in her body that gave her shock, as she sweated a lot and her skin was very cold. They said when she was given an intravenous infusion, the fire was released and re-organised. She regained her consciousness. More information about what some villagers called, the *fire element* could not be obtained. When asked, the same explanation was given over and over without additional detail.

Case # 3: Poh PG

Villagers said Poh PG (68), was *puai laay* when he first had severe abdominal pain. He went to see many healers including the hospital. The severe pain returned after a few weeks. He vomited, had diarrhoea and abdominal pain. Those symptoms were more severe than he could tolerate and made him very weak. After the operation, he was placed in intensive

> care in a coma, before he was taken home to die. People who went to see him at that intensive care unit said he was *puai laay*. He could not talk, walk nor eat, laying motionless with the machine. His symptoms, especially the abdominal pain, were believed to be severe because they led to his dying.

The *puai laay* (fatally ill) patient is always taken to hospital, accompanied by kin and neighbours. Most severely or fatally ill patients cannot walk or stand by themselves. The patient is believed to be tired or exhausted from severe or fatal symptoms. Often many causes of such severe or fatal illness are identified by kin and neighbours, and other effective methods of therapy, besides hospitalisation, are applied. Sometimes, other methods of effective therapy might be brought to the hospital and given to the patient without the knowledge of hospital personnel. The villagers always brought the protecting talisman and holy water for hospitalised patients. For example, the village healer was taken to give his *blow*[16] to the hospitalised child who was *puai laay* from *kam rerd lae*[17] (blue convulsions). Sometimes, rituals for the believed causes of such severe or fatal illness apart from the disease, are held in the village while the patient is at the hospital. This is done to cure each cause of illness until every known cause is discovered and removed.

There are some severe diseases which cause *puai laay* although the presenting symptoms are not severe. Whenever severe disease is identified as the cause of such symptoms or illness, it is considered *puai laay*. Examples are; *khai mhaak mai yai*[18] (big fruit fever), *kam rerd lae* (blue convulsions), haemorrhagic fever, carcinoma, AIDS,[19] and any disease that needs curative surgery.

The prognosis for a patient described as *puai laay* is unpredictable due to the believed causes of such illness. Most deaths from severe or fatal illness are believed to be caused by being given wrong or inappropriate methods of therapy, although death could also be caused by previous *karma*, age ending, spirits or for reasons unknown.

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16 See Chapter 7, case # 19: JON.

17 See Chapter 7, Diseases Among Children.

18 See Chapter 7, case # 17: Mae Yai SO.

19 There had not been an AIDS case found in this research village. The villagers learned about this disease from the government AIDS awareness campaign through the media.

6.4 MULTIPLE-CAUSATION THEORY OF ILLNESS: IDENTIFYING METHODS OF THERAPY

The villagers believe any particular illness has many causes including diseases, spirits, previous *karma*, wrong things about the body and the mind, age ending and unknown reasons. They are diagrammed in Figure 6.2. Each cause needs to be cured by appropriate therapy. Any illness believed to be caused by diseases, needed to be cured by therapy from hospitals, private medical doctors, or healers who provide many types of medicine. The curing ritual, conducted by the spirit healer is effective in curing spirit-caused illness. Rituals to extend age and to merit good *karma* could also be conducted by the spirit healer. The villagers believe that every method of therapy, as well as medicine, is effective for a relevant cause of illness. There are no *bad* therapeutic methods, only incorrect use of therapies. Specific causes for some illnesses are unknown, and there is no relevant therapy to cure them. Such illnesses are believed to be severe or fatal.

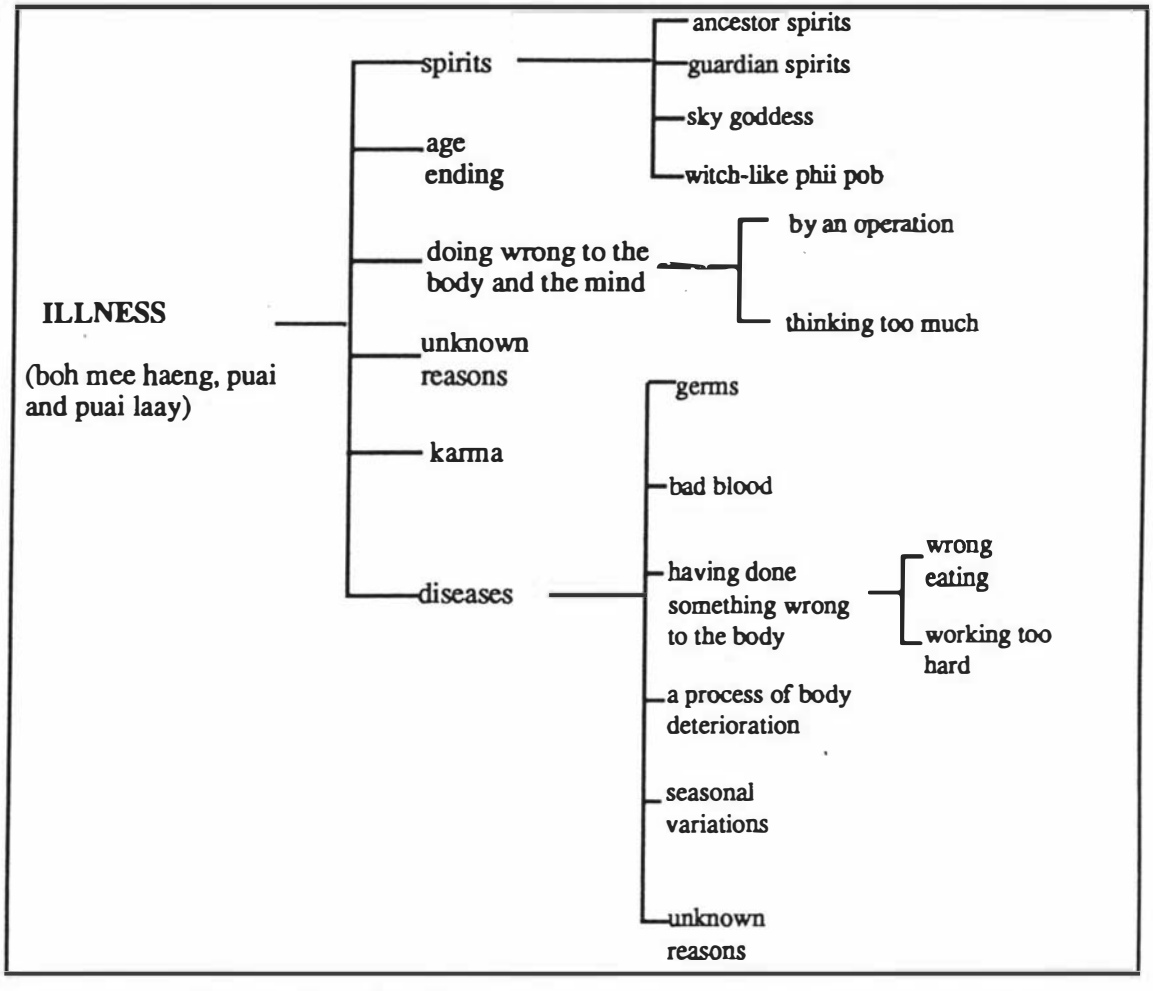

Figure 6.2: The multiplicity of causation of illness as perceived by the villagers

The villagers believe that illness is cured when every cause is identified and removed. The villagers apply as many methods of therapy suggested above, as possible, to cure a particular illness, especially severe ones. This is diagrammed in Figure 6.3 where village perceptions of illness, causation and treatment are outlined and their relationship explained. (See Appendix 7 for case examples)

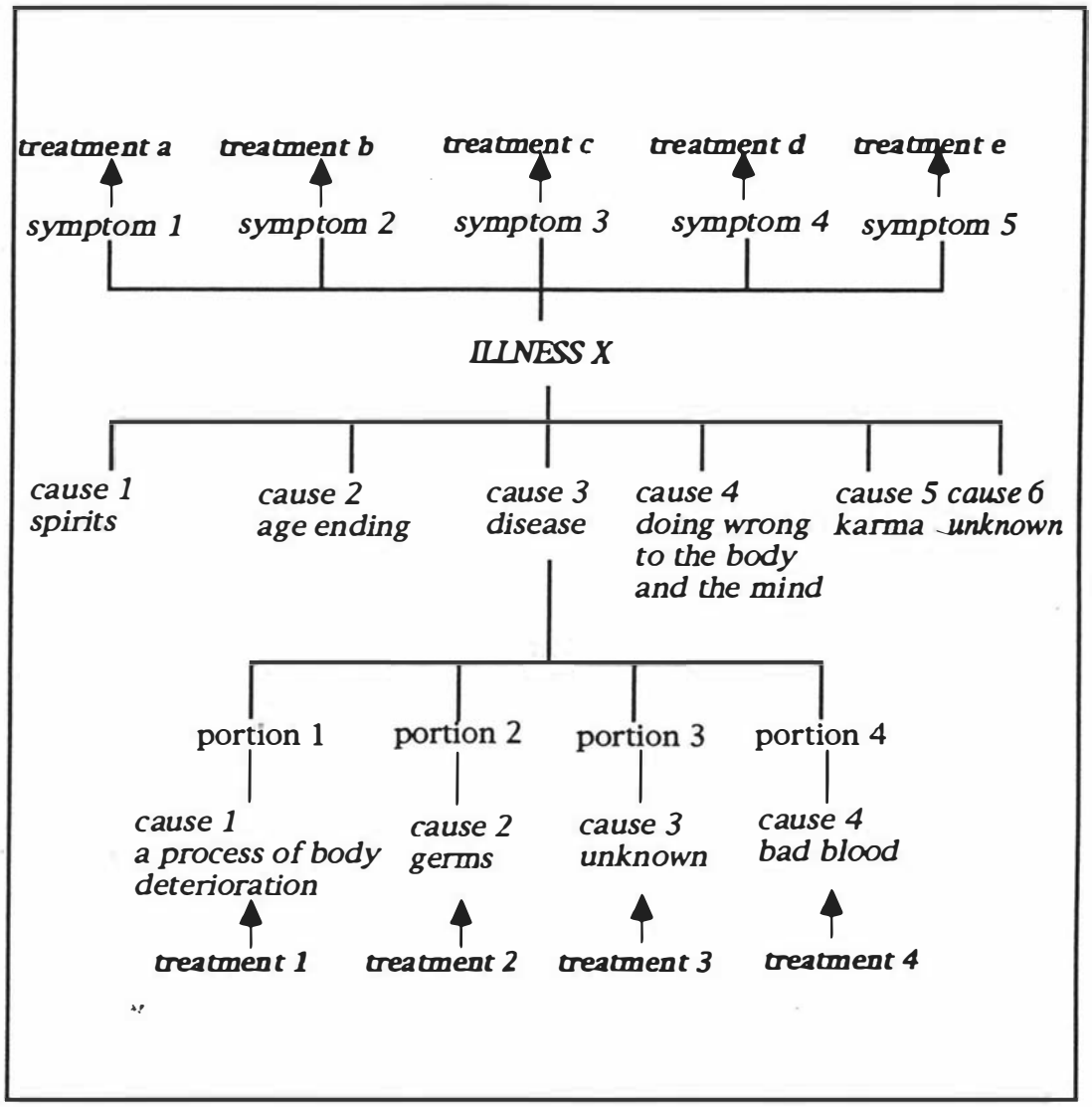

Figure 6.3: Villagers' perception of illness, multiple causations and treatment

6.4.1 Disease

Disease is believed by the villagers as a *part*, while illness is perceived as a *whole*. Disease is seen as primary to other causes of illness. Villagers always say: *"I was severely ill from the disease of ..."; "She was fatally ill from the big fruit fever"; "Poh PG was fatally ill from the disease of the abdomen when the*

sky goddess attacked him" or *"Mae PN was severely ill after the operation for the disease of the abdomen because of her previous karma".*

The discussion about disease, its classification, its names and its causes is the focus of Chapter Seven.

6.4.2 Age Ending

> *"Old people say a person dies when age ends, as there is nothing to cure illness when the age had come to an end. We are born to have different age length. When I was puai laay, I thought to myself that may be my age had come to its end, so I might die. I was not worried about anything except my son. I was afraid there was nobody to look after him...."* (Mrs SW, 30 November 1991)

> *"...Our ancestors also said that a person is born to have a certain length of age. When the age had come to its end, that person is puai laay and dies. "* (Poh Ta SO, 24 October 1991)

Among the believed causes of severe or incurable illness, the term *age ending* is always mentioned. It is believed by the villagers that a person is destined to be born with a certain length of age, and when one's age has come to its end, the person dies. Severe symptoms or incurable illness usually represent this cause of death. When the age has actually come to the end, there are no effective methods of therapy available.

> *"..My wife's age had ended. That was the reason she died from nom long huu (mastitis)...."* (Mr KII, 13 December 1991)

> *"I was relieved when the doctor at the private clinic told me I had the disease of the wrist bone which he said it was not bhen laay (fatally ill) and could be cured. People say, when a person is puai laay, age might have come to an end, meaning that there is no medicine to cure this. But people say we could have the ritual to extend life. Some people could extend their lives for a few years and then die...."* (Mae Yai TG, 20 February 1992)

Tang kae is the ritual people usually have when told age has come to an end. It is conducted to extend the age of the patient, and it gives merit to the patient and the family. Merit making increases good *karma* which is believed to bring good things to the patient's life. Merit making helps relieve, and possibly cure the severe symptoms of the age ended patient, possibly allowing the patient to live longer, but no exact time is expected from the extension. The patient might recover after the *Tang kae* ritual but could have a return of symptoms. The explanation for this is the effects of good *karma* by merit making in the *Tang kae* ritual, might not be able to extend the age longer than that. The patient would have to die. Bad *karma* was considered relevant to this cause of illness,

especially when suffering from the severe illness occurred. The following example describes this situation.

> *"I can do Tang kae to extend a person's life when he or she is puai laay and age has come to its end. For those who have bad karma, Tang kae might not be able to help extend life. The person has to die to end his karma. The spirit healer would know if the person's life was at its end...."* (Poh Yai PL, 28 December 1991)

6.4.3 *Karma*

The deeds done in a previous life, *karma*, affects illness and its therapy and is considered to be one cause of illness. The common characteristics of illnesses and diseases believed to be caused by *karma* are strangeness or uncommonness, knowledge of previous life, and illness in their family and its severity.

It is believed that the present life of a person is determined by the deeds done in a former life. The future life is determined by the present one. Within the present life, the future would always be affected by the deeds done before. Suffering is considered a logical consequence of past misdeeds either to oneself or to others. Suffering and the joys of life are regarded as a punishment or a recompense. Suffering, particularly from illness, is always mentioned. The villagers, who are believed to be ill from their *karma*, had to do penance to purify themselves. Good deeds do not cancel misdeeds, but bring good consequence or benefits.

In everyday village life, merit making is the most important practice. Merits can be accumulated, as well as good deeds. Any activities related to gifting are considered merit making, especially if given to the monks or the temple. Merit making is the essence of all ceremonies and rituals, village or Buddhist, including death, illness, ordination, marriage and home warming. Participating in these ceremonies and rituals is a merit. To be the host of the ceremonies or rituals is considered to make more merits because of the offerings made to the monks, the temple and the people. The villagers participate in a ceremony by helping to prepare the ceremony, bringing rice or other items to share with the host and others, or listening to the sermon. The villagers always bring food and alms to the monks and listen to the sermon on Buddhist holy days. Some villagers, especially the old women, do this almost everyday. The most

important merit making done for oneself and the family, is ordination. Women cannot be ordained although they can observe Buddhist precepts and be nuns.[20]

Kindness is another kind of good deed. It is always expected of a person to a relative, especially those who have given or done good things for oneself. The word *thank you*, is either expressed or kept in mind, and is remembered. The villagers feel indebted to those who have done the good things for them. They need to reciprocate. Kindness is also implied for those people who have already died, the spirits of the ancestors. The villagers follow the ancestor's traditions or regulations, to show their kindness and respect. Other spirits who are good and useful to the villagers, are given high respect. Any tradition or regulations assigned to be the respected things for such spirit, have to be done and transformed. Offending those traditions or regulations, is considered a misdeed, to the villagers.

To the villagers, reincarnation always happens to ordinary people who have *karma*. It is a chance for people to receive the consequence of their *karma*, especially misdeeds. Suffering from illness is considered a punishment for past misdeeds. Death is the end of suffering. Past deeds can accumulate to affect future lives.[21]

Most chronic, uncommon and incurable illnesses are believed to be caused by past misdeeds. The examples talked about in the village during fieldwork, were, paralysis, *the disease with an opened stump in the abdomen*; tuberculosis, either at the wrist joint or in the lung; *the disease of the blood pressure*, persistent severe symptoms of any illness; the severe symptoms of *the disease of the elders;* and asthma.

Mae Yai SD is an example of a person who had been affected by *karma*. Her illness was believed to be punishment of past deeds, and to remain with her until she died.

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20 Terwiel [1979] wrote about Rules of Behaviour or precepts that the Buddhist monks should follow. He indicates that Buddhist monks are expected to follow the rules of Behaviour assigned in Pattimokkha, consisting of 227 rules. The four most important precepts which indicate the status of a monk, living in a Sangha, are:
A monk completing sexual intercourse with a living being is no longer a member of the order.
A monk stealing an object worth more than one baht is no longer a member of the order.
A monk who kills a human being intentionally expels himself from the order.
A monk who lies about his magical powers is no longer a member of the order.
Precepts for novices, nuns and ordinary villagers are different. Buddhist people should follow at least five precepts which are taught in compulsory education. A child is not expected to understand the full implications of these precepts.

21 See Tambiah (1970).

Case # 27: Mae Yai SD

Mae Yai SD (64), had symptoms for more than fifteen years: headache, dizziness, body ache, desperate exhaustion, loss of appetite, being unable to sleep well, feeling heart flutters and feeling cool on the palms and soles of her feet. Sometimes, she had diarrhoea. These symptoms recurred every two to three months. Whenever the symptoms presented, she would lie down on the bamboo bed at her house. People said she cried softly and continuously, as if she was going to die. They said she was *puai laay* (fatally ill). In the previous years, Mae Yai SD received all kinds of possible therapy. She visited Khon Kaen Psychiatric Hospital three times where the doctors did not tell her to stay. Instead, the doctors told her to go to Khon Kaen Hospital. People said she was not *bah*[22] because people who were *bah* (insane) should stay in a psychiatric hospital. She did not recover. As she still had symptoms, repeatedly, she stopped seeking other methods of therapy and took self-medication, and received blessings and holy water, occasionally.

People believed that her persistent symptoms were caused by *karma* because of her accumulated demerits in this life. There was nothing to cure them. The only thing for her to do was to gain many merits. She did not do that. On the contrary, she committed many misdeeds, and

blamed the spirit of her ancestor who ceased their protection over her. Mae Yai SD was very stingy, even with her parents, children and kin, and had never given to people whom she should. Mae Yai LH, her mother, who was 97, helped look after her when symptoms were present although she was very old. People blamed her because she should look after her mother. When she was provided with good food, she kept it hidden for herself. She never prepared or gave good food to her mother, and her two sons and their families never did anything for her and their grandmother. The villagers said the sons and their wives wanted her to die. This was the consequence of Mae Yai SD's *karma*.

Mae Yai LH, Mae Yai SD's mother, was believed to be still alive because she had to be punished by her *karma*. She had symptoms of *the disease of the elders* such as dizziness, exhaustion, loss of appetite, insomnia, diarrhoea, unable to hear and see well and headache. Most importantly she had to look after her daughter when severely ill. At her age, she should be looked after by her children and grandchildren. She was suffering from her misdeeds in her previous life and this life.

Case # 1: Mae Yai TG

Mae Yai TG (67), was diagnosed with tuberculosis in the right wrist joint, and believed her illness was caused by *karma*. In the village, she was the only person who had such an uncommon disease. As she had done most of the activities as the other village women of her age, and had lived in the

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22 *Bah* refers to people who are believed to be *insane* because they were seen staying in a psychiatric hospital. Living in this area, I heard people say those who are believed *bah* would be like that until they died. There is no medicine to cure *bah*. I did not see examples of *being bah* during my fieldwork period. The villagers only mentioned a few who went to a psychiatric hospital in the city but were not hospitalised. They said people who were *bah* had to stay in hospital.

same village and eaten similar kinds of food, she and her kin believed she had tuberculosis because of her misdeeds related to the wrists of other people or other animals in her former life. Therefore, she was trying to make more merit, participating in every ceremony and ritual. She went to the temple with food, and listened to the sermon almost everyday. She hoped making merit would make her symptoms less severe. Although she was told that her tuberculosis would be cured after being treated for one and a half years, she believed she might suffer from other diseases.

Case # 29: Mae PN

Mae PN (62), was diagnosed by a hospital doctor as having carcinoma in the intestines. The villagers believe this was because of her *karma*.

Mae PN complained about stomach pain many years but it disappeared after she took *Yaa Hiro* (250 mg Tetracycline HCL), *NOXA* (10 mg Piroxicam) and *Pii-NO* (5 mg Prednisolone). She also took the *medicine set to cure the abdominal pain* purchased from a drug vendor. She had severe abdominal pain, loose faeces and vomiting for three days, consecutively, before being taken to hospital. Her kin found she had fainted after defecating, and took her to the hospital they believing she had *haa* (cholera), a fatal and communicable disease.

Her kin and neighbours were relieved when the doctor told them that she had rotten intestines, and surgery was needed to remove them. The villagers expected the disease to be cured after such an operation. She returned home a month after that operation with an *open intestine* (colostomy) on her left abdomen. It was known among the villagers that she had a colostomy. As this was not common, the villagers who came to visit wanted to see the colostomy. They said she had to defecate through the hole at her abdomen. It was frightening.

People believed that it was due to her *karma* that she had to defecate through the colostomy. They believed she might have taken out the intestines of some kind of animal in her previous life, therefore she suffered a similar thing in this life. Mae PN and her kin were concerned about her *karma*, too. They held the *Tang kae* ritual at home for her, and went to see the famous monk curer to request the ceremony at the temple, and took holy water and medicine from the monk for her to take. She took a variety of medicine, both Western and village, to cure her disease, although she said she was told by the doctor that the rotten intestines were removed. A week after returning home, the *Su khwaan* ceremony was held for her recovery. It was believed that her *essence of life* was frightened and went away, when she was *puai laay* (fatally ill). This ceremony was conducted to bring back *the essence of life* within the body. Moreover, it was merit making done for the sake of herself and her family. Although she was ill by her *karma*, she should recover after making merits, or not suffer much from her disease. She died after the second operation. The villagers believed that it was the end of such suffering from the severe disease caused by her *karma*. Her merit making helped to end the suffering.

Case # 28: Mrs AH - a comparison with two others

Asthma is believed to be caused by *karma*. Mrs AH (24), the only woman in the village who had this disease, did not have severe symptoms before she died from being attacked by the *phii pob* of her grandmother. It was not her

karma to have this disease like two other old men. The villagers believed that this disease could not be cured by any kind of therapy. Whenever they had the symptoms, they would be taken to hospital. They had more severe symptoms than Mrs AH, almost dying on the way to hospital. Their severe symptoms disappeared after being given therapy. The two men had to live with this disease until they died, believed they were given punishment for their past misdeeds. They tried to participate in everything considered as making merit to end their suffering.

Case # 2: Poh PM

Poh PM (65), who was told by the doctor to have *the disease of the blood pressure* when he had numbness at his left leg and arm, was believed by his kin and neighbours to be ill by his *karma.* From his youth, he had suffered accidents to the left side of his body. People mentioned that he might have done misdeeds in his previous live relevant to the left side of the body. That part of his body turned weak. The villagers said before Poh PM was severely ill from hypertension, he used to participate actively in any village event. After his severe illness, he had to stay at home and could only do light work around the house and the vegetable garden. He could not participate in community activities.

6.4.4. Doing Wrong to the Body and the Mind

It is believed that illness can be caused by *doing wrong to the body and the mind.*

6.4.4.1 Illness caused by an operation

It is believed that the body of any person should not be cut open. The villagers believe that most people who have an operation, are ill or severely ill from such an operation. Having more than one operation makes a person non-human.[23]

6.4.4.2 Thinking too much

The villagers believe when a person thinks too much, that person is vulnerable to illness and might have nightmares, headaches, not enjoy eating and experience exhaustion.

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23 The villagers consider being operated on made the body different. The body should not be cut open. In general, any part of the body should not be removed. The operation could also cause illness. It is believed that the operation takes away the mass or the thing that did not belong to the body, which results in curing. To be *human* is to have a complete body. Being cut by surgery is to reshape it. Being given many operations made that person *non-human.* It is also believed that the dead should not be cut nor any organs be removed. This allows the dead to be reincarnated in a complete body.

Case # 6: Mae Yai P

During the fieldwork, Mae Yai P (63), thought too much about her daughter who had just left her husband. Mae Yai P found herself very exhausted and did not feel like eating or sleeping. She had a headache and fever for a few days. Her neighbours came to see her and said she was *boh mee haeng* from having been thinking too much. After one of the neighbours sorted her problem out, she felt relaxed and began to eat a little. She felt like chewing a betel nut.[24]

"...People said I thought too much. That was why I was boh mee haeng. I agree with them. I didn't want to eat, to sleep nor to do my usual work. I just wanted to lie down doing nothing. I thought to my self, why did I have to be like this? This is my karma, may be. I have to accept this karmic law...." (Mae Yai P, 26 March 1992)

Having nightmares for a few consecutive nights is mentioned as indicating excessive thought. The villagers believe nightmares always happen to people who have some kind of problem. The symptoms accompanying the nightmares are believed to be caused by the nightmare, such as headache, dizziness, exhaustion, fever, feeling dissatisfied with eating and not feeling like work. The villagers consider these symptoms to be those prior to becoming *boh mee haeng* (non-severely ill).

Case # 30: Mr GI

Mr GI (36), had nightmares for four nights. His wife and her parents said he thought too much about their debt. Besides, he did not have the protecting talisman. After selling part of the rice produced, his wife said his nightmares stopped. The family had a ten-year loan from the bank. They said they did not need to worry about their debt for ten years.

It is also believed that when a person has been thinking too much, *khwaan* (the essence of life or soul) is sometimes away from its place in the body. The spirit

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24 The elderly female villagers always appear with a small bamboo basket containing the essentials for betel nut chewing, packages of regular medicine and other personal things. When they gather around for socialising, they share *mhaak*, a combination of areca nut, slices of the drumstick trunk and betel leaves smeared with lime. Usually, they would chew about eight to ten mouthfuls each day, starting from early morning.

The village women start betel nut chewing when they became grandmothers, as is believed that betel nut chewing is only for elderly women. It helps strengthen the teeth although after some time, teeth became black. They also believe that women who chew betel nut might not have bad breath or mouth odour. They claim that they do not need to clean their teeth using toothpaste and tooth brush, because after each mouthful of nuts they use tobacco to clean their teeth.

When they are ill, they still chew a little when they are at home. They understood that, they were not allowed to chew betel nut in hospital, or when severely ill. Mae Yai P and Mae Yai O, as well as some other female elders, made an observation that when they are feeling better or recover from illness, they feel like betel nut chewing. After chewing, the appetite is increased, which also means they are recovering. Betel nuts chewing is believed as one indicator that a person is feeling better after illness.

could attack such a person very easily. The protecting talisman and holy water are given to that person who is vulnerable to attack by spirits who cause illness.

6.4.5 Spirits

The Northeastern Thai villagers identify spirit-caused illness as part of the relationship between people and spirits. These villagers classify spirit related illness into two categories: spirit attacks and spirit possession. Spirit possession refers to the state when the victim's body is entered by an aggressive spirit and the possessed person becomes unconscious or behaves in a manner he or she is unable to recall when the possession has ended.[25] When the possession is discerned by the spirit healer, the presence of the spirit has to be revealed by talking over the vocal apparatus of the possessed person while that person is in a dissociative state. Spirit attacks that cause illness are assigned to a wide variety of symptoms that cannot be attributed conveniently to spirit possession. The severity of the symptoms from particular diseases, instead, is seen as the primary concern for spirit caused illness. Spirit attacks found in this study were always related to severe illnesses. Spirit possessions, on the other hand, were often related to immediate social relationship problems among people. These findings are different to Golomb (1985) and Suwanlert (1976).

Social regulations and traditions are represented by the relationship between the spirit and people in the community. For instance, tradition states that descendants are expected to make merit for recognition for their spirits of the ancestors. Failure to continue the tradition results in the spirit of the ancestor affecting the person concerned.

Illness caused by an unsatisfied spirit of the ancestor, when regulations are broken, is not severe. The villagers believe the ancestor does not intend to harm descendants, only show dissatisfaction. Healing rituals aim to please the spirit, as well as making merit. This healing ritual is represented by kindness, strengthening the relationship between the spirit and the descendants.

Case # 17: Mae Yai SO

Mae Yai SO (63), was believed to be severely and fatally ill because she did not make sufficient merit to her ancestors. The spirit healer and other people said that the spirits of her ancestors were angry and had ceased their protection over her. Her disease, *khai mhaak mai yai* (big fruit fever), was fatal.

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25 See also in Golomb (1988b), Spiro (1974) and Suwanlert (1976).

Case # 3: Poh PG

Poh PG (68), who was severely ill and died from carcinoma of the stomach, was told by the spirit healer to make merit to the spirits of his ancestor. Because he did not do that, the spirits of the ancestor were angry and did not protect him from the attack of the sky goddess. The spirits of the ancestors were also mentioned in Mae Yai SD's case. They stopped protecting her because she did not follow their traditions; therefore, the sky goddess could easily and frequently attack her.

Guardian spirits are recognised as helpful, curing and ensuring the success of other events. Illnesses caused by the village spirit or the household spirit are not severe. Usually, a healing ritual conducted by the spirit healer, to give merit to and ask for forgiveness from the spirit, works well. During the fieldwork, no illness caused by the village spirit was mentioned. Illness, together with low crop production, were attributed to the rice fields spirit when traditions and regulations relating to farming were neglected. Illness is sometimes severe or even leads to death if the healing ritual does not satisfy the spirit. The forest spirit seemed to play a lesser role in illness occurrence because there is less forest left in this area.

An example is Mrs KH's family who were told that the spirit of the house made the couple argue.[26] Poh PM (case # 2) and his kin were also told, by the spirit healers, that his illness was influenced by the spirit at his house, because his house was not built according to traditional design.

There were a few patients who died from an attack by the rice field spirit in previous years. Poh PM's illness was claimed to be the attack of this spirit, because he unintentionally built across the walkway, cutting the spirit track, which is against traditions.

The sky goddess, *phii fah,* shows its relationship to the people by the power of healing and causing illness, especially severe illness, although there were only a few events blamed on this spirit. This spirit is related to the cause of fatal illness and effective curing ritual for the spirit-caused illness.

When the sky goddess attacked a person, the person would cry softly and continuously, similar to a person possessed by the witch-like *phii pob*. The difference is, the person attacked by this spirit could stand the light and was conscious and orientated, while the *phii pob* possessed person could not stand

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26 See Chapter 8.

the light, and was disoriented. The sky goddess may either harm or help the attacked person whereas the witch-like *phii pob* would only harm.

The sky goddess could also make the symptoms more severe or fatal. Examples from the fieldwork period are Poh PG and Mae Yai SD.

Case # 3: Poh PG

Poh PG (68), had *the disease of the stomach* for many years. People said this disease was very common among them and could not be as severe as it was in Poh PG's case. The sky goddess might make the disease severe because Poh PG had other kinds of therapy, including rituals for other kinds of spirits before the sky goddess dance. This spirit was aggrieved. If the dance was not able to cure the severe symptoms, because the furious spirit was not satisfied, the patients might die or live with all the severe symptoms until death. People believed Poh PG died from the attack of the sky goddess.

Case # 27: Mae Yai SD

Mae Yai SD (64), is another person who was believed to be attacked by the sky goddess, often, because the spirit of her ancestor had ceased protection over her. People believe the sky goddess, who attacked Mae Yai SD, would not leave her until she died.

If the attacked person was cured, it was believed that person would be able to invite the sky goddess to cure other sky goddess attacks or other spirit affected illnesses. The afflicted had to become *the goddess's children*, and to follow restrictions. Failure to do so, is believed to cause death. The cured can also become a sky goddess dancer, although not every one does. In the research setting, sky goddess dances are held almost every year.

Case # 23: Mae Yai KI

Mae Yai KI (63), who was believed to host a sky goddess, was expected to become a sky goddess dancer. She was a masseuse, although she did not claim her massage was influenced by this spirit. In the past few years, she joined every sky goddess dance in the village, and was the person who helped the dancer during the dance. The villagers would be pleased if she could conduct the dance by herself. It would be very convenient to have a sky goddess dancer in the village. The villagers believed that to be a dancer needed more discipline because there were restrictions to followed. Failure to be disciplined caused severe illness or death to the dancer.

Phii pob (the witch-like spirit) is believed to be powerful enough to cause severe or fatal illness conditions. The possession of this spirit is not considered severe and could be cured by exorcism; but, its attack can cause death. Deaths from this spirit are always associated with sudden abnormalities with no prior serious illness. It is seen as similar to an unexplained nocturnal phenomenon found amongst many South-East Asian people (Baron *et al.* 1983, Munger

1987), where strong men die in their sleep. Among the Northeastern Thai villagers, this phenomenon has been known for many years and this witch-like spirit is also blamed for the death.

The story about this spirit has been known to me since childhood. When naughty, my mother and grandmother would tell me to be careful, because *phii pob* would come and *eat* me. After having been in nursing profession for years, I had forgotten about this spirit. Instead, the attack of *phii pob*, was, to me and other health persons, one of mental disorder. When I heard about this spirit from the villagers, I thought I might be able to discern mental problems among them. This was until an event involving *phii pob* occurred in the village. Fieldwork data indicates some interesting points about this event because the witch-like *phii pob*, is considered a *bad* spirit and the villagers feared its power to cause illness and to take away people's spirits.

Fieldwork data indicates the possessions of this spirit helped regulate the social relationships of people who were involved. The events of *phii pob* appeared during the relaxing period before beginning the planting season, a time when crowds of villagers stay at home. Family members are apt to interact with each other over various aspects or business they found no time for during the *hard period*. Conflicts could occur from such social interactions. Although, there might be alternative ways to solve their conflicts, *phii pob* possession is appropriated due to its powerful influence. As illustrated in the following examples, most of the reasons shown to be precipitating factors were personal, social problems. Because the villagers were afraid of its power, they were likely to follow what the spirit told them to do. If people used the power to administer their family or social matters successfully, they were likely to please the spirit, but doing that resulted in satisfying the people involved and the community. Most of the social relationships of people involved were related to breaking community traditions and regulations. The spirit appeared to force these people to maintain their traditions and regulations, which resulted in peace and happiness of the family and community. This is considered a spirit healing. Curing showed recovery of the possessed person and peace and happiness for the family and people involved.

There were illnesses and deaths from the attacks of this spirit during the fieldwork period. The threatening event of *phii pob* in the village from January to April, 1992 is evidence. The sudden death of Mrs AH (case # 28) brought the attention of the villagers to this spirit because her death was said to be typical of its attack.

History of *phii pob* in the research setting

In late January, Mrs AH died. She was about to dress after taking a shower. Her two sons heard sounds of something obstructing her throat before she fell to the ground dying instantly. Her husband and other kin gave her massage, trying to revive her. It did not help. People believed that she died because of the spirit as she was a granddaughter of the originating host of this spirit. The villagers said that the spirit might be very hungry, so it took Mrs AH's spirit because it had been almost two years since anybody had been attacked. Moreover, most villagers had the protecting talismans so that the spirit could not easily attack. The story of *phii pob*, brought to the attention of the villagers, was told to me.

Mrs AH's grandmother, Mae Yai SRI, was described as the believed originating host of this spirit.

Mae Yai SRI's family was considered as *having money*, owning a large area of rice fields rented to other villagers, as well as lending rice and money to the villagers, as they owned the only rice mill in the village. People said that the others, especially those who borrowed from this family, were not satisfied. They said the family was greedy for money, from the poor who were relatives and neighbours in the same community. Attention was given to Mae Yai SRI because she seemed, to the villagers, to be the head of the family, instead of her husband.

Mae Yai SRI had many miscarriages and two of her daughters died in infancy. There were a few deaths believed to be the work of *phii pob*. Most people in the village wore protecting talismans to chase away her spirit. As her husband died when he was about 34, she had to bring up the children by herself. After the death of her husband, people started talking about her and blamed her for his death because the spirit could not take others, therefore it took away her husband. She was believed to be the originating host of this spirit. Because people did not want her family to live in the village, she moved to a house at the end of the village, next to the village pond. Every death in her family, including the miscarriages, was believed to be made by her *phii pob*. Her family was isolated. Years after, the spirit in her body was always blamed for the strange deaths in the village which sometimes made the villagers angry. Some years, the angry villagers threw pebbles over her house during daytime hoping to chase the spirit away. People said that there were a few deaths every year from being taken by this spirit especially after Mae Yai SRI died. They believed that the spirits were in the house she used to live in. She died in her sleep in her seventies, from *the disease of the elders*. The villagers, told her family not to make merit for her by conducting the usual funeral. But her family and kin did not listen. Instead, they had a general funeral and made merit for Mae Yai SRI. Doing that, the villagers believed, strengthened the power of *phii pob*, and *phii pob* were not destroyed.

Mrs AH, the granddaughter with whom Mae Yai SRI spent her last years, inherited the house, the rice mill and the fields from her grandmother. She told her mother and others that she was not afraid of her grandmother, because they were very close. Mrs AH believed her grandmother would not take her spirit away. She died so suddenly that people said *phii pob* did. The community was threatened by this event. To the villagers, *phii pob* had come back taking, this time, an unexpected person, Mrs AH.

The villagers became aware of being attacked by this spirit, so the weak persons[27] were given protecting talismans. They talked about Mrs AH's death, and were afraid that *phii pob* would be back that year. A few weeks after Mrs AH's death, a more frightening event occurred.

> The daughter in law of Poh PG (case # 3), aged 18, was believed to be attacked by this spirit. She fell off the stairs of the house where the wedding ceremony had taken place. People said she was disoriented for a few minutes. That house was opposite *phii pob's* house. Poh Yai LN (the Tao Cham) who was there chased the spirit away by putting his left foot on her forehead, and blowing his incantations over her face. She shouted back to Poh Yai LN which people said, was not her but the spirit, because normally she was very gentle and quiet. People who were there said that the way the spirit called Poh Yai LN was similar to what Mae Yai SRI usually did when she was alive. The girl was believed to regain consciousness and claim not to realise what had happened. Poh PG and his kin took the girl for injections from Maw CO (the local health worker) at his private clinic, because she complained she had a headache and dizziness. She said she felt very exhausted which people thought was because the spirit possessed her and that the injections could relieve these symptoms.

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27 The villagers consider particular groups of people are weaker than others: new born babies, children, pregnant and post-partum women, and ill people. They could be easily attacked by any kind of spirit or disease. Elderly people, however, were not considered weak because they were weak by the deteriorating process of their body, a different kind of weakness from the *weak person*. Moreover, some elders had strong incantations to protect themselves from the attacks of the spirit.

Newborn babies are believed to be the weakest among these groups. During the first year of life, a baby is not human, as the first year is the transitional period during which the infant becomes a human child, or the child of *the spirit of the mother in the previous life*. It is commonly believed that the infant might die during this first year of life from being taken away by *the spirit of the mother in the previous life*. To prevent death of the infant, the villagers try to deceive *the spirit of the mother in the previous life* by showing *appreciation* of the infant in a negative way; pretending it is detestable instead of adorable. Thus, the spirit would be fooled into not wanting her baby back, the baby would be safe and become the human child. Most illnesses during this period of life appear to be related to the annoyance made by that spirit. However, the villagers, especially the elders, tell the mother to take her child to receive injections, immunisation in particular, from the Western medical care centres where they give birth, such as a hospital or a health care centre.

Newborn babies and children are weak because they are young and small. They do not know how to protect themselves from spirits and disease. They did not know what is happening in their bodies when they were ill. They cannot tell about their feelings or illnesses. Their bodies cannot stand illness like the adults do. Therefore, when the children are ill, they have to be taken to see the Western medical care providers, doctors mostly, as soon as possible.

Pregnant and post-partum women are considered weak persons among adults. Bad spirits, *phii pob* (the witch-like spirit) in particular, are likely to attack these women to strengthen the spirits' power. Therefore, these women would have "the protecting talismans" all the time until they are strong enough after the post-partum period. These women are not allowed to attend ceremonies or rituals related to illness, death or spirit such as funerals, curing rituals for severely ill patients, and spirit possession and exorcism. My miscarriage during the fieldwork strengthened this belief of the villagers: pregnant women are weak and easily attacked by the spirit.

Ill persons are believed weak and open to attack by any kind of spirit. The patients always wear holy threads, and take or are sprinkled with holy water. This is done as well as seeking therapy, either at home or in hospital.

Maw CO was informed about *phii pob* possession of the girl. He listened to them carefully and gave two injections as requested without asking more questions. He told the family and kin he would come to the village to visit her sometime which pleased them very much. Maw CO told me he could not say he did not believe them about this spirit possession. He noticed that among his patients, who were believed to be possessed by this spirit, none of them came to him again after receiving the injections. A few came with other symptoms not related to spirit possession. Maw CO came to visit the girl a few days later and found she was all right, doing housework with her mother-in-law. She had no symptom at all and seemed to be normal. The family took her to the temple to make merit on the day following the possession. She was given the protecting talisman. People told me she came from another village to marry Poh PG's son. Poh PG's wife loved her since she helped very much with the housework as well as the work in the fields. People said that she worked harder than the other daughters in Poh PG's family, never complaining about the hard work she did. After possession, she was told to stay at home to help her mother-in-law do the housework.

Studies have found women facing transitional periods of life are most likely to be possessed by the spirits (Laderman 1987, Spiro 1974, Ong 1988). Women in a culture where men are given higher status and opportunity are apt to express their needs and thoughts through spirit possession, which is a powerful way to avoid being punished or blamed. In the above example, a young married girl living with the family of her husband's parents, was possessed. It was apparent that she had been working hard alongside her husband and other men in the family, while other female members had done light work at home or in the vegetable garden. The girl left her family to live with strangers at the same time she was assuming the new status of a married woman. Social stress occurred. She learned that spirit possession might be best way to express her tension without being blamed for being a bad daughter-in-law.

Other examples of problems with social relationship were: Mae TA with her conflicts over the properties with her son, and a single man being attracted to a married woman.

A few days after the possession of Poh PG's daughter-in-law, Mae TA (case # 12) was possessed following an argument between her and her eldest son about her rice fields that should be given to one of her children.

Mae TA was living with the family of her youngest daughter and therefore she would like to give her land to the daughter who had been looking after her. The eldest son did not agree with her. He wanted to sell that land and buy a new house and a new motorcycle for his family. The land should be given to him since he was the eldest son in the family. Although, Mae TA was not living with his family, he believed he deserved this. He wanted Mae TA to live with him after the father died but she did not want to. It was not his fault the mother did not live with him. Every son and daughter in the same village said that the mother had been very well looked after by

everybody. The land should be given to the eldest son, not the youngest daughter.

During the spirit possession, all the sons and daughters came to be with the mother. The spirit told the family to look after Mae TA, especially the eldest son who wanted her land. The spirit also told that son to stop asking for land. He had to wait until his mother made her decision. The spirit would be angry and come again to take Mae TA's spirit away if there was any future argument. Other villagers said the spirit was from Sri and did not like the eldest son arguing. They agreed the family had to follow the instructions of the spirit to protect Mae TA's life. They suggested the land should be sold and the money shared by everybody in Mae TA's family, including Mae TA, with the merit making ceremony for the peace of the family. The family and kin agreed. A few weeks later, the land was sold to a family in the village who wanted their own rice fields. The villagers said it was a good deed. Within the same week, a merit making ceremony for Mae TA's family and the spirit of the ancestor was held. Most villagers attended this community event in response to an instruction from the spirit, *phii pob*. Mae TA's family relationship was praised for bringing peace and saving the mother's life.

A further example was the possession of an unmarried man who had been attracted to a married woman. The community knew about this, which embarrassed the possessed man because it was shameful to be in such situation. Then he was possessed by this spirit a day after the woman's husband came back from work in another province. The husband of that woman was blamed, by the spirit, for not spending time with the family. The spirit told him to stop work with the folk music band which he travelled a lot. The spirit made it clear to people that the possessed man had to join the monkhood to make merit for his family and himself. The possessed man went to live at the temple and ordained as a monk a few weeks after the possession. The married woman involved with the event was not blamed for being interested in the possessed man. She stopped showing her interest in the possessed man after being told by the spirit to pay more attention to her children and make merit for the sake of the family. The community accepted what the involved people did. They praised those involved people for following the instructions of the spirit, and other people, for the peace of the affected families, and the community. They were not blamed by the community. Instead, the possessed man was praised for making merit by being ordained. The married couple held a *Tang kae* ritual at home, to bless the family and make merit to their ancestors. The husband stopped working with the folk music band. He came back to work with his wife in the rice fields and the vegetable garden. The possessed man has been in the monkhood since then.

When possession took place, the community lived in fear. People stopped socialising at night, as usual, and came back from the field earlier. The children had to be home immediately after dinner. Thick blankets were used as protection. The village was almost silent at night. People who were most afraid of this spirit were women and children. Men are believed to be able to chase away the spirit because they are ordained. Neighbours and kin spent the night with a patient instead of walking back home. I was told by the elders not to walk or do home visiting at night. I followed their suggestion.

The situation was more serious when a man called Mr TN from a nearby village bought the rice mill from Mrs AH's uncle and took it back to his house.

> Immediately after the mill was put in the house, Mr TN was believed possessed by the spirit from the mill. He was disoriented; his manners were different. He sat or lay down talking incoherently. The spirit healer said the spirit wanted the mill back and Mr TN's kin had to do that to save his life.
>
> Before the mill was bought, people from that village knew about the spirit in Mrs AH's house, but they did not think the spirit would be at the mill. Mr TN was taken to the temple of a famous monk curer after he was beaten by the spirit healers in his village. He could not stay at home because the spirit healers said the spirit was too strong and powerful and the incantation would not drive the spirit away. His kin and neighbours said he was almost dead when they took him to the temple of the monk curer. He regained his consciousness after two days. It happened to be the same day that the mill was brought back to Mrs AH's house. People said the spirit left so Mr TN could be normal. The monk curer told him to stay in the temple for five days to receive protecting incantations. His family, kin and neighbours held a merit making ceremony at that temple, for the sake of his family.
>
> The villagers were frightened when they saw people from Mr TN's village bring the mill back. Mr TN's kin were given about one fourth of the money back from Mrs AH's kin. They were pleased with that although they complained about it.
>
> Elder men and the abbot made the decision to have spirit healers chase and kill the spirit from the village after these frightening events. The village headman was told to get spirit healers from another village known to have strong incantations, to kill *phii pob*. Four spirit healers held the exorcism on two consecutive nights. I was allowed to attend the first night. Because the first exorcism did not succeed the following night also was selected. The spirit healers said they found there were almost twelve bodies of the spirit which they could not chase by themselves. On the second night, they had ten strong men in the village who were given protecting incantation by the spirit healers, to help chase the bodies. They could catch and put most of the spirit bodies in the bamboo cylinders before burning. Those spirit healers told me that they were worried about my presence at the first night. They could not locate those bodies effectively. So I was asked not to be at the exorcism in the following night. People believed there were a few bodies left which might not be as strong as before, to be able to possess any one. The spirit healers suggested not to have another exorcism. They warned Mrs AH's kin not to have any merit making ceremony for her, as others usually do for death, because the merit made could strengthen the spirit which could harm people again. Mrs AH's family accepted what they told although they felt regret for not being able to make merit for Mrs AH.
>
> Two weeks following the exorcism, the villagers heard I had a miscarriage caused, people believed, by the spirits because a pregnant woman was not allowed to attend an exorcism. They asked the spirit healers to give the protecting talisman to me. I was told to take holy water for ten days, consecutively. The village social activities returned to normal, but the villagers were still aware of this spirit.

To placate the spirit is to negotiate with it. Obligations were always made to the spirit to maintain good relationships for its protection and to prevent other

serious harm such as severe illness or death. Incantations, reputable for their powerful effect on the spirit, are seen as the language of communication with the spirit. To expel the spirit from the possessed person, negotiation between the spirit and the involved people, not only the possessed person, takes place. Their needs, relevant to the immediate problems of their social relationship, are articulated and recognised. Negotiation leads to a better understanding and appears to strengthen relationships. Although the aim of the healing ritual is to end the illness, the social relationships, based on the traditions and regulations of the society, are maintained. Community release occurs when negotiation among those involved in the spirit possession is made.

Western medicine deals with spirit possession as a psychiatric disorder or as psychosocial stress. The Northeastern Thai villagers' concept covers a broader ways in dealing with spirit attacks and possessions.

In this study, any discussion of the possibility of psychological disorders associated with spirit possession is limited due to inadequate evidence. Probably the observation period in the research setting was too short to notice such disorders. Suwanlert (1976) describes the characteristics of *phii pob* possession in his study of psychiatric patients admitted to a psychiatric hospital. Most of his patients were women facing a transitional period in life such as widowhood or a husband having another woman or leaving to live with other woman.[28] He estimates the period of possession to be from one to five years before psychological disorders can be identified. Although in the research setting the history of the originating host is long, the possessed people were not the same during that period. No one was possessed more than once. *Phii pob* possession appears to be the accepted appropriate way the villagers select to regulate their society by solving social problems according to their traditions and regulations. As well, the traditions and regulations of the society are transformed and maintained through spirit possession.

6.5 CONCLUSION

Mutual influences between beliefs about illness and villagers' experiences in healing exist. Villagers perceive illness in a broader way than that of the Western medical perspective. While Western curing techniques successfully cured some illnesses, villagers attempted to manage illness by experimenting

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28 See also Golomb (1988b), Laderman(1987) and Spiro (1974).

with accessible curing methods. Their beliefs about illness and its management show some degree of integration of the available healing knowledge which subsequently led to their practices. Classification of illness relied upon these subjective experiences to recognise symptoms in relation to any single illness. Beliefs about multiplicity of causation and symptoms of illness were derived probably because some healing methods within a single illness failed. The villagers' healing system, therefore, provided justification for any illness situation the villager encountered. Western medicine, on the other hand, only gave explanations for some specific diseases.

The articulation of illness is made among villagers themselves. It provided the diagnosis and causes of illness leading to appropriate healing methods. The diagnosis, especially for causes of illness, was apparently modified from the diagnosis made by Western medical practitioners and village healers. For any single illness, there might be more than one cause or disease discerned.

Based on subjective experiences, different degrees of illness are classified in relation to several criteria. The ability and inability to do physical work appears to be most important when discerning the severity of the illness. Persistence of symptoms despite treatment is another consideration. Degree of kin and community involvement as well as causes of illness are crucial to this justification. An articulation of a degree of illness is the central focus of the illness management.

The villagers' broad illness categories indicate that people act on the basis of experiential knowledge. Also, these illness categories justify healing methods. The villagers accept every healing method as effective when applied to the right disease or illness, and when the healing method proves successful. Illness categories are, therefore, employed to enable villagers to select the most effective healing method.

With illness comprising multiple causations and symptoms, every cause and symptom has to be treated. This belief about multiple causations and symptoms is substantiated by utilisation of the multiplicity of healing methods.

Causes of illness other than disease, such as spirits, *karma*, end of age and unknown reasons, exist, and, to the villagers, those causes strongly influence health and illness. Healing rituals are believed to cure these causes, by following social traditions and regulations. Western medical techniques and village healing methods such as medicine oil, a blow, a massage and herbal

drugs cure disease. Any Western classified disease is believed to be cured by Western medical techniques while village classified disease is cured by village therapies. The use of both types of healing might provide a successful cure. The following chapter illustrates villagers' beliefs about disease which justify the utilisation of Western medicine and some village healing methods.

CHAPTER 7

BELIEFS ABOUT DISEASE

7.1 INTRODUCTION

To the villagers, illness is different from disease, illness covering a broader category than disease in Western medicine. Disease is seen as only one of the causes of illness which also includes spirits, an end of age, *karma*, doing wrong to the body and the mind, and unknown reasons. For any illness, disease has to be present to show symptoms. The severity of disease is influenced by other causes of illness. This chapter discusses beliefs about disease which underpin healing practices, with the focus on disease classification, names and causes.

7.2 DISEASE AS A PART OF ILLNESS

Whenever a person recognises any unusual feelings or is unable to use any part of the body, disease might be present. Illness is recognised when the whole body is affected. The villagers identify illness or disease, from the unusual feelings in relation to a particular part, or many parts of the body, such as feeling exhausted, having less energy, as if dying, unable to get up as usual, not hungry or being unable to sleep well.

It is believed that every disease consists of various portions each of which is curable by a different kind of medicine or therapy. Each disease needs more than one kind of medicine to cure it. The villagers use any kind of medicine of good repute to cure a particular disease or symptom. They believe that failure of any medicine or therapy is not due to its general potency, but due to its failure to affect the right portion. Every medicine is believed good for curing; no medicine is believed bad or dangerous. Each kind of medicine is made for a specific disease, and appropriate medicines must be utilised. It is believed that each kind of medicine affects a particular portion, and when every portion has been identified and treated, the whole disease is believed to be cured.

The villagers believe that the presenting symptoms do not necessarily represent particular portions of a disease. Rather, the whole disease makes the symptoms appear. Moreover, there might be other symptoms which are hidden and would appear later. The patient might die or be severely ill when hidden portions became dominant because of lack of treatment. Other explanations might also be given to account for these symptoms, or for death.

Very often the diagnosis of disease is made within the village, and the villagers believed they have discerned the diseases. To discern the disease, its name is always given by the patient's kin and neighbours. The healers are consulted for confirmation of the diagnosis. The village people usually make their diagnosis based on the similarities and the differences of the presenting symptoms to those they are familiar with for each particular disease.

To village people, a particular disease might produce more than one dominant symptom. The dominant symptoms are always severe or persistent and have special characteristics such as severe abdominal pain, intense coughing, abdominal mass, hyperventilation, body numbness, or unconsciousness. Various kinds of medicine or therapy are selectively used to relieve each symptom. Different disease names, for each set of symptoms, are given by each healer or person who makes each diagnosis. Each healer might name the disease differently. Once the disease name is identified, believed effective therapy has to be sought. The villagers do not always rely on a single method of therapy for each disease, applying any method people or healers say will cure.

The villagers attempt to get rid of disease as soon as possible. Medicines are taken almost simultaneously, as they do not wait for the results of each kind. Information about the successful use of various kinds of medicines for particular diseases or symptoms, is always shared. Therefore, many kinds of medicines are known as good for non-specific symptoms or diseases.

Health care resources are those which provide any form of medicine or therapy for disease: hospitals, private medical clinics, the local health care centre and the private practice of the local health workers as well as the injection doctor. Every kind of medicine sold elsewhere in the country is for the cure of diseases. This includes village medicine and herbal medicine prepared by the village healers, although it is claimed that they are more effective when combined with the power of incantation.

7.3 DISEASE CLASSIFICATION

There are many diseases recognised by the villagers, and these diseases are classified in a variety of ways. Diseases are classified as common, severe or fatal. Severe or fatal diseases are not widely known. Believed effective methods of therapy are used to differentiate various diseases too. The villagers distinguish diseases which are inherited, contagious or non-communicable, and those which affect particular groups such as children, the edlerly or women. Diseases are also classified as seasonal or occurring at any time of the year. The recognition of disease is based on villager knowledge to distinguish one from another. It seems that their knowledge is heavily related to direct and indirect experiences of those diseases which had happened in the village or nearby communities. A particular disease may fit more than one classification as illustrated in Appendix 8: Villagers' Classification of Disease.

7.3.1 Diseases Classified by Severity

This set of disease categories articulates illness when a particular disease is considered the main cause of an illness. Severity of a disease is recognised by the severity of the presenting symptoms, among previous and current patients. Uncommon diseases are considered severe, because effective methods of therapy have not been found, are mostly unknown to the villagers, and are believed to be unknown to the healers. Severe and fatal diseases are almost similar, because most severe diseases cause death. Common diseases could turn out to be severe when other causes of illness appear to make the symptoms worse, or when other diseases occur.

Common diseases are those that happened to almost everybody, and most people are expected to experience illness from common disease at least once in a life time. Common diseases are not considered severe since there is always medicine to cure them. Symptoms and related therapies are well-understood and familiar to the villagers, and usually cured by self-medication of both Western and village types. While common diseases themselves are not considered severe, there might be other causes that could make the symptoms worsen, or cause death.

The disease of the stomach, peptic ulcer in Western medicine, is one example of a common disease. The villagers believe that this disease is not severe by itself, and can be easily cured. There are many kinds of medicine which cure this

disease, and the villagers know they will not die from it. But they are aware of other possible causes, which might make the symptoms of this disease severe. The villagers try to find out other causes from the spirit healer or other village healers.

Other common diseases are; *khai oog toom* (measles); *khai tam ruduu* (seasonal fever); *khai mhaak mai* (fruit fever); diabetes; *lom pit* (poisonous wind); *the disease of dizziness*; *the red eyes disease* (conjunctivitis); *huert* (asthma); *the disease of thyroid*; tuberculosis; epilepsy[1]; *the lung disease*; *the slack womb* (procidentia uteri); *mhaad kao* (leucorrhoea); cold; *the disease of the blood pressure* (hypertension); *the disease of the heart* and *the disease of the elders.*

These diseases are talked about and seen by the villagers as an everyday matter. Any disease known to have particular kinds of therapy for use at home, is common and curable, although some diseases need hospital therapy for home management. The hospital therapy for such diseases might be continuous medication, such as for asthma, hypertension, epilepsy and diabetes.

Severe diseases are believed to be fatal if appropriate methods of therapy are not used. The villagers have either direct or indirect experience of those diseases which are always related to death or severe symptoms. It seems that health education for disease prevention and proper management of some severe diseases known to be curable by hospitalisation, works well. Haemorrhagic fever is one example. The villagers, especially those who are rearing children, know how to manage when a child is recognised as having this severe disease. This disease is also known as *khai thong kai* (distended abdomen fever) since the symptoms are similar. *Khai thong kai,* a fatal disease in the past among children, is now recognised as curable by hospital doctors. Other therapies are not used since they might cause severe symptoms and death to the affected child.

Any disease believed curable by surgery is severe. *The disease of the abdomen*, *the disease of the appendix* (appendicitis), and *the disease of the kidney* (renal calculi) are examples. The villagers believe operations are only for severe diseases.

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1 There was one man in the village, aged 27, who was diagnosed epileptic by the hospital. The villagers believe that he was born abnormal, although Maw CO told his family about this disease. He took medication, but sometimes stopped when he did not feel like taking it. He had fits four times during the fieldwork, especially in the toilet. His family said the fits usually happened, so they did not see he needed their special attention. Some villagers saw him as *dull*, because he was disoriented, quiet and isolated at times. There is insufficient information as to how people perceive this disease.

Recently, knowledge about AIDS has been introduced to the villagers through the media. While the villagers understand AIDS is a fatal disease, cases are uncommon among them. The media campaign stated that patients with AIDS would die. Most villagers said they could not get AIDS because they did not change sex partner. They believe the disease could only happen to people who had sex with city prostitutes. It is the disease of the city, *the women's disease*. Although some villagers travel to the city to work, they do not have sexual intercourse with prostitutes. Thus, they are not afraid of AIDS.

It seems that because there had been no villager identified as having AIDS, the villagers have no experience of it. It is strongly believed that to have sex with one's own husband is a role which women must fulfil. Having a sexually transmitted disease is unacceptable, and considered disgusting. The villagers consider themselves safe from AIDS because the couples knew each other before marriage, and the majority marry within the same village or in nearby communities.

7.3.2 Diseases Classified by Effective Methods of Therapy

Particular therapies are believed to affect successful curing. A particular therapeutic method can either effectively cure specific diseases, or make the symptoms worse, or have no effect. The villagers believe some diseases can be cured by hospitalisation, and some cannot. There are diseases cured by the village healers and by self-medications. Sometimes, certain diseases disappear after therapy from the private health care practices of the medical doctors, or the local health workers, or the injection doctors. It is obvious that a variety of methods of therapy are used by the villagers whenever a disease occurs, believing different methods of therapy cure different portion of the disease. The most effective method of therapy must be given to the patient as soon as the disease is identified. It is the most effective method of therapy which the villagers consider, is the basis for disease classification.

Sometimes a therapy, given prior to death, is often believed to cause death. An example is death from *kam rerd lae* (blue convulsions), case # 19: JON, caused by *puncturing the front neck* (tracheostomy), a hospital procedure. The patient was diagnosed as having pneumonia. The villagers did not realise that the symptoms were severe when the patient was taken to the hospital. Private medical clinic providers refused to give any therapy.

7.3.2.1 Diseases that need hospitalisation

The disease of the abdomen is one example of a disease which needs hospitalisation, as *the disease of the abdomen* might need surgery if a tumour is found. Hospitals are known to provide operations.[2] The possibility of surgery, when hospitalised, is talked about by the villagers, especially for severely ill patients.

The villagers believe that hospital treatment cures a particular portion rather than the whole. The hospital treatment is considered simple. Doctors at the hospitals and the private medical clinics cure disease by *correcting* the wrong organs in the body. The explanation given is that the doctors identify the affected organs, therefore, the disease is not considered complicated, while most diseases cured by the village healers are complicated because therapies aim to eliminate the whole disease. Village healers try to cure disease by *correcting* or removing symptoms.

One of the examples in the fieldwork is *the disease of the abdomen* from which Mr PA (case # 16) suffered.[3] The villagers understood that an operation would take away the *mass* in his abdomen. This meant surgery could cure his *disease of the abdomen*. The villagers understood, therefore, it was simple to cure Mr PA's disease.

Similarly, Mae Yai SO (case # 17), diagnosed by the hospital doctors as having *the disease of the cover sheath of the heart* (pericarditis), had surgery.

Case # 17: Mae Yai SO

Mae Yai SO (63), was believed to have *the disease of the lung* when she first went to see Maw CO at his clinic. She had high fever and intense coughing with secretion, and loss of weight. She did not recover after receiving injections from Maw CO for five consecutive days. The symptoms were more severe than she could tolerate. Therefore, she was taken to the hospital, when *the disease of the pericardium* was diagnosed. She had an operation in Bangkok. The elders in the village believed Mae Yai SO, did not have the disease that the doctor diagnosed, believing she had the local disease *khai mhaak mai yai* (big fruit fever) because her symptoms were relevant to those of that disease. The distinctive symptom for this local disease was her skin became darker, especially at the palms and the soles, with a burning smell. It was believed that the patient who has this disease should not be given intravenous fluid infusion due to its fatal effect. Only the village healer who

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2 Although blood and urine are tested, an x-ray examination is still the favourite method of investigation and therapy. The severely ill patient, taken to the hospital, is believed to undergo these investigations, and probably, an operation.

3 See later in this chapter for the disease names identified according to the physical location of the dominant symptoms.

specialised in this disease could cure it. *The disease of the pericardium* was probably cured by the operation. When Mae Yai SO died, people believed she died from the local disease, *khai mhaak mai yai.*

The doctor told her and her kin that the operation would rectify the cover sheath on her heart and cure her. They believed the operation was not complicated. The villagers understood the explanation in a very simple way.

Intravenous fluid infusion is believed to cause death in particular diseases if it is given to the patient before proper therapy. An example is *khai mhaak mai yai*, a fatal disease believed curable by the village medicine man, but intravenous fluid infusion is not allowed until the patient has been given appropriate therapy from the village medicine man.

7.3.2.2 Diseases cured by doctors in private practice, local health workers or injection doctors

Diseases cured by doctors in private practice, local health workers or injection doctors are *the disease of dizziness*; *the disease of the thyroid*; *the disease of the elders*; *the disease of the stomach*; haemorrhoids; *the disease of the heart*; *the disease of the blood*; a slack womb; *the disease of the inflamed lung*; back pain; tuberculosis of the wrist; and diarrhoea.

The disease of dizziness, among the village women, brings them to the injection doctors or the private medical practitioner. The most effective curative method is an injection, *the injection to cure the disease of dizziness*. It is always given on request. The villagers mention that most women in the village have this disease, and *bad blood* is believed to be the cause.

There are other examples of the villagers with diseases believed curable by the injection doctor or the private medical clinic including *the disease of thyroid* and diarrhoea.

Case # 40: Mrs SW's Aunt

Mrs SW's aunt (52), came to stay in the village for a few weeks for her *disease of thyroid* during the fieldwork. She was said to have *the disease of the thyroid* by doctors in the hospitals in her province. After treatment from a few hospitals with good reputation in the region, her symptoms persisted. Her hands shook most of the time; she was short of breath and complained that she was tired easily. Her throat was swollen. She heard about Srinakarind Hospital's reputation. The doctors and the medicine were good. However, she was allergic to the medicine given by the doctor at Srinakarind hospital. She saw a different doctor on each of three visits. She was given

different medicine after each visit. She decided to stop going to this hospital. She still kept those medicines. Mrs SW's neighbours told her to see the injection doctor, Maw CH, to obtain the injection. She did and felt better. Her swollen face disappeared. Neighbours told her to see one of the private medical clinics in a nearby community, to get *good* medicine. She did. She went to see that injection doctor four times within two weeks, before she went home. She also obtained medicine from that medical clinic to take home. She said she would come back if her symptoms became worse to see Maw CH and the private medical clinic. The villagers believe *the disease of the thyroid* is severe but curable by the injection given by Maw CH, and the medicine from the particular medical clinic. Srinakarind Hospital gained bad reputation in curing this disease. The villagers store this information away in case someone develops similar symptoms.

Case # 10: Mae Yai JN

Mae Yai JN (64), had colic and diarrhoea accompanied by high fever and nausea for two days. She felt very tired and could not do her usual activities. She took a mixture of fish sauce and *Yaa Tanjai*[4] twice per day for two days, and *Yaa Hiro*,[5] *Pii-NO* (5 mg Prednisolone) and other medicine bought from the village shop. However, she still felt exhausted, dizzy and had to lie down most of the time. The injection doctor was called. He gave an intravenous fluid infusion immediately when he arrived. He spent almost half a day at her house. Her kin and neighbours came to visit her at home one after another. Mae Yai JN was given the injection to cure diarrhoea and *the injection to strengthen her body.*[6] She felt very much better soon after receiving the injections. Her symptoms disappeared the same day she had the intravenous fluid infusion and the injections. To receive the intravenous fluid infusion and the two injections was the most effective method to cure diarrhoea, apart from the mixture of fish sauce and salicylate powder.

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4 *Tanjai* contains 500 mg Aspirin. A package of *Tanjai* costs 2 bahts ($NZ 0.15). People believed *Tanjai* is more powerful than *Yaa Bura*, therefore, it is more popular. These two medicines are taken when the villagers have body aches from hard work, exhaustion, dizziness, headache, fever or common cold. *Tanjai*, mixed with fish sauce, is taken by people who have dysentery, stomach pain or abdominal pain. Usually, these medicines are for adults, but children can take a small quantity.

5 HEROMYCIN is the trade name of *Yaa Hiro* known among the villagers. One capsule of *Yaa Hiro* contains Tetracycline HCL 250 mg and costs 2.50 baths ($NZ 0.20). The villagers take this for pain in any part of the body, inflammation of any part, such as the lungs, fever, upset stomach, severe headache or boils.

6 I was not able to identify the active ingredients of these injections.

7.3.2.3 Diseases cured by the village healers

There are some diseases that can be cured by the village healers: *khai mhaak mai yai* (big fruit fever), *kam rerd lae* (blue convulsions), *kam rerd* (convulsions), *kii mak mun*[7] (dysentery), *nom long huu* (mastitis), *the disease of blood*[8], and *en* or *sen kaeng* (stiff tendons or ligaments). The villagers believe that the village healers have the most effective therapy, but the patient could try other methods to cure these disease. Among the diseases mentioned, *kam rerd lae, khai mhaak mai yai* and *nom long huu* can be fatal if inappropriate methods of therapy are applied. There were people who suffered from severe symptoms and died from these diseases.[9]

This classification of disease is relevant to the severity of the dominant symptoms. Hospitals are believed to be the best resource among those of Western medical care to provide better and more effective therapy and equipment. Severe symptoms take the patient to hospital as the last resort. The villagers always made comment on which place the patient should be taken to in relation to a particular disease.

7.3.3 Diseases Classified as Inherited, Contagious or Non-communicable

One example during the fieldwork where the villagers believed the disease to be inherited was the mass in the womb of Miss KP. Also, Miss KP was believed to have bad blood from not having menstruation, the result of her hysterectomy.

Case # 11: Miss KP

Miss KP (45), had not been proposed to by any man. The villagers believed that the disease she had, a mass in the womb, was inherited. Her younger sister was believed to have this disease too. The two sisters were isolated

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7 *Kii mak mun* is the local name for the symptoms of defecating small amounts of loose faeces with mucus many times a day. There are a high fever, a stomach pain and nausea. The village medicine man would give ground medicines to the patient to stop defecating. This disease is not severe but is believed by the villagers, to be cured most effectively by the village medicine man.

8 *The blood disease* is identified by the village medicine man, and is recognised when a woman has dizziness, paleness, tiredness, menorrhoea, leucorrhoea, dysmenorrhoea and is faint. It happens among post-partum women. The medicines prepared by the village healer, called *Yaa lyad*, is believed to effectively cure this disease, believed, among the villagers, to be caused by *bad blood*. Woman who eats the wrong food during the post-partum period, could also have this disease.

9 See case # 17: Mae Yai SO, who died from *khai mhaak mai yai*.

> from the women in the village.[10] Most of the time, they worked in their field or stayed at home. Miss KP's two brothers found it was difficult for them to ask any girl in the village to marry, too. The villagers were anxious to know if the disease could be transferred to the two brothers. They did not want their grandchildren to get Miss KP's disease, as it was thought to be inherited.

Miss KP's disease is believed by the villagers to be inherited. The villagers did not mention any other disease similar to Miss KP's disease. Some diseases are recognised to be contagious or non communicable.

The disease of the lung, pulmonary tuberculosis, suffered by Mae Yai SA (case # 21), who sold the food in the village, is contagious. The villagers believed that her disease could be spread through the food she sold as she coughed and breathed over the food she prepared.

Another example is sexually transmitted diseases which are understood to be highly contagious among married people. Sexually transmitted diseases are called *the women's diseases* because men could become infected from having sex with prostitutes. Although wives caught this disease from their husbands, the disease is still called *the women's disease.*

Haemorrhagic fever is believed to be highly contagious among the children who play together. It is transmitted by mosquitoes. Whenever any child is taken to hospital with this disease, parents or grandparents, who looked after the children, are very careful not to let their children be bitten by mosquitoes during the day.

The disease of the abdomen, the disease of the blood pressure, the disease of the heart, the disease of the liver and diabetes, are not contagious, can happen to any person at any time, the cause being unknown.

7.3.4 Diseases for Special Groups of People

The villagers see some diseases appear only among children, elders or women.

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10 The women or the housewives in the village appear as the group to help with the health programs the local health worker conducts, especially in maternal and child care. There were two mobile clinics from the local health centre in the village during the fieldwork period, to take weight and height of children under five, and to introduce food supplementary preparation to mothers. In all village festivals, the group was actively involved in preparing the feast. Miss KP and her younger sister did not join the housewives' group since they were not married.

While children's diseases are named both in local dialect and in Thai, most of them are not relevant to the Western medical diagnosis. Symptoms of each disease vary, relevant to the village experience. Symptoms are recognised to differentiate a particular disease from others. In the village, people who are believed to know most about the diseases of children are mothers and grandmothers.

Khai kam rerd (febrile convulsions) is always mentioned by the mothers or grandmothers. The believed cause of this disease is *suang kaeng*[11] (stubborn heart) which is attributed to either or both of the parents.

> *"...The stubborn heart is something which some people have in their bodies. Usually, persons who have the stubborn heart must have a mole or black spots on the skin at their private area. It can cause people puai (severely ill) or even kill. Only married people can have the stubborn heart. The baby cried at night time after it had gone to sleep. It would not stop crying until the spirit healer gave it the protecting talisman. It might start to cry again if the ritual for killing or removing the stubborn heart was not held. It is convulsion the baby has,called kam rerd. Poh Yai PL can kill the stubborn heart. He is the only healer doing Sak suang in this area...."* (Mrs LG, 5 November 1991)

It is believed that every person has *suang* which is believed to consist of bodies in the heart which cannot easily be seen by ordinary people. The spirit healer is the only person who can see the bodies. A person knows if *suang* is *kaeng* or not after marriage and childbirth. A person with black spots or moles on the skin around the perineum, might have *suang kaeng* (stubborn heart). The mother is usually the person who has *the stubborn heart*, a disease believed to make a person unable to sleep with his or her spouse. The couple can have intercourse, but the affected person feels uncomfortable sleeping beside the partner. A woman who has *the stubborn heart* is said to have high sex needs. She is easily irritated, and temperamental.

The woman most likely to suffer from *the stubborn heart* is one who suffered has many miscarriages with large blood loss, being stubborn or hard to convince, and whose children have died young. It is believed by the villagers that the woman with *stubborn heart* has *bad blood*, which is the cause of miscarriage together with other symptoms such as dizziness, tiring easily and feeling faint.[12] The causal relation between *bad blood* and *stubborn heart* is unknown.

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11 *Suang* means chest or heart while *kaeng* means strong or stubborn. *Suang kaeng* means stubborn heart which is believed to be, metaphorically, a strong force inside the body.

12 See also bad blood as a cause of disease later in this chapter.

One example in the research setting was a married woman who was said to die from *stubborn heart.*

Case # 34: Mr KII

People said Mr KII's wife had *stubborn heart.* Her characteristics were similar to those of other women believed to have had *stubborn heart.* Her death was a threatening experience for women in the village.

"My wife had stubborn heart. She had a big mole on her breast. My parents wanted Poh Yai PL to do Sak suang ritual for her but she refused. She was seven times pregnant but could give birth to only three babies. We could bring up only two baby boys. The baby girl died when she was about ten months old. My wife had four miscarriages. Each miscarriage, she had a large amount of blood loss. My daughter had been crying a lot before she died. She didn't suck breast milk. The girl was my wife's fourth pregnancy. People said that my wife had stubborn heart. They suggested she had Sak suang ritual. She was convinced to do that ritual by our relatives. We have not completed it when she died. People said that my wife had stubborn heart so that she had many miscarriages and our baby died very young. They said if she didn't insist not to have Sak suang ritual, she might not die from stubborn heart. I felt truly sad at that time." (Mr KII, 13 December 1991)

Mr KII's wife died after her seventh miscarriage. She had a large loss of blood before she became unconscious. She was taken to hospital before she died. That stubborn heart was the cause of her death, according to the villagers.

If the first baby has *kam rerd* (convulsions), young parents are apt to have *suang kaeng* (stubborn heart).

Case # 18: Mrs NM

During the fieldwork, the male child of Mrs NM (17) and her husband (18), was believed to have *kam rerd* because his mother had *suang kaeng.* The couple had the baby a year after marriage. Their baby suffered from *kam rerd* when six months, crying at night.

"I feel relaxed when the baby stops crying and gulps a large amount of breast milk. I think I will take him to the hospital if he doesn't suck milk. The baby has cried since last night. His father held him but he didn't stop. I gave him breast milk; he didn't suck. We hardly slept last night. During yesterday, he was just normal and didn't cry. After dinner, he did not suck the milk. He stopped crying early in the morning and started again at pel (between 11.00 aand noon). Then my mother, my grandmother and other elderly relatives told me to take him to see Poh Yai PL. I told them that I wanted to take him to the hospital if he didn't stop crying. They insisted he see Poh Yai PL first. I am afraid that he might die if I take him to the hospital too late. He might get puai laay (fatally ill). There is nothing wrong with his stomach. He defecated once in the morning. His body is not warm. He cries as if he is going to die. I don't know what's wrong with him. He can't tell. That's why I'm afraid. I cried when I see him cry like that." (Mrs NM, 12 November 1991)

Mrs NM's mother and grandmother told her to take him to see Poh Yai PL early in the morning to receive the protecting talisman. He stopped crying for hours but started again after about 2.00 pm, and slept. He did not suck the

breast at all, although his mother tried to feed him. Thus, Mrs NM's mother and grandmother asked Poh Yai PL to come and divine for the cause of *kam rerd.*

The *Sak suang* ritual was believed to save the baby's life. After the ritual, the baby never cried again. The baby was given *Yaa Vikooldeg*,[13] and breastfed as usual. When the baby was nine months old, he was praised by the local health worker, during weight and height evaluation at the mobile clinic, as healthy baby. The villagers believed the baby was attacked by his mother's *suang kaeng* and that the *suang kaeng* was killed by the ritual.

While *khai kam rerd* (febrile convulsions) has other causes, the villagers did not mention other causes during the fieldwork. The child might have *kam rerd* (convulsions) when crying at night and might stop in the morning. If the same thing happens every night for a week or so, the child might stop crying when the protecting talisman is given. If that is so, it is believed that the child is annoyed by the spirit called *the mother in the previous life.*[14] *Kam rerd* occurs only among infants, and *khai kam rerd* is recognised when the child starts to cry and keeps crying until the body becomes warm or hot with a high fever. The child is unable to suck breast milk, or eat anything. If it was caused by *saung kaeng* the child would stop crying and the disease would be cured after the *Sak suang* ritual. But, if the cause is unknown and the child continues crying, the village healer, who specialises in curing *khai kam rerd* from other causes, would be asked to blow his incantations over the child's body, from head to toe, and to give his medicine.

Kam rerd lae (blue convulsions) is one of the fatal diseases among children. The villagers believed that this disease could happen after the child has been affected by *khai kam rerd.*

Case # 19: JON

The youngest grandson of Mae Yai P, JON (3), was believed to have *kam rerd lae* (blue convulsions) a year before the fieldwork. Mae Yai P who had been looking after this boy, gave the information. He had *khai kam rerd* (febrile convulsions) for ten days when he was about two and a half years old. He stopped crying for a few days but he still had a high fever and could not breath easily. He was given many kinds of medicine bought from the

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13 *Yaa Vikooldeg* is always given to young children who have a warm body or fever or any discomfort. It contains 81 mg of Acetylsalicylic Acid, 5 mg of Saccharin Sodium and Dextrose Mono hydrate added to 1 gm. One package costs 3 bahts ($NZ 0.25).

14 During the first year of life, babies are considered in the transitional period, between the human and the spirit worlds. The babies who die during the first year of life, from any causes, are considered to belong to the spirit world, to the spirit called *the mother in the previous life.* Those who do not die during this period are considered human, and should be brought up well in the human world. It seems that this belief illustrates the explanation of infant mortality by the local people.

shop in the village including cough syrup, since he had coughed intensely, with secretion. He took ground medicine from Poh Yai VE because Mae Yai P and others thought he had *khai tam ruduu* (seasonal fever). The symptoms persisted. On the last day of the second week, he cried a lot and had a convulsion. His eyes were wide opened. He tried to raise his face up especially when he was held by Mae Yai P. He was taken to Khon Kaen Hospital where the doctor pierced his throat and his left side. On the fourth day in hospital, he almost died. He was very weak, his body was very soft. He was fed by intravenous fluid infusion, as he could not eat. His skin became dark blue starting in his legs and hands. On the fifth day an old man from another village saw the boy and told Mae Yai P and her relatives that the boy had *kam rerd lae*, and needed *a blow* before the skin of his chest and face became dark blue like his legs and hands. He offered to do this because he was a *maw pao* (blowing doctor). The boy was taken to the edge of the ward for *a blow*, as they were afraid of being seen by nurses and doctors. They understood that they were not allowed to do such thing in the hospital. The doctors and the nurses might be furious and would not give good care to the patient. The old man blew over the boy three times. As soon as the old man finished blowing, the boy's skin became *red*.[15] A few hours later, the boy could open his eyes and talked to Mae Yai P and others. Mae Yai P owed great thanks to that man. She believed if she had not met that old man, her grandson would have died from *kam rerd lae*. Two days later, the boy could come home. It was believed he recovered from *kam rerd lae* by being given *a blow*, although he was given therapy at the hospital and medicine to take at home. Mae Yai P was told by the doctor at the hospital that the boy had *the disease of the inflammation at the lung*. People in the village, especially the elders, believe the boy had *kam rerd lae*, not *the disease of the inflammation at the lung*, because the doctor could not cure his illness. The therapy given at the hospital is believed to help cure the disease as well. The tracheostomy allowed the boy to breath easily. The intravenous fluid infusion gave energy, while the injections, given each day, relieved the high fever.

Therefore, when a child whose age is less than five years, has a high fever for a week or so, whose skin become dark blue, convulses, cries and does not breath easily, the child is taken to see the blowing healer. The parents might give some medicine or take the patient to the hospital, but *a blow* from the healer must be given first.

There are other diseases believed by the villagers to be common among children: *khai mhaak mai* (fruit fever);[16] *khai oog toom* (rash fever);[17] *khai tam ruduu*

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15 Pink or flushed is *red* to the villagers.

16 This disease occurs in children at the beginning of the season of various kinds of fruits, each year.

17 *Khai oog toom* means rash fever. It is recognised when the child has a fever for a few days and a rash appears all over the body, similar to measles or chickenpox.

(seasonal fever);[18] *khai lyd oog* (bleeding fever);[19] *kii mak mun* (intermittent defecating or dysentery); *khai hua lom*;[20] *sang*[21] and *sang ta lium*.[22] *Khai lyad oog* or haemorrhagic fever is fatal. *Khai mhaak mai*, *khai tam ruduu* and *khai hua lom* (beginning wind fever) are seasonal diseases. Other diseases are non-severe and common among village children except haemorrhagic fever.

Among elderly villagers, there are some common diseases believed to just happen or be part of the process of body deterioration, the symptoms recognised as *the disease of the elders* include: exhaustion or being tired easily, insomnia, dizziness, body aching, constipation, choked stomach, headache, thinness, being unable to sleep well and unable to enjoy eating. These symptoms mostly appear together. *The disease of the elders* can be related to any symptom or disease which happens among the elderly. Medicine known to assist this condition is used to maintain life and to show kindness to the elder and kin. The disease is not considered severe although it is fatal by nature. It is a common disease, because the elders die from the process of deterioration.

Symptoms of disease in the group of diseases common to women are recognised and referred to as *the diseases among women*. They include *bad blood*, which is a symptom or a cause of disease. All women expel *bad blood* during menstruation.

Among women older than 50, a slack womb is common. This disease just happens to women who have been working hard in the field all their lives. It is not a severe disease. The women feel heavy or mild pain at the vagina, and feel

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18 *Khai tam ruduu* is the fever of each season. It is considered common for the village children to have this fever at the change of season.

19 *Khai lyd oog* is haemorrhagic fever, translated as bleeding fever, or *khai thong kai* which means the fever of the swollen abdomen. The symptoms of both diseases are the same.

20 *Khai hua lom* is the fever at the beginning of the cool wind. It usually refers to the starting period of the cool weather, November and December each year.

21 *Sang* is the disease which causes the child to lose weight. The child might be very thin, its head seems bigger compare to other parts of the body because it is believed that, the child does not like to eat rice, only meat. Children are told to eat more rice than meat. The villagers also understood that the child having a lot of intestinal parasites might have this disease, intestinal parasitic infections seen as normal since there are always medicines to kill parasites.

22 *Sang ta lium* is literally *the disease of the shiny eyes*. The symptoms are similar to those of conjunctivitis. This disease is called *sang* because the child can lose weight. It is believed as the cause of blindness in the past, because there was nothing to clean the infected eyes. Eyes were left with pus and secretions for a long period. The patient could not open the eyes, which resulted in blindness. At present the patient can use medicine to clean the eyes which prevents blindness. This disease is common and is easy to cure.

something protruding from the vagina. It is said among those with this disease that the husband find intercourse unenjoyable. Therapy might not be needed for women living by themselves, but for those with husbands, an operation is required to satisfy the husband. This seems to be the only reason the operation is done. Some medicines are used to relieve the pain and the heavy feelings when present, the medicines sold by the drug vendors and the village shops. A vaginal tablet, sold by one of the medicien vendors, is believed to effectively cure this disease, and is used by all women whenever the symptoms are present. There is no home remedy or therapy from the village healers, although a massage by the masseuse is believed to temporarily relieve the heavy feeling and the pain.

Nom long huu (mastitis)[23] is a disease of post-partum women. The villagers believe that the therapy from the village healer must be given before the patient is taken to hospital. It is a severe disease which can be fatal.

A few years before the fieldwork, a three-week post-partum woman died from *nom long huu* because her husband did not take her to see the village healer for *a blow*. As her symptoms were very severe, she died after a few days hospitalisation. The villagers strongly believed she died from *nom long huu*. The hospital diagnosis was not mentioned by the villagers. Therefore, post-partum women are told to have every kind of medicine prescribed by the hospital where they gave birth, to help stimulate the flow of breast milk which might be able to prevent *nom long huu*. There are a few kinds of vegetables and leaves believed to cause *nom long huu*; post-partum women are not allowed to eat any kind of food prepared from these vegetables and leaves. It is believed that doing this helps prevent *nom long huu* and fatal symptoms from *wrong eating*, which especially effects post-partum women. The villagers observed that the symptoms of *nom long huu* are those of *wrong eating*, and those related to inflammation of the breast.

7.3.5 Seasonal Diseases and Diseases which Happen at any time

The villagers are aware that particular diseases occur at identifiable times of the year, while others occur any time. Most seasonal diseases are related to the

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23 *Nom long huu* is literally translated as *the milk descended back through its holes*. The disease is recognised when the post-partum women has red, hot, painful and swollen breast. Breast milk does not come through. The patient has a high fever and might be unconscious. The villagers mention that usually the patient is taken to hospital when unconscious. The symptoms are similar to those of mastitis with septicemia.

changes in the weather such as when the cooler wind comes, when the hot wind appears, or when the rainy storm attacks. Children are the main targets of these common seasonal diseases.

While haemorrhagic fever seems to occur all year round, diarrhoea occurs most during the local fruit season, the hottest time of the year, February to June, when mangoes, star gooseberry, tamarinds, hog plums and a variety of sour fruits are found in the village. The villagers believe that the heat from the hot weather makes food and fruit rot, therefore, people often have diarrhoea during this period.

For adult villagers, who have been working in the field, the hot season is the most likely time for some diseases, and a time when they are more likely to make hospital or private medical clinics visits. Although they might have symptoms over the farming period, they said there is no time to seek health care, unless the symptoms become severe or persist.

7.4 NAMES OF DISEASES

Giving a disease a name, varies. Some are derived from the diagnosis made by healers, but more often the villagers related the symptoms to those experienced by others. Symptoms might vary, yet they still have the same name for the disease. The most common diseases are discerned by the people themselves, although some patients consult the healers or the hospital. It is not possible to obtain Western medical diagnosis for every village disease.

7.4.1 Diseases Named in Local Terms or Selected from Explanations Given by the Health Care Providers

While some diseases are known and named by the villagers, the names might not correspond to the names given at the hospital or by the health care providers. Some names, allocated by the health care providers, especially those from Western medicine, are learned and applied in local terms. They represent an understanding of the villagers towards each disease. While the names given by the villagers might be relevant to the characteristics of the dominant symptoms, and to the believed causes, the names acquired from the health care providers are mostly related to the physical locations of the signs and symptoms. Some

diseases named locally might not be relevant to the medical diagnosis usually given by doctors. The villagers tend to accept such diagnosis based on their belief that a disease might have more than one portion. The medical doctor might be able to find the portion he understands, and be able to cure it.

The diseases occurring at different times of the year are called by that particular time and include common diseases among children.

7.4.2 Diseases Named After Symptoms

7.4.2.1 Diseases named in relation to the physical location of the dominant symptoms or the affected organs

The villagers name some diseases by the physical locations of recognised symptoms. *The disease of the lung*, for example, is recognised by the dominant symptoms relevant to the location of the lung. Many diseases are recognised this way although these diseases, diagnosed by Western medical care providers, have other names. The villagers name the diseases mostly in local terms, modified by what is said by the health care providers. It is not necessary that the villagers identify correctly the location of each organ mentioned in the disease's names. In compulsory schooling, children learned how to recognise all visible parts of their body and important internal organs such as their heart, bones and lungs. Other organs and their locations might be explained by the health care providers, especially Western practitioners. It seems that the villagers gain this experience-based knowledge from visits to hospitals, the local health care centre and the private clinics. The village healers seem to focus on the nature of the symptoms, although they might call some diseases by the location of the dominant organ: *the disease of the abdomen*, *the disease of the heart*, *the disease of the stomach*, *the disease of the bone*, *the disease of the liver* and *the disease of the cover sheath of the heart*.

Each disease recognised by the physical location of the dominant symptom, might be diagnosed by Western medical care providers as a different disease. For example, *the disease of the abdomen* includes any kind of abdominal pain, abdominal mass, constipation, colic, nausea and vomiting or diarrhoea, although diarrhoea, by itself, is not considered a disease of the abdomen. Most of the patients who have this disease would have more than a few of the mentioned symptoms, especially abdominal pain. Cholecystitis, carcinoma of the stomach and gut obstruction, diagnosed at the hospital, are recognised as *the disease of the*

abdomen by the villagers, and considered severe and probably fatal if the doctors do not undertake appropriate therapies.

Case # 20: Mr MT

Mr MT (17), suffered severe stomach pain; he could not stay still or eat, vomiting everything he swallowed. The pain started in the afternoon while he was cutting the sugar-cane. At first, he thought he just had stomach ache, which could be cured by taking a mixture of fish sauce and salicylic acid powder, *Yaa Tanjai* (500 mg Aspirin). He took the mixture, but the pain persisted. Then he had vomiting and diarrhoea. Other workers in the camp and me were called to see him. They said he had *the disease of the abdomen* which might worsen if he was not given the right medicine. He cried out as if going to die, and was restless, bending his body from the severe pain. He did not say a word. He perspired and had cool skin. The eldest among the workers gave him a tablet of *Yaa Hiro* (250 mg Tetracycline HCL), another spoonful of fish sauce mixed with salicylate, and an injection of Procaine Penicillin G in oil orally. These medicines are believed to effectively cure abdominal pain which accompanied diarrhoea and fever. After an hour, the pain was relieved. Mr MT said he felt better and wanted to eat. He was allowed only boiled rice and fish sauce to prevent further diarrhoea and vomiting. His *disease of the abdomen* was cured by the medicines so it was not necessary to take him to the hospital. The next morning, Mr MT was able to go to work without abdominal pain. Other people, who were there, said Mr MT had *a disease of the abdomen* which was different from diarrhoea. Diarrhoea, to the villagers, does not have severe abdominal pain. Diarrhoea was common that people know how to cure it. Villagers said he was not *puai laay* (fatally ill) although he had a severe abdominal pain. The severe pain disappeared soon after the medicine was taken, and he suffered from it for a few days.

The second example concerned Mr PA who had a swollen abdomen with internal pressure.

Case # 16: Mr PA

Mr PA came to see me when he and his kin noticed his distended abdomen for a month. At the beginning, they did not think he had anything wrong with his abdomen because he did not have other symptom of *the disease of the abdomen*. He could work, but felt *stuffy* in his abdomen. His parents and neighbours told him to talk to me. I might give an idea about what disease he had. Because the appearance of his abdomen was changed, they said he might need an operation to take something out. They told him, to go to the hospital after talking to me. I agreed to go with him for appropriate investigations, not for surgery. He considered the possibility of having an operation, although he and his kin believed that he was not *puai laay* (fatally ill) because he did not have severe symptoms. Moreover, he was strong and never been ill before. Therefore, those people believed that his disease of the abdomen was not severe, and could be cured by surgery. They accompanied him to Srinakarind Hospital hoping to have an operation. He was given some medicine to take before going to the hospital. They expected that he would recover after a week of hospitalisation. The doctor told him to stay for an operation which was organised in a few days time. Mr PA was not told what disease he had. The doctor only said that surgery would take out the mass in his abdomen. He and his kin were very pleased that he would be given the operation as expected, and hoped he could go home to continue his work

soon after surgery. Those villagers believed that his disease was not severe because the doctor could cure it. The doctor explained to me that the operation would investigate his abdominal cavity. The doctor did not see it was necessary to explain this to the patient and his kin. The doctor was also afraid the patient would not understand, and might be frightened of the suspected disease, if they were told, and might not stay for surgery. That doctor said it was difficult and was a waste of time to make the villagers understand about the diseases and therapeutic methods at the hospital. I understood that there were some other investigations to help detect the disease. I suggested he explain to the patient and let the patient decide himself; the doctor did not agree. He did not think I should interfere because it was his responsibility. I had no access to the patient's records. I could only talk to a few friends who were nurses in that ward about his symptoms. I could not get any detail about the diagnosis and planned therapy. The problem ended when Mr PA died in post-operative care from loss of blood. The surgeons were not able to stop the bleeding. I was told by one of the scrub nurses that the surgeon took the mass from the abdomen after he died and kept it for medical study.

People in the village believed that this *disease of the abdomen* was so severe that the doctor did not know about it nor how to cure it. It was the operation that made him die. The doctor could take the mass out but there might be some other things that the operation could not cure. Those unknown things were believed to make the illness severe, the patient dying. People regretted telling him to go to the hospital. The reputation of Srinakarind Hospital was damaged as the story spread among the villagers. This situation strengthened the fear of having an operation for it seemed to the villagers that they might be given an operation for any diseases at the hospital.

Mrs SW had been known among the villagers as the person who had *the disease of the abdomen.*

Case # 7: Mrs SW

Mrs SW (45), experienced severe abdominal pain for about eight years before the fieldwork. She also had a referred pain at her lower back and a high fever. She could not work in the rice field staying at home to do the house work and prepare food. She was 30 years old when the abdominal pain started. Although she was taken to see many doctors and healers, the pain persisted. She took every kind of medicine people said was effective to cure her *disease of the abdomen*, which most healers believed she had. After seven years, she still had this disease with spasmodic abdominal pain. Maw CH, the injection doctor, had been her regular healer whenever the symptoms presented themselves. At the beginning of the eighth year, the year before my fieldwork, the symptoms were more severe. During that year, she had to lie down almost every time the symptoms presented. High fever came every two or three days, together with the pain. She lost weight. Her relatives and neighbours suggested she have the *Tang kae* ritual for the rice field spirit because they suspected that she might have done something to offend the spirits. The symptoms were worse after the ritual was conducted. By the end of the eighth year, she was taken to Khon Kaen Hospital with severe stomach pain from *wrong eating*. She fainted after eating clear turtle meat soup, and

had abdominal pain, diarrhoea and a high fever accompanied by nausea and vomiting. People were afraid that she might have an operation because her symptoms were so severe. The operation was performed to remove stones from her left kidney. She felt exhausted and was not able to do any hard work after hospitalisation. She could do light work at the rice field and most of the house work. She was considered *puai* (severely ill) most of the time due to *the disease of the abdomen* she had. This *disease of the abdomen* was believed very severe. She had to lie down whenever those symptoms came. People said that no therapy could ever make her disease go away. It was not failure of these therapies that made the disease persist, but *bad blood* which made her body weak and always open to the disease. The villagers would always mentioned her name when they talked about patients suffering from *the disease of the abdomen.*

Mae Yai P said she had *a disease of the abdomen* too.

Case # 6: Mae Yai P

Mae Yai P (63), had *the disease of the abdomen* three years before my fieldwork. She said she had a severe abdominal pain which referred to her lower back, with nausea, vomiting and high fever. She took medicine to relieve the symptoms from the medicine sellers, the village grocery shop and from Poh Yai VE. She was also given the holy water from Poh Yai PL but the pain persisted. Her relatives and neighbours suggested she see the doctors at different private medical clinics. She was given injections which were believed to cure the inflammation inside her abdomen. She took many kinds of medicine but felt only worse. The pain got more severe, her skin was recognisably yellow and she passed dark yellow urine. Her relatives took her to see Maw CO who told them that he could not help. She should be taken to the hospital as soon as possible, because her symptoms were already *puai laay*. Her kin refused to take her to the hospital because they thought she could walk, talk, sit, eat and was conscious. They went to another medical clinic in the city where the reputation of the doctor and the medicines was high. The doctor suggested she go to the hospital immediately because her disease was already severe, and he could not cure her. They discussed the suggestion and the condition of the disease which was already *puai laay* (fatal). They decided to take her to Srinakarind Hospital because of its reputation. She was very weak, and not able to walk nor eat. She felt she had little energy. She did not talk much and let people do things for her. She could not stand the severe pain. At the hospital, she was examined very carefully. An x-ray examination pleased her very much. She was also very pleased to be given intravenous fluid infusion immediately after admission. The doctor told her and her kin she had *the disease of the gall sac*. There was inflammation at her gall sac which made the severe abdominal pain and other symptoms she had. The effective therapy for her disease was an operation which she would be given in a few days. She was prepared for the operation but was afraid to be operated on because she heard many people died. Afraid she would not regain consciousness, she left the hospital two hours prior to the operation. She came home and asked her relatives and her daughters to take her to the private medical clinic in a nearby village. The medical doctor at that clinic gave her one injection a day for seven days, which he said would cure the inflammation in her gall sac. She felt better. The pain disappeared after three days. She also took other medicines to cure the inflammation, and *the medicine to strengthen the body*. Most of the medicine she took, came in a set of different tablets. Her daughters always bought medicine from the drug vendors who came to the village. Her skin became normal. The abdominal pain still came often, causing her to return to the medical clinic.

> Whenever she complained of having abdominal pain, not being able to eat, and felt nausea, her daughters would be ready to take her to the clinic. People said she had *the disease of the abdomen*, when she had those symptoms. People told her to take *Yaa Pii-NO* (5 mg Prednisolone) and *Yaa Hiro* (250 mg Tetracycline HCL) whenever she felt the abdominal pain. She did everything others said was good to cure this disease. The year before the fieldwork, she had abdominal pain again. She went to the same clinic where the doctor told her she had *a disease of the stomach.* She and her relatives believed that *the disease of the abdomen,* from the inflamed gall sac, might have disappeared. She said she was told by the doctors at the private medical clinics and Maw CH that she had *the disease of the stomach* and *the disease of the heart* every time she visited each of them. Most of the time she went to see Maw CH because she found she did not have to pay so much for the medicine.
>
> Mae Yai P still visited Maw CH and took every kind of medicine good for her diseases. She believed doing that was the best way to cure the diseases. She was known as the person who was having *the disease of the abdomen.*

Peptic ulcer is known among the villagers as *the disease of the stomach* because peptic or gastric pain is present in the stomach. This disease is distinguished from *the disease of the abdomen* by the characteristics of the pain. It is observed that this burning pain with dyspepsia always appears before or after a meal, and can be cured by medicine known to combat *the disease of the stomach.* The villagers mention that there is a variety of medicine to cure this disease, with advertisements in every kind of media. Moreover, the drug vendors who visit the village sell *good medicine* to cure this disease.

The disease of the bone includes any disease with pains in the joints or limbs, but not a fracture. *The disease of the bone* can be detected by an x-ray examination and be distinguished from *the disease of tendon or ligament.* Tuberculosis of the wrist joint, diagnosed by the medical doctor, is also considered a *disease of the bone.* Effective methods of therapy included Western medicine and *the medicine oil* from the village healers. Other available medicine known for its quick pain relief is used to ensure every portion of the disease is treated.

Case # 1: Mae Yai TG

> Mae Yai TG (67), believed she had *the disease of the bone* when the pain persisted in her right wrist for almost a year. She could not use her hand to remove the silk threads from the cocoons as easily as usual. She made several visits to different medical clinics and healers, but was told by those healers that she had *a disease of the tendon* and was prescribed medicine. She did not obtain any relief. Believing she had *the disease of the bone*, she tried to communicate with the doctors, especially those who were working in the hospital, but she still was told the same. She went to a private medical clinic of the famous medical doctor in the city and requested an x-ray examination which identified tuberculosis in her wrist joint for which she needed to take medication and follow up examination for one and a half year. Mae Yai TG was very pleased to know that she had *the disease of the wrist joint* as she

thought but was worried about the high cost of the medicine at the clinic. I suggested she obtain free medicine from Khon Kaen Hospital because she was over sixty. She believed that the doctors at that hospital would not listen to her since she made a few visits there when she was told she had *the disease of the tendon*. She decided to tell the doctor at the hospital about the diagnosis of the clinic doctor. The doctor told her to please her self if she believed what the clinic doctor said. She was very disappointed and decided to see the clinic doctor although she had to pay more. Because she believed it was *the disease of the joint bone* that she had. She was told by her neighbours that the Hospital for the Diseases of the Lung in the city also gave free medicine to patients who had Tuberculosis. She went to that hospital and tried to explain to the receptionist. She was not allowed to finish her story before the receptionist said that the hospital accepted only patients with Tuberculosis not wrist pain. She said she told them she had pain at her right wrist when the receptionist was asking about her complaints. She did not tell that person she was diagnosed by the clinic doctor that she had Tuberculosis at the wrist joint. She was afraid she would be disappointed like when she was at the hospital. She went back to the clinic and requested the low cost of medicine which she was provided.

Pericarditis, diagnosed at the hospital, is called *the disease of the cover sheath of the heart* (pericarditis) and new to the villagers when a female villager was diagnosed. As its symptoms are similar to those of *khai mhaak mai yai* (big fruit fever), the villagers believed the patient suffered from *khai mhaak mai yai* although she had *a disease of the cover sheath of the heart*. The villagers accepted the doctors' diagnosis for *the disease of the cover sheath of the heart* but saw it as only one part of her whole disease.

The disease of the liver was introduced to the villagers by Western medical care providers. The recognised symptoms vary from abdominal pain, yellow urine, choked feeling in the abdomen, yellow skin and distended abdomen, symptoms similar to *the disease of the abdomen*. The patient may come to the hospital with *the disease of the abdomen* from their belief, and go home or be hospitalised because of *the disease of the liver* as explained by the doctor.

7.4.2.2 Diseases called by local names relevant to the physical location of the dominant symptom

Fii nai pord,[24] *the disease of the lung*, has symptoms similar to pulmonary tuberculosis. The symptoms believed to be the main features of this disease are a high fever, intense coughing with secretion, shortness of breath, thinness and

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24 *Fii nai pord* is literally translated as *an abscess in the lung*.

exhaustion, and anorexia. It is believed that the patient would lose a lot of weight within a few months of being ill from this disease.

There were three people in the village known to have *fii nai pord*, two male villagers in their 70s, and Mae Yai SA.

Case # 21: Mae Yai SA

Mae Yai SA (64), was talked about in the village more often than the two men because she was selling the food. The local health worker, Maw CO, gave her educational instruction relevant to her *disease of the lung*. She was given therapy at the Hospital for the Disease of the Lung, in Khon Kaen, but stopped the medication because her symptoms disappeared. The local health worker tried to persuade her to continue medication but she refused. Although people knew about her condition, the villagers, especially school children and teenagers, liked to buy noodle soup for lunch from her food stall. Despite her coughing, she was still able to do her usual work. She did not think she should take the medicine for *the disease of the lung*, or what she also called *wannaloak*,[25] because the disease had disappeared after she took medicine from the Hospital for the Disease of the Lung in the city. She would take the medicine to cure coughs and other usual symptoms she had such as fever, headache or exhaustion. Other villagers believed she still had the disease, because she still suffered from coughs, fever and exhaustion.

The other two males who suffered from *the disease of the lung* did not stop medication although their symptoms had gone. People said that the two men had more severe symptoms than the woman's. They were near death when the symptoms were first recognised and coughed up blood. Although they continued the medication, they still had coughs and fever frequently.

Some diseases are named with reference to the characteristics of the recognised symptoms and given local names. The characteristics of the recognised symptoms could be noticeable changes in body functions or appearance, or prior behaviour of the patient.

Fii pit fii ghan (boils or rashes) occurs mostly among adults. The symptoms, similar to those of herpes zoster, appear as boils, burning pain, headache, a fever and itchy feelings. The village medicine man, Poh Yai VE, cured one man of this disease a year before the fieldwork. The man was given ground medicine to take, and herbs to apply at the boils. The boils and other symptoms disappeared and the tablets relieved the headache and the fever while he took them. The villagers believe that if the boils appear around the waist, the patient would die, although the disease is rarely fatal, with no recent death in the village.

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25 Tuberculosis is *wannaloak*, in Thai.

Fii daat (plague)[26] and *haa* (cholera)[27] are believed to have disappeared many years ago after the building of the hospitals and the health centres. The two diseases are believed fatal, as people have died from them in the past. The villagers understood that any person who is believed to have one of these diseases must be taken to the hospital, immediately. The village health volunteer is to report to the local health worker and arrange disinfecting of contaminated places, because the diseases are contagious. Effective therapy is given only by the hospital. The villagers fear these diseases.

7.5 CAUSES OF DISEASE

The villagers always talk about disease and its symptoms together with proper therapeutic management. Most therapies, selected by the villagers to cure particular diseases, are based on relieving symptoms rather than removing causes. Causes of diseases are important for precautions against severe or fatal disease rather than for selecting therapies. The examples are haemorrhagic fever and *wrong eating*. Names of diseases, instead, identify healing methods. Various causes of diseases identified by the village people are: having done something wrong to the body, the process of body deterioration, *bad blood*, germs, seasonal changes, and unknown reasons. They are discussed below.

7.5.1 Having Done Something Wrong to the Body

The villagers believe that their body is easily affected by *wrong eating* and working too hard.

7.5.1.1 *Wrong eating*

Symptoms or disease from wrong eating vary from common tc severe. Young preschool children might suffer diarrhoea from eating too many snacks or unripe fruit during the hot season. Adults can suffer diarrhoea from eating leftover or

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26 *Fii daat* refers to plague.

27 Cholera is known as *haa* by the local people. *Haa* is literally translated as *many* or *a lot*. This disease is believed to attack people for a short period of time. It is believed highly contagious by personal contact with the patient's faeces.

rotting food, pickled vegetables, spicy hot dishes especially with chilly, and unripe or sour fruit such as star gooseberries, mangoes and hog plums.

Those who suffer diarrhoea and colic, vomiting and high fever together with body rashes, are believed allergic to certain kinds of food, especially pork, buffalo and turtle meat, sea food and some kinds of vegetables. The villagers believed each of these foods, is *wrong* for some people in the village.[28] Symptoms usually appear immediately after consumption. Because there are some villagers who can not eat pork or buffalo meat, beef is served mainly at village feasts.

Case # 7: Mrs SW

Mrs SW (45), was severely ill from *wrong eating* of turtle meat soup. People said she was allergic to turtle meat because her step mother or other villagers did not get those severe symptoms she had when they ate turtle meat. Although she was found to have other diseases by the hospital doctors, she was believed, by the villagers, to have a severe illness from *wrong eating.*

Rotting or leftover food is the cause of diarrhoea for many people as was illustrated above in the case of Mr MT's illness (case # 20): severe abdominal pain together with high fever and diarrhoea, caused by *wrong eating*.

Similarly, Mae Yai JN (case # 10) had diarrhoea, nausea, vomiting, exhaustion and high fever from eating rotting beef curry and pickled vegetables. Pickled vegetables are a restricted food for ill persons because they can cause diarrhoea and vomiting, especially among those already ill.

" I passed loose faeces four times yesterday. I felt very exhausted. I also had a fever. I took Yaa Tanjai (500 mg Aspirin) mixed with fish sauce people said is good to cure these symptoms. I also took Yaa Hiro (250 mg Tetracycline HCL) and other medicine my daughter bought from the shop. But these yaa (medicines) didn't help. I have to lie down because I felt tired and dizzy. People told me not to eat anything. Poh Yai PL and other old men told my daughter to get Maw CH from Baan DA to see me. They said I should have nam klue (intravenous fluid infusion). People said I have these symptoms because I ate rotten beef curry and pickled green onion the day before yesterday. It is true because rotten food and pickled vegetables make people bhen taai (diarrhoea).[29]" (Mae Yai JN, 20 November 1991)

The villagers believed Mae Yai O (case #14) had severe symptoms, nausea, vomiting and diarrhoea because she ate pickled green onion leaves just before she had a diabetic shock.

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28 The meaning of the *wrong food* is similar to being allergic to the food.

29 *Bhen taai* is the Isaan term for the symptoms of diarrhoea. The main symptoms for considering *bhen taai* are passing looses faeces more than three times a day, having a fever and colic.

" I had stomach pain. I really feel tired. I passed loose faeces three times today since early morning. I took a spoon of fish sauce mixed with Yaa Tanjai (500 mg Aspirin) to correct taai (diarrhoea). It stopped the stomach pain. I used this medicine very often like other people in our village did when they had taai (diarrhoea). My daughter has gone to buy Yaa Hiro (250 mg Tetracycline HCL) for me. People said Yaa Hiro (250 mg Tetracycline HCL) is also good to cure bhen taai (diarrhoea) like this. I am sure it was the pickled green onion we ate at lunch yesterday with roasted fish which made me taai (diarrhoea). You and other people who ate with me didn't bhen taai (diarrhoea). I do because I have been boh mee haeng (non severely ill) and puai laay (fatally ill) very often. People said that I should not eat pickled vegetable any more. Because I might be puai laay. " (Mae Yai O, 20 January 1992)

Wrong eating often occurs during post-partum period. Post-partum women are not allowed to eat particular kinds of forbidden food[30] for soon after eating these foods, they become severely ill fainting and dizzy, pale, nausea and vomiting, high fever, heavy bleeding from the vagina, limp and often unconscious. They might die if proper management is not given promptly. Those symptoms make the patient exhausted and weak.[31] This disease is named by the villagers as *the disease of the blood* and *the disease of the dizziness*, caused by *wrong eating* among post-partum women. The smell of some of the forbidden foods also causes these symptoms. The villagers mentioned that in the past there were a few women who died from eating forbidden food during the post-partum period. The villagers are careful of preparing foods, especially when there are post-partum woman in neighbourhoods. Ignoring these concerns would result in poor social relationships within the community, especially between the post-partum woman and her family and kin. The post-partum women is told to take the prescribed medicine and to be cautious about the food eaten. This is always suggested, by the elderly villagers, to prevent severe symptoms from *wrong eating*.

" ...Mrs JA gave birth at the hospital three days ago. This morning her mother and the sisters have gone to bring her home. We have to be careful not to cook phaak khaa (acacia) while she is yuu fai (staying by a fire).[32] Her

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30 Forbidden food for the post-partum women are; young leaves of Acacia in any dish, buffalo meat, ant eggs, roasted chicken liver, hot and spicy snail soup (fresh water snails genus Viviparous), and leaves of a few kinds of trees.

31 Usually, post-partum women are believed to be weak from having lost blood giving birth.

32 Post-partum mothers have to *yuu fai* (stay by a fire). The mother lays on a bed or on pieces of wood under which there is red charcoal. She leaves the bed only when she needs to visit the toilet, or wash herself with hot herbal water. She takes pot medicine to increase body heat to stimulate blood flow, and produce more blood. Sweating represents a good flow of blood inside the body. Blood flow helps the womb to dry up and to go back to its place. Staying by a fire, taking pot and hospital medicine, and taking a hot herbal water shower are considered to add more heat to the body, to regain state of being normal or non-ill. Select food is eaten. Hair washing is not allowed. Her female kin and neighbours look after her baby, although she would be breastfeeding. In the past, the mother had to stay by a fire for at least two weeks. Today, she

grandmother said Mrs JA will stay by a fire for a week to strengthen her body. We help her prepare the place for Mrs JA to stay by a fire. We have to cook only dried food like roasted fish, roasted dried beef. We don't want to make her puai laay (fatally ill) from the smell of our food. Most of the villagers will not prepare taboo food when there is a new mother in the village. We are afraid we might make the new mother puai laay from wrong eating." (Mrs LG, 21 February 1992)

7.5.1.2 Working too hard

Body aches, exhaustion, headache and mild fever are believed to be caused by working too hard and for too long a period of time. During the farming season, the villagers mention they did not have time to rest or find and take medicine, although some of them took Aspirin to help them carry on in the fields. During the fieldwork, it was observed most villagers took Aspirin almost every day of the farming season. Those who did labouring work also took it, to avoid becoming *boh mee haeng* (non-severely ill). After the farming season, the villagers obtained injections from the injection doctor, Maw CH, in a nearby village. They requested *the injection to strengthen the body and the heart*, for they consider doing this is important in body maintenance and illness prevention.

"I had headache, body aches and felt tired soon after the harvesting period. My mother told me to get the injection from Maw CH. I did. It was good medicine he has. I feel better and ready for the work in the vegetable garden. People said these symptoms are common for us who work hard in the fields. I agree with them because I always have these symptoms after the work in the fields. My sister and brothers, like other people in the village, had these symptoms. But we cannot stop working. It is good we can get the injections from Maw CH...." (Miss KP, 25 January 1991)

" I had body aches, headache and tiredness very often, especially after work in the sugarcane fields, because we didn't take enough rest. We were trying to do as much work as we could to earn more money. Although we have to pay for the injections afterward, it is considered worthwhile. Working too hard causes these symptoms but we have no other choice...." (Mr S, 12 February 1992)

En kaeng (stiff tendon or ligament) is also caused by working too hard. The villagers believed that *en* (tendons or ligaments) in the body become stiff from working too hard in both men and women who feel tense and sometimes have pain in the back and neck. Sometimes, there is exhaustion and aching which does not go away even after resting or medication.

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could stay as long as she wanted or as long as her female kin and neighbours suggest. During the fieldwork, three mothers stayed by the fire for at least a week. They took medicine from the hospital where they gave birth. Other medicine, said to be good to strengthen the body, and to increase or to purify blood, was taken.

It seems what the masseuse explained that *en* or *sen* probably refers to ligaments or blood vessels in Western medicine. There are different kind of stiffness due to the anatomical location of the symptoms. *En thong* (stiff stomach) is identified whenever a person has pain and a stuffy or choked feeling in the stomach. When people have aches and felt tense in their legs, they claim to have *en khaa* (stiff legs), while *en lhaang* (stiff back) refers to back pain, no matter where it is located.

> *"..I have en lhaang (stiff back). If its symptoms come, I buy medicine to relieve each of them and get the masseuse to massage me. I think by doing this the symptoms will disappear...."* (Mae Yai KM, aged 64, 9 November 1991)

Most villagers need a massage to soften the stiff tendons or ligaments. They also take *the set of medicine to replace the massage* when they have stiff tendons or ligaments. Back pain or the stiff back happens to those farmers who always bent their bodies while planting and harvesting rice. Stiff tendons or ligaments are common, and people, especially those who do physical work, experience them sometime in their lives.

> *" ..My parents always had back pain and legs pain. They have en lhaang and en khaa. But they never go to the hospital. They had maw en (the masseuse) to massage the back and the legs. Sometimes they took yaa chood maw nuad (the medicine set to replace the massage). This is common for them and other farmers because they used to work hard in the rice fields.... "* (Mrs LG, 12 February 1992)

Among village women who work in the field, slack womb is believed to be caused by working too hard, because when planting and harvesting they stand for many hours a day. Having done such activities for most of their life, the womb slackens. The villagers observe this condition is prevalent among grandmothers.

> *"...The slack womb I have is a common thing for village women, especially the elders. We used to stand for many hours doing our work in the field. So the womb slackened. Any woman who works like us can have this disease...."* (Mae Yai JN, 20 November 1991)

> *"...Only women who are grandmothers have this slack womb. People said they have many children so the womb slackened. They should stop working so that they wouldn't get this disease. Some women who have this disease did not have many children, for example two or three children. So it is the hard work in the field that causes the slack womb...."* (Mae Yai KI, 20 November 1991)

7.5.2 *Bad Blood*

Bad blood or *having less blood* are often mentioned as blood is very important and considered to be the strength of the body. The villagers believe there is *good* and *bad* blood mixed in the body. *Bad blood* is present almost all the time. Women purify their *bad blood* by menstruation, and during delivery. A few symptoms are said to indicate *bad blood:* being tired and easily exhausted, paleness, dizziness, drowsiness, headache, high fever, nausea and vomiting following a high fever. *The injection to increase the blood* is believed to balance blood effectively.

Bad blood among the village women was mentioned during the fieldwork as a cause of some diseases, women with *bad blood* were considered prone to disease and illness.

Miss KP (case # 11) who had a hysterectomy many years before the fieldwork also had the symptoms of the disease the villagers call *bad blood.* Miss KP's younger sister was also believed to have *bad blood.* Therefore, the younger sister might have *a mass* in the womb and *the disease of the blood* like Miss KP.

> *"..I have bad blood because I don't have a womb to purify my blood. So I have to get the injection to increase blood every now and then. It is good for me to do that or I will be puai from the disease of blood. People said women who have bad blood would be easily puai from the disease of blood...."* (Miss KP, 17 December 1991)

Mrs SW (case # 7) is another example of *bad blood.* She was *boh mee haeng* (non-severely ill) most of the time and also *puai* (severely ill) and *puai laay* (fatally ill) often, from a few different diseases diagnosed by various healers. *Bad blood* was stated as the prior cause of these diseases.

> *" People said I have "bad blood" that is why I am puai most of the time. They said a person who has bad blood can easily get puai, specially when that person is boh mee haeng. I agree with this because I always have some symptoms. If my blood was good, I would be very strong and have never been puai and puai laay. "* (Mrs SW, 30 November 1991)

During the fieldwork, Mae Yai TG (case # 1) was diagnosed by the hospital doctors to have *the disease of the ligament,* and by the private medical doctor to have tuberculosis of the right wrist joint. The villagers believed she had *bad blood* although she did not have the symptoms of that disease. But because she had *bad blood* she was susceptible to disease, Mae Yai TG and her kin also believed her previous *karma* made her ill from tuberculosis of the right wrist joint.

Mae Yai SA (case # 21), who stopped taking medicine for her pulmonary tuberculosis, was believed, by the villagers, to have *bad blood.* She had frequent fever, coughs and body aches. People recognised these symptoms when she did not prepare her food for sale, as usual. They believed *bad blood* made her ill from pulmonary tuberculosis.

> *" Mae Yai SA also has "bad blood" like me. She has the lung disease. She stopped taking medicine from the hospital for many months. She said she recovered from that disease already. But people said she still has that disease because she coughs, has fever, and becomes tired every now and then. She has bad blood...."* (Mae Yai P, 21 November 1991)

Mrs SP (case # 4) who fainted, was given *an injection to increase blood* from the injection doctor. She and her neighbours said she fainted because of her *bad blood.*

> *"Maw CH told me I have bad blood, like his wife. It is common among women. He said the injection to increase blood is good to cure the symptoms from "bad blood". So I was relieved that I did not get severe diseases...."* (Mrs SP, 12 January 1992)

> *"Mrs SP has bad blood. She had the disease of blood when she gave birth to her youngest daughter. Her symptoms were severe that she almost died. She always had the injection to increase blood from Maw CH. She fainted that day because she didn't have the injection to increase blood lately. Her blood didn't go to her head. So, she fainted. "* (Mrs SW, 12 January 1992)

Mae Yai P (case # 6), who had *the disease of the abdomen* or *the disease of the gall sac*, was believed, by the villagers, to have *bad blood* too. Mae Yai P's face was very pale and yellowish when she had an abdominal pain. She also had high fever, dizziness, exhaustion and nausea.

Mae TA (case # 12), who was believed to be once possessed by the witch-like, *phii pob*, during the fieldwork period, had *bad blood.* She went to obtain *the injection to increase blood* and *the injection to strengthen the body* from the injection doctor, for after the possession by that spirit she had dizziness, exhaustion, headache, felt cold at her palms and soles, and pale in the face. The elders who were there during the possession told her eldest son to take her to the injection doctor. She was then considered as one among the village women who had *bad blood.*

7.5.3 Germs

The villagers believe most contagious diseases are caused by germs including *the lung disease* (pulmonary tuberculosis) and *the inflamed lung disease*, *the women diseases* (Sexual Transmitted Diseases), haemorrhagic fever, *the red eyes disease* and *sang ta lium* (conjunctivitis), *haa* (cholera) and *fii daat* (plague). Eating contaminated food, breathing, touching droplets from coughing, talking and sexual intercourse are the main causes of infection.

Mae Yai SA (case # 21) was said to be able to spread her lung disease via the food she sold. The villagers believe people could catch *the lung disease* from eating her food, because the germs were dropped from coughing and talking while she was cooking. They also believe that this disease could be transferred to others if she does not wash her hands properly before preparing food. As mentioned before, the tuberculosis at the right wrist joint Mae Yai TG (case # 1) had, was not considered contagious.

Haemorrhagic fever is caused by germs from mosquito bites, which occur during the day. The village children have to be aware of being bitten by mosquitoes, and health education is given from the local health worker about this deadly disease.[33] They are alerted to diagnose the disease early and are encouraged to obtain prompt treatment for affected children.

The villagers believe that they can get *the red eyes disease* or *sang ta lium* (conjunctivitis), *haa* (cholera) and *fiidaat* (plague)[34] by touching or sharing food. A person can catch *the red eyes disease* or *sang ta lium* by touching the pus from other's eyes. Sharing a bath towel, a blanket, a mosquito net or clothes are not considered to contribute to contamination.

Fiidaat can be contracted by touching the scabs and pus from the patient. *Haa* is another contagious disease. The villagers believe they can get germs of this disease from touching the faeces or vomited excretions of the patient. This

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33 There are health education programs via a local school, such as a campaign to discover and destroy breeding places of the mosquito.

34 Although this disease had disappeared for many years, the villagers still talked about it. It is a fatal disease. The villagers usually refers the spread of this disease, many years ago, to the power of the village spirit, because they believed the village spirit protected the village from outbreak of the disease that year. There were many deaths from the nearby villages that NG people said the forest was yellow. They meant the tree leaves in the forest where the bodies were burnt were yellow from the heat of the burning.

disease have disappeared for some years. The villagers mentioned that they know how to prevent contact with this disease.

7.5.4 The Process of Body Deterioration

The disease of the elders is the disease of aging. There is no medicine or other method of therapy for it. The villagers take various kinds of medicine when they have this disease to maintain life or prevent suffering from the severe symptoms.

Case # 15: Mae Yai PAR

Mae Yai PAR died at 74, from the disease of the elders. She was *puai laay* (fatally ill) for almost a month. There was no medicine to cure her disease. Her sons and daughters went around to many places looking for medicine to help her die peacefully.

"They had to do that until she died. It's the duty of the children to look after the parents when they are old. People said when you get older, you won't be able to do things you used to do when you were younger. The body won't work well or stop. The examples are female elders can not get pregnant, male elders cannot hold the plough to plow the paddy fields, they cannot see well, and most of their teeth come out ...." (Mae Yai O, 10 May 1992)

" ...The disease of the elders cannot be cured because the body is about to stop functioning like the motorcycle. Some old people died peacefully, some not. Those who died in torment were believed to have bad karma whereas those who died peacefully had good karma." (Poh Yai PL, 10 May 1992)

7.5.5 Seasonal Changes

Wind is one seasonal change which can cause disease.

"Moon man is caused by toxin in lom (wind). The patient will have high fever with rashes over the uncovered skin such as arms, neck, face and legs. Because those areas contact toxin in lom (wind). Usually, wind during the transition to cold weather contains toxin for this disease. Most people got this disease during the early cold weather." (Poh Ta SO, 20 November 1991)

There are a few diseases among children believed to be caused by the changes in seasons.

"..Khai mhaak mai (fruit fever) and khai hua lom (beginning wind fever) are caused by the changes in lom (wind). These diseases occur among children. Khai mhaak mai (fruit fever) are fevers for each fruit or tree season in the village area. The example are khai dok buab (fever of the flowers of the luffa) and khai dok kaae (fever of the flowers of Sesbania). Because early in each season, there is change in the wind to the cool, the warm or the wet lom (rainy or stormy). This change causes diseases. During early cold seasons, children always get khai hua lom (beginning wind fever) because they don't

wear proper clothes to protect them from the changed weather...." (Poh PM, 15 December 1991)

7.5.6 Unknown Causes

Some diseases mentioned during the fieldwork, *just happen: the disease of the abdomen, the disease of the cover sheath of the heart, the disease of the blood pressure, the mass in the womb, the rotten intestines, the disease of the liver, the disease of thyroid,* tuberculosis at the right wrist joint, *the disease of the kidney, neuw* and diabetes mellitus.

As villagers said:*" I didn't do anything wrong. It just happened. I have been staying up well, then the disease just happened. I have done the things similar to other people."*

Kam rerd (convulsions) and *kam rerd lae* (blue convulsions) are considered diseases to the villagers although their causes are not relevant to those of diseases. *Kam rerd* is believed to be caused by spirits called *the mother of the previous life*, or *suang kaeng* (stubborn heart) of the mother or the father. *Kam rerd lae* is believed relevant to the result of having *kam rerd* very often over a long period of time, such as a few weeks, but, to the villagers, happens with unknown reason.

The villagers also related these diseases that *just happen* to the karmic law. Bad *karma* is not considered the cause of such disease. Rather, it exacerbates the symptoms of a disease and causes illness, as discussed in the previous chapter.

7.6 CONCLUSION

To the villagers, disease is perceived to be the primary cause of illness, which has to be discerned in every illness. Multiple portions of disease suggest utilisation of multiple curing techniques from Western medicine to the village healing system. The classification of diseases by the villagers shows the integration of Western medicine into village healing knowledge, any disease fitting into more than one category in this classification system. Also, the name given a disease is influenced by Western medical and traditional healing practices. Although disease is perceived to have causes, they would be considered only for prevention or treatment of fatal disease. The name of a disease, rather than the perceived causes of the disease, is crucial to the selection of healing methods.

The village healing systems are holistic ranging from Western medicine to village curing methods to sacred rituals, to cover all believed causes of illness. Western medical techniques are employed in conjunction with village curing techniques to treat disease. This practice of integration of village traditional and Western medical knolwedge is a key finding in this study. In selection of healing methods, the reputation of the healers and the healing methods able to cure, is also considered. The following chapter examines the impacts of beliefs about causes and believed effective therapies for illness and disease, on the selection of the village healers and their healing methods.

CHAPTER 8

BELIEFS AND ATTITUDES ABOUT THE VILLAGE HEALERS AND THEIR HEALING METHODS

8.1 INTRODUCTION

Fieldwork data indicates that there are mutual influences between believed illness categories and the selection of healing methods. A sharp distinction between the village healers and their healing methods, and the Western medical care providers and their medical services, exists. Figure 8.1 shows the healing services available from traditional and Western resources. The services provided by Western medical care providers are described in Chapter 9. This chapter focuses on village healers and their healing methods. The villagers' choices of village healers are shown to be based on three criteria: illness categories, reputation of the healers, and the curing of their healing methods.

Believed causes of illness influence the selection of a particular kind of healer to effectively cure the illness. Causes of illness are classified into two main groups: diseases, and causes other than diseases namely spirit, *karma*, age ends, doing wrong to the body and the mind and unknown reasons.

> *"Poh Yai LN and I cure phii (spirit). Poh Yai VE cures diseases found in the human body, not by phii. He is maw yaa (the medicine man) but I am maw dharm (the spirit healer)."* (Poh Yai PL, 8 October 1991)

> *"Maw nam mon (holy water healer) treats the patients with nam mon (the holy water) and kaa thaa (incantations). We can also call them spirit healers. Some diseases can be treated by taking holy water and pouring it over the body. Holy water is prepared by the spirit healer using incantations. In our village, Poh Yai PL has been the spirit healer for many years, Poh Yai VE is the medicine man and the blowing healer and Poh Yai LN is the Tao Cham.*[1]*"* (Poh Ta SO, 24 October 1991)

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1 The Tao Cham is the position of the only person who can communicate with the village spirit, *phii pu ta*. See Chapter 5.

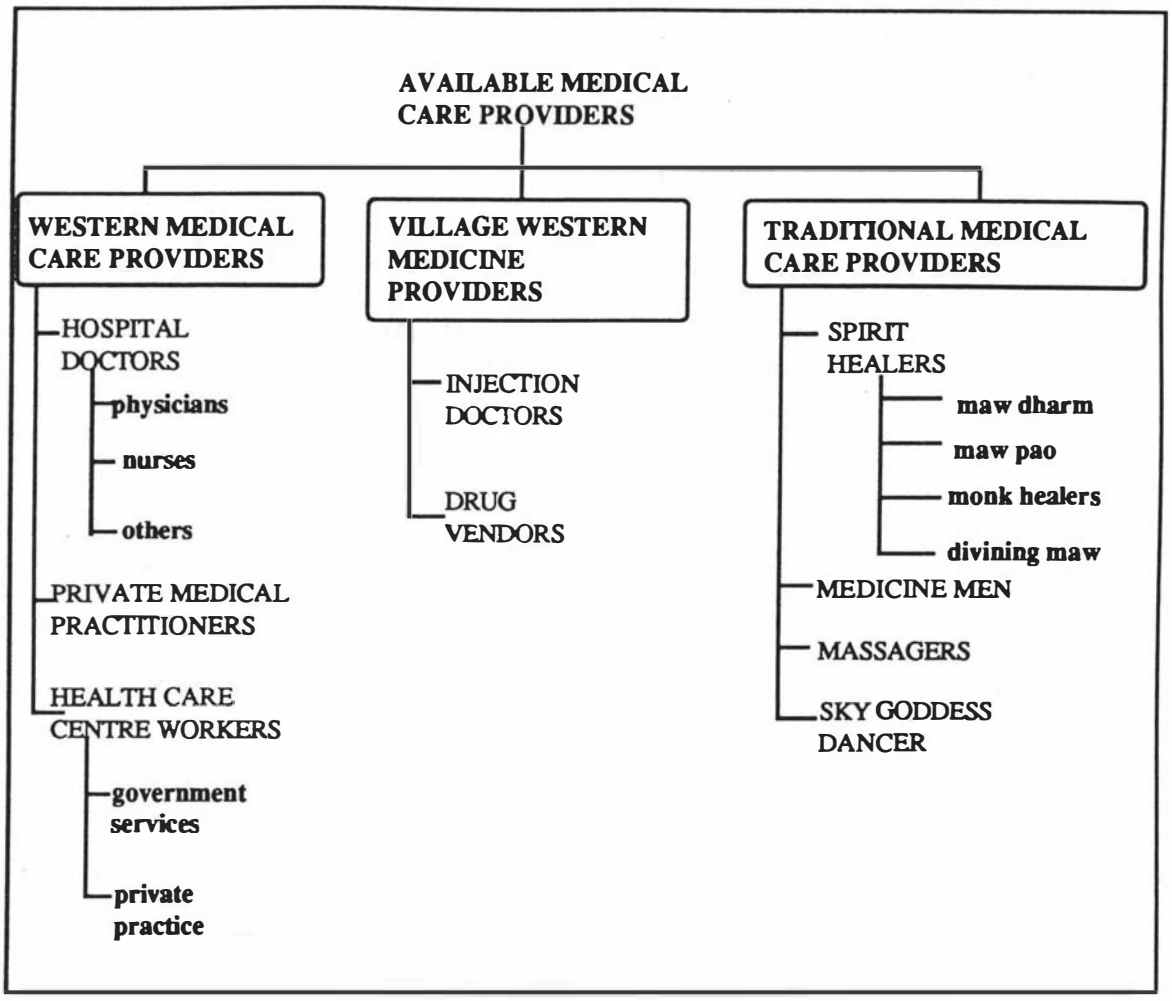

Figure 8.1: Available Healers for People in Rural Northeastern Thailand

8.2 HEALERS WHO TREAT NON-DISEASE CAUSED ILLNESS

Illnesses believed to be caused by the spirits, age ends, *karma* and doing the wrong thing to the body and the mind, are believed curable by certain kinds of healers who use incantations and other means to communicate and negotiate with the spirit, or extend age, or make merit: the spirit healer, the monk curer and the sky goddess dancer.

Each healer is selectively consulted. Any suspicious illness related to these causes is taken to the spirit healer for cause divining. This process is called *song*, which means to *look through*, the spirit healer using his incantations to *look through* the client for the cause of illness. He asks some questions which are related to examining the personal activities of the client. These questions are directed at defining actions that might have offended different kinds of spirits: Did you make any merit to the spirit of the ancestor this year? Did you have any

argument with anybody in your family? Did you have a ritual to please the spirit of the rice field before you planted the rice this year? Did you attend any forbidden ritual before having the symptoms? From those questions, experienced spirit healers can usually discern the cause of illness and assign it to a particular kind of spirit. The spirit healers are understood to be able to talk or communicate with those spirits which attack people so that they know what to do to propitiate the spirit. They also know how to negotiate to extend the age or to conduct a merit making ritual for causes other than spirits.

> *"...The spirit healer will divine for the cause and the cure of the patient's symptoms. I will know that spirit's needs from looking through the patient. The affected person and his family and relatives must fulfil and satisfy the needs of the spirit which will stop the spirit from harming the patient. This is the most important thing to do. Then I will tell which ritual should be held for that spirit. There is a particular ritual for each kind of spirit...."* (Poh Yai PL, 14 October 1991)

After the cause divining, the spirit healer tells the patient and kin what appropriate action should be performed to cure illness. The spirit healer might suggest the patient see another healer according to the believed cause or the severity of the illness discerned. For a severe case caused by another spirit, *karma* or age ends which is beyond the ability of the spirit healer in the village, the monk curer is usually consulted. If the sky goddess is believed to be the cause of the illness, only the dancer is able to cure it.

Although the village spirit healer and the monk curer are able to cure similar causes of illness, they are believed to have different levels of healing power. Both of them use incantations as the main means of curing spirit caused illness. The villagers understand that the monk curer represents a more powerful force to combat the spirit than the spirit healer. It is believed that spirits are afraid of *dharma*,[2] the powerful Buddhist force, which men have by being ordained as monks. As most of the spirit healers have been ordained, they are known as persons who have the Buddhist force. Incantations are believed to be strongly supported by this Buddhist force. A monk curer who is a spirit healer and also a monk is believed to have more powerful incantations because he is supported by the Buddhist force. The treatment given by the monk curer provides a chance for the patient to absorb merits from staying in the temple and listening to the sermon. Moreover, the fee money and the offerings for the rituals given to the monk curer are believed to be donated to the temple and be part of merit making. The villagers believe making merit facilitates curing, especially the illnesses related to

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2 Dharma is the Buddhist doctrine. The villagers believed listening to and following dharma are the ways to make merit. They believed the spirits are afraid of dharma. See Tambiah (1970).

karma, an end of age and spirits. The merit making for rituals conducted by the village spirit healer involves only offerings to the spirits and a feast. After the rituals, the fee money and the offerings belong to the spirit healer. The villagers always prefer the monk curer to conduct healing rituals, especially for severe and fatal illnesses.

The sky goddess dancer or *(maw lam phii fah),* is always consulted when the illness is found to be related to the sky goddess. The monk curer is also able to cure the sky goddess caused illness but is not so popular as the dancer for this cause of illness. The ordinary spirit healer is not able to deal with this illness. Illness caused by the sky goddess might only be discerned, not treated, by the spirit healer. The spirit healer who fails to identify this might cause death to the patient which affects his curing practice and his relationship with the people. An example of the spirit healer in the research village is Poh Yai PL.

Case # 24: Poh Yai PL

The village spirit healer, Poh Yai PL (74), married with three sons and two daughters, has lived in the village since he was about two or three years old. He completed the compulsory education of four years schooling 60 years ago and was ordained as a novice, and then as a monk at the temple of Tambon P when he was 15 years old because his parents wanted him to learn *dharma* and incantations from the temple. He started to learn from his master, the abbot, after he had been a monk for almost five years. Poh Yai PL lived in the temple with his master for almost ten years. He learned by memorising the experiences, observed during the healing rituals carried out by his master, leaving the temple when he was able to conduct the healing activities himself. He came home to help his community, conducting rituals and other kinds of expertise such as *Sak suang* and *Su khwaan.*

In the study area, there was a famous monk curer, Luang Poh Wat Baan KN (50), whom NG people always mentioned when they talked about a *Tang kae* for a spirit made illness. He was involved with the event of *phii pob* in this village. Luang Poh, as people usually call him, appeared to be very active and strong and had a smiling face. He had been in the monkhood since he was 15. He came to stay at Wat Baan KN, which is about twenty kilometres from Baan NG, nine years ago when some villagers there invited him to be the abbot. He started a curing practice about six to seven years ago when one woman was taken to see him because she was haunted by *phii pob.* He is well-known for being able to drive *phii pob* away since curing her; he finds no reason to stop this healing

8.2.1 Healing Methods Used by the Monk Curer, the Spirit Healer and the Sky Goddess Dancer

8.2.1.1 Essentials for healing methods

Healing rituals are the therapeutic methods which appear to be the main part of village therapies given by this group of healers.

To cure illness or discomfort or to give protection from being attacked by spirits, incantations are transferred to holy threads or holy water before they are given to the client, who drinks the holy water which carries incantations into the body, while holy threads are worn to protect the outside of the body. The incantations from the two mediae provide strong protection for the whole person. This understanding is the main concept of the protection and the healing rituals, *Wan lak sa.* Sometimes, the incantations are given to the patients by means of breathing or blowing such as during the *Sak suang* ritual and for *convulsions*, *febrile convulsions* or *blue convulsions*. Some spirit healers might give herbs or medicines as another means of putting the incantations into the body.

Holy threads are cotton threads which are prepared for the length of a person's wrist and neck. Usually, there are three threads together, specially handmade by the female elders in a family. Every house has cotton threads specifically for making holy threads. They are never used for sewing.

To consecrate the threads, a plate containing glutinous rice, flowers, threads and a candle is prepared. The spirit healer chants his incantations transfering them to the threads. The threads become holy threads and are tied at the wrists and around the neck of the patient.

To consecrate the water, essential requirements are prepared by the host of the ceremony: an amount of clean water, usually rain water, together with a pair of candles, a pair of flowers, a plate of glutinous rice and other necessities for each ceremony prescribed by the spirit healer. Before the chanting of the ritual finishes, the spirit healer (or the monk curer) brings the candle to the bucket of water and lets the candle wax fall into the water. The water becomes sacred as it is blessed by the power of *dharma*. This sacred water is understood to purify people from all evils. Ill persons drink this water or use it to wash, or are anointed by the spirit healer or the person who made it. The villagers also believe that the holy water helps medicine cure disease when it is taken together with the medicine.

Details of each ritual vary. Basically, a ritual comprises the healer and his strong incantations, the offerings, the spirit, the methods of communication with the spirit, the patient and the patient's kin and community. Most healing rituals do not only play the role of therapy but are also a merit making event to the spirits and to people in the community.

Usually, before beginning any ritual or divining, the patient has to give offerings to the spirit healer in recognition of his *khruu* (teacher or master). The purpose of the offerings is to certify the healing power of the spirit healer prior to commencement of his healing activities. Offerings include: a plate containing glutinous rice, cotton threads, a candle, a bunch of flowers and the fee money. This fee money is specified by the master for each ritual. The patient is told the amount of the fee money for the offering before the ritual is held, and is retained by the spirit healer.

Offerings are the essential requirements for the ritual to negotiate with the spirit. Offerings differed for various rituals. Most of the offerings were specially assigned by the spirit healers from the everyday household necessities of the villagers, important things for life: food, medicines, clothing and shelter. The container with the offerings represents the shelter. The villagers believe that these necessities are also important things for the spirit world. A small amount of money (fee money), flowers, candles and glutinous rice are for worshipping the master of the spirit healer or for an appropriate homage paid to the force of *dharma*, in the monk curer's case. Food included in the offerings are the usual foods included in the villagers' daily meal such as glutinous rice prepared in different ways,[3] eggs, roasted fish or chicken and local fruits. A bottle of local whisky is usually added for the pleasure of the spirits. Basic medicine such as *Yaa Hiro* (250 mg Tetracycline HCL), *NOXA* (10 mg Piroxicam), *Pii-NO* (5 mg Prednisolone), *Bura* (325 mg Aspirin)[4] and *Yaa Pen* (500,000 IU Penicillin G Potassium) are usually included. The villagers believe such medicines are necessary for everyday symptoms, and are also donated to the monks by villagers who attend the sermon on every holy day. They are part of the household necessities for the villagers. These offerings are put in the container made for a particular ritual[5] which is placed next to a tray of food prepared from the feast. The offerings are then taken to the last junction of the roads at the west of the village for the spirit to take. Usually, when somebody sees the offerings in a

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3 The three colour glutinous rice is prepared by mixing the steamed rice with three natural colour sources; boiled egg yolk (yellow), brown sugar cane syrup (red), and the fluid from pressing the screw pine of the genus Pandanus (green). For the *Su khwaan* ceremony, sticky rice, wrapped in a cylinder shape by banana leaves with a piece of banana in the middle, is steamed. It is prepared as the essentials of and the reception food for most ceremonies in the Northeast Thailand, such as the village annual festival, home warming, the wedding and the ceremony for the man to be ordained. The offerings for *Su-khwaan* ceremony are basically food. The villagers believed *khwaan*, after wandering around, needed food.

4 *Yaa Bura* contains 325 mg Aspirin which cost 2 baths ($NZ 0.15) a package.

5 An example for *Tang kae* is the nine compartment container made from the outer layers of the banana plant.

container like that, they do not dare to take anything because it belongs to a spirit. They are afraid that the spirit would harm them if they took the offerings. Medicines are given to the monks at the village temple, or the monk curer, after the ritual, as well as envelopes containing some money.

If the monk curer performs the ritual, the villagers usually give some money to the monk as a donation made to the temple which is believed to be a part of merit making. The offerings for the sky goddess includes some brand new cloths such as a piece of silk sarong, a piece of shoulder cloth and a piece of cotton sarong. Offerings for the sky goddess have to be selected carefully to please her, the ultimate purpose of the dance.[6]

The villagers do not see the offerings for any healing ritual, as well as the feast for people who attended the ritual, as the expense for illness therapy only, but as part of merit making. The offerings are given to the spirit healer or the dancer who represents the spirit to accept such offerings. Payment for the treatment is given to the temple, in the case of the monk curer, and varies for different rituals the monk conducts. For each *Tang kae* at home, people usually donated 2000 bahts ($NZ 153.85); for curing any spirit caused illness, the patients donates more than 2000 bahts; whether the healing process is done, at the temple or at the patient's home. People do not wait to see the results of the temple healing ritual as they do with the spirit healers, before giving the donations.[7]

The essential requirements, apart from the offerings, for each ritual are different. Holy threads and holy water are sufficient for protection from the spirits; for *Tang kae*, chanting, holy water and holy threads are important. Nine sewing needles from nine different households where there is a widow living, are used by the

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6 Usually, the new cloths given as the offerings are selected from what they had made themselves. Those offerings cost approximately 1200 to 1700 bahts ($NZ 92.35- 130.80) due to the quality and pattern of the cloth. The expense for food and offerings might be up to 2000 bahts ($NZ 153.85) for each ritual held for the sky goddess. The villagers take it as a necessary event to cure the patient.

7 The result of the monk curer, in the research setting, having received donations of money and essential things from the patients and their relatives meant the temple had been expanded. The *ubosot* was completely decorated a few years ago as well as the *sala*. There were about ten shelters for eleven monks and two shelters for patients who came for treatment. The temple had a brand new van and a driver who was hired for about 2500 bahts ($NZ 192.50) a month, to take the monks anywhere. The temple earned a lot of money each month from the donations of patients, because the amount of money requested for each ceremony was very high. Moreover, the monks rarely paid for anything. It was the villagers who provided all essentials for the monks, as parts of their merit making, including electricity. The money collected from donations was kept for extra use only. The villagers saw the monk curer as one of their powerful health care resources which they could easily access if the spirit caused illness was very serious.

healer for the *Sak suang* ritual, to prod the spot that is believed to represent *the stubborn heart.* The use of the needles together with incantations, makes the ritual effective. The typical call for *the essence of life* by the whole congregation and the binding of the wrist of the person to receive the ceremony with cotton cord are the most important parts of the *Su-khwaan* ceremony. For spirit exorcism, the exorcist uses many ways to threaten and to drive the spirit away: beating the possessed person, shouting or pouring the holy water over the possessed person's head. In the sky goddess dance, the important part of the ritual is the dance between the dancer and the patient which is the means of communicating with the sky goddess who attacks the patient.

Villagers take it as their responsibility to attend any healing ritual, and the house is crowded with people. For relatives and neighbours, this is an opportunity to show gratitude to the patient and the family. They come early in the morning to help. The elders, both men and women, help prepare the essential requirements for the ritual while the young cook for everybody who attends. Invitations are not necessary. The hosts are very proud when many people come because it shows the family is accepted by relatives and neighbours. This is also one way of making merit, providing opportunity to listen to the chant, be blessed with holy water and holy threads, and give food to others.

8.2.1.2 Healing rituals given by the monk curer and the spirit healer

For monk curers and spirit healers, the most important element in healing is incantations. People believe that the spirit healers or the monk curers use incantations to communicate and negotiate with the spirits while they are conducting the rituals. Only the healers know if the incantations work.

There are different rituals conducted by the village spirit healer and the monk curer. The monk curer conducts *Tang kae* and the exorcism for any kind of spirit possession including the attacks by the sky goddess, and gives holy threads and holy water for protection. Rituals performed by the village spirit healers, in relation to curing the spirit caused illness, include *Wan lak sa* (the protection and the healing day); *Tang kae* (the performance to correct); *phii pob* exorcism; *Sak suang* and *Su khwaan.* As *Sak suang* ritual is always conducted in relation to the most private part of a woman's body, it is not suitable for the monk to perform.[8]

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8 See Terwiel (1979).

Su khwaan originated in Brahmanism which, generally is not conducted by Buddhist monks.

Description of purposes, kinds of illness and important characteristics for each healing ritual are described below.

Wan lak sa: the protection and the healing day

Every fifteenth night of the waning moon is *Wan lak sa* or the protection and healing time. It is the night the spirit healer gives the protecting talisman to the villagers and treats illness. This special night is believed the best one to help strengthen the power of both activities, the protecting talisman and the treatment. The villagers believe that the protecting talisman protects a person from any evil, and everybody should have the protecting talisman, especially weak persons such as women and children. Most men were monks once so they do not need the protecting talisman except when they are ill. Each family would take the children or the patient to see a particular spirit healer to obtain the protecting talisman.

> *" Khong lak sa (the protecting talisman) can protect us from bad spirits. Everybody should have it because it is difficult to kill or drive the spirits away when they attack us. It makes us feel more secure when we have it...."* (Mr GI, 14 October 1991)

> *" I got a protecting talisman from Poh Yai PL ten years ago when one person in our family died from phii pob. Every person in the family got the holy threads tied around his wrist at that time. This is called a protecting talisman. Poh Yai PL is the one who protects us from the evil with his incantations. Everybody should have the protecting talisman as protection. We can get the protecting talisman from any healer whom we respect. My family is under the protection of this healer. Today is the day for him to prepare the holy water and the holy threads for us. It is the strongest day of the month. I came tonight to get the holy water for my son. He has had a hot body (high temperature) for three days. I took him to the clinic at Baan TN yesterday. He got an injection and syrup to relieve the fever and to strengthen the body. My father and my mother told me to get the holy water and the holy threads for my son. They said my son had to take the protecting talisman in order that this water can help yaa fahrang (Western medicines) cure fever. So, my son will be cured soon."* (Mr GM, 8 October 1991)

> *" My mother-in-law told me to come here today. This morning I told my wife about the nightmares I had had for four days continuously. I hardly slept during those four days. My mother-in-law heard about this; she told me to get the protecting talisman from Poh Yai today. She said I didn't have the protecting talisman. So I came this evening after coming back from the field. I feel fresh after pouring the holy water over my head"* (Mr GI, 8 October 1991)

> *" My mother told me to come here. I told her that I felt dizzy for about two days after I finished yuu fai (staying by a fire) for ten days. My baby cried a lot and hardly sucked breast milk. My mother told me that my baby had kam rerd (convulsion). That was because he didn't have the protecting talisman.*

Thus, the mother in the previous life may have come to make the baby cry almost all the time. So I was told to get the holy water and to ask Poh Yai for the protecting talisman for myself and for my baby...." (Mrs KO, aged 25, 8 October 1991)

" I came to take the protecting talisman from Poh Yai. I had an operation last month to remove the stone in the kidney tube. I am still very weak from the operation. I feel tired very easily. My daughter does not allow me to do any hard work. But I still feel exhausted. I took yaa chood maw nuad (the medicine set to replace the massage[9] quite often, almost every time I feel tired. But that medicine didn't help much. So I came here to take the holy water and get the holy threads. This might make me feel fresh and not exhausted." (Mae HG, 8 October 1991)

" I came here to be cured by Poh Yai. I don't know what I have had. Three months ago, I felt very exhausted one day. I was just normal, I didn't do any hard work. I just felt exhausted. I could hardly breathe. I could not move any part of my body. I fainted but was still conscious. My daughters and their husbands took me to Srinakarind Hospital when they saw me faint. I didn't tell them to take me to the hospital but our neighbours who came over to see me did. I was in the hospital for two nights at the observation room. I got two bags of nam klua (intravenous fluid) and two injections. The doctor didn't tell me which disease I had. The symptoms were gone when I went home. Two weeks later, those symptoms came back. That time I didn't faint. I told my daughters to ask most of our relatives and neighbours to come to see me. I felt worse than the first time even though I didn't faint. After they discussed about me, they told me to see Maw CO because they have seen people who had similar symptoms as I had, recovered by the injections of Maw CO. I was taken to see Maw CO at his house in Baan TN. He said it is the disease of the elders. He gave me two injections, one was for removing dizziness and the other one was for strengthening my heart. The symptoms were gone for almost a month and then another attack came. I heard from my neighbours about the monk healer at Baan KN. They said that he can cure disease caused by the spirits. He is the monk curer who can drive the spirits away by his incantation. He performs the healing ritual to drive the bad spirits away. The ritual includes taking the holy water and pouring the water over my head. I went to see him. He told me that the forest spirits made me severely ill. Thus, he performed a ritual to drive those spirits away which lasted about seven days. I was there at the temple taking the holy water and pouring that water over my body everyday. After returning home, I felt very much better. Those symptoms disappeared. I can go to the garden and collect the Indian Mulberry leaves to feed the silk worms. But during the last three days, I felt tired. I just felt tired without doing any hard work. The symptoms I had were exactly the same as those I first got a few months ago. But this time, I was just feeling tired. So I came here to ask for the protecting talisman from Poh Yai to protect me from the attack of the bad spirits." (Mae Yai KM, 8 October 1991)

" I had a motorcycle-accident five days ago, when I was coming back from the market at Baan TN. The motorcycle hit a big hole on the road. I fell off.

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9 *Yaa chood maw nuad* is literally translated as *the medicine set to replace a massage.* This set of medicines is believed to combat body aches as does a massage. Usually, the set contained about five to seven different tablets with unknown active ingredients. The villagers usually buy this from the village medicine sellers or the shops elsewhere. The villagers might not buy a similar set of tablets when they purchase them at different times. The villagers believe they are the same in relation to the name and the similar effects. Usually, one set cost 10 bahts ($NZ 0.80).

I had a few small lacerated and contused wounds on my legs and a cut on the head. I went by myself to see Maw D at Baan DA immediately after the accident. Maw D cleaned the wounds and gave me two injections, one was for preventing tetanus and the other one was for curing inflammation. I also got some tablets for relieving pain. I paid him 110 bahts ($NZ 8.50). It is cheap for wound cleaning, injections and tablets. I went to his clinic because it is the nearest and it was dusk already. When I came home, I told my parents about the accident. They told me to yang fai.[10] *I was sleeping on nhaad leaves (the leaves of Anthu Blumea tree) on the bamboo bed. Under the bed, there were red charcoals. This is called yang fai (roasting) which is usually done at home of those people who have an accident to dry the wounds, to dissolve the blood clots and the contusions, and to relieve the pain. I was on roasting for three nights and days. My parents told me to get the protecting talisman from Poh Yai today."* (Mr MU, 8 October 1991)

People who are ill or who recover from illness go to receive the protecting talisman and the treatment from their spirit healer. Examples are the boy who had high temperature for a few days, a post partum woman who felt dizzy and the woman who after the kidney operation, felt exhausted most of the time. Those who suffered from insomnia or who had nightmares also received the protecting talisman. The villagers believe the latter would be able to sleep well after washing themselves with holy water and receiving holy threads.

People must respect the protecting talisman otherwise its power will decline. To show respect, people visit their spirit healer every fifteenth night of the waning

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10 Heat is used for the patients who were injured from any kind of accident, especially those with open wounds or contusions. *Yang fai* (roasting) is believed to dry up the open wounds, relieve the pain and dissolve blood clots, especially in the head. It drives out retained blood inside the body. The patient stays *roasting*, from three to seven days. During this period, the patient does nothing. The patient is supposed to get better each day, but if the symptoms worsen, the patient is taken to hospital.

The villagers mentioned that *roasting* is always done for patients after an accident or coming home from hospital. The patient lies down on a bamboo bed on which is a layer of Blumea leaves. Underneath, there is red charcoal. The patient has to be under a thick blanket almost all the time to store heat in the body. Sweating, again, represents the flow of blood which is the result of storing more heat in the body. The villagers believe that good blood flow shows no obstruction from blood clots. There is hot pot medicine for the patient to drink. Medicine to cure the wounds inside the body is always taken. Wounds should not be touched with water. Scabs should not be taken off. It is believed wounds heal very fast with scabs on. Any wound that becomes infected, should be washed. Cleaning pus is always done at the hospital, medical clinic or the health centre. Food is selected. There are a few kinds of food that the patient could not eat during *roasting*: egg, beef, chicken, bamboo shoot and pickled vegetables. The villagers believe that these foods delay wound healing or infect wounds.

The heat from *roasting* and the medicinal effects of the Blumea leaves are believed to cure the patient, by healing the wounds. The heat and the medicinal effects can dissolve blood clots or contusions inside the body, especially in the head. The villagers believe the patient with contusions or blood clots inside the head develops severe illness or death, believing the obstruction caused by blood clots prevents blood flow in the body. Moreover, they cannot be noticed like the wounds outside the body. A patient with cuts or open wounds are not severe, because the wound can be cleaned. Very few patients with cuts or open wounds from accidents, develop severe illness or die. Blood flow is better when the body is given more heat, which also helps dissolve blood clots and contusions.

moon, to exchange the protecting talisman. If they cannot come, they ask one their family members to attend on their behalf, and bring the holy threads and t holy water home. The villagers usually take holy water and holy threads hon whenever they attend any ceremonies which provide them.

In the research village, most people were under the protection of Poh Yai PL t village spirit healer. They receive the protecting talisman from him. To be able give service to as many people as possible, he had two other village men to he prepare the holy threads and the holy water, which is usually prepared early in t morning, before sunrise. A few earthen jars are filled with water. Late in t afternoon, usually starting from 4.00 to 5.00 pm, crowds of villagers come wi a tray of glutinous rice, a bunch of flowers, cotton threads and two candle They queue, with the first priority given to the person who is ill.

To give the protecting talisman, the spirit healer blows his incantations over t head and the face of each person. Then he ties the holy threads around the nec and the wrists. Meanwhile he chants his incantations. The person to receive t protecting talisman sits lower than the healer and raises the hands together i *wai*[11] position while listening to the chant and receiving the holy threads. The holy water is taken home for drinking and sprinkling over the face and the hea and is used by all in the family. The patient and others who need special therap sit in front of the holy water jar while the healer pours holy water over their hea and chants his incantations. The patient has to receive the treatment over a certai number of days depending on the cause of illness.

While offerings for the spirit healer's master are not required for the ordinar protecting talisman, the fee money for ill persons is one baht (approximately $N 0.10). This fee money is for worshipping the master of the spirit healer. Onl the spirit healer is able to spend the fee.

The treatment given by the monk curer for any spirit caused illness is similar t that of the spirit healer consisting of drinking holy water, washing the body an sprinkling the head with holy water, having the holy threads tied at the wrists an around the neck, listening to a sermon and making merit to the attacking spiri The patient stays in the temple during the healing process, which can last fro seven to ten days depending on the strength of the spirit power. The patien receives treatment every day, usually, in late afternoon after the monk meditation period which is from 3.00-5.00. While staying at the temple, patien

11 Usually, *wai* is done to greet or to salute by bringing the hands together to the middle of t face, the forehead.

have two meals, like the monks, one early in the morning and another one at *pel* (11.00-noon). They wear white garments and help maintain the temple. The patient's family and relatives can bring foods and essentials for them, items the patient often gives to the monks for merit making.

Tang kae: the performance to correct

> *"...Tang kae is held to get rid of every bad thing that happens to people, especially the things that make people ill. Different reasons for having Tang kae are, for example, to extend their lives, to drive the bad things away from their lives, and to add more strength to their body. Some people think when they are severely ill because of the attack of the spirit, they will come to see the spirit healer to cure their illness. Some persons whose lives would come to an end will have to do the Tang kae...."* (Poh Yai LN, 28 December 1991)

> *"When people have been ill for a long time, for months or years, and have been treated by many healers including those in the hospitals, but still feel non-severely ill, they would arrange to have Tang kae at their house. The good day to have Tang kae is on Tuesday. It is the strongest day for conducting any ceremonies, especially by the spirit healer...."* (Poh Ta SO, 24 October 1991)

Tang kae is usually held as therapy for any spirit caused illness or discomfort asking for forgiveness from, or to satisfy the attacking spirit. Any unfortunate experience such as illness and an argument, has to be corrected, as the causes are always attributed to spirits. While this ritual drives away or asks for forgiveness from the spirit, it is also conducted to make merit increasing good *karma* which results in bringing good things to life, especially to extend life and is specifically for the patient whose age had come to an end.

After divining the cause of illness or discomfort, the spirit healer prepares for *Tang kae* on the following Tuesday.[12] The spirit healer who does the divining may not necessarily conduct the ritual, often suggesting other appropriate spirit healers. Being honest with the villagers is important for a spirit healer's reputation.

Usually, when *Tang kae* is held, especially if conducted by a famous spirit healer or monk curer, people who have been ill for many years, regardless of medicine or healing methods, would try to attend. They hope holy water, taken during the ritual, will relieve their symptoms.

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12 It was known among the villagers that *the strongest day* to have *Tang kae* is Tuesday when the power of the spirit is very weak and treatment is more effective. Poh Yai PL and other elderly men mentioned that spirit healers, and persons who knew incantations, could identify the difference in the spirit's power.

Tang kae can also be conducted at the temple by the monk curer. The purpose is the same, while the process and the offerings are slightly different. As mentioned above, merit making by donating offerings to the temple is more dominant than with *Tang kae* conducted by an ordinary spirit healer. Also, the chanting of the monk is believed to provide an opportunity to absorb merit which helps curing.

An example of *Tang kae* held in the village occurred at Mrs KH's house.

Mrs KH (32), and her husband (37), wanted the ritual to correct the unfortunate things happening to their family. She said she and her husband always argued and quarrelled with each other. The month before, the husband left to stay with his parents after their argument. The same thing happened many times to them within a year. Thus, her father went to consult the spirit healer, Poh Yai PL to divine at her house to see if there was any thing wrong with her family. Poh Yai PL said it was because of the house ground spirit. The family members have never made any merit to that spirit. Therefore, the spirit came to tell them about this by making them irritate each other. The family had to satisfy the spirit to bring peace, and avoid arguments. The husband was told by Poh Yai PL to invite the monk from Baan KN's temple to conduct the *Tang kae* because there would be two spirit healers at the ritual, he himself and the monk healer. Their strong incantations would be able to make the house ground spirit satisfied.

The monk and the spirit healer chatted with the villagers before they began, to catch up with each other. Usually the spirit healer who did the divining began the client's part of the ritual. Poh Yai PL, in Mrs KH's case, said something to request the monk to start chanting. By the end of the chanting, the monk healer had made the holy water and using a bunch of flowers sprinkled holy water over everybody. The villagers responded with the usual act of homage, hands held to the face and bent their bodies forward to accept the holy water. The monk said while sprinkling the holy water:

> *"After listening to the chanting and receiving the holy water, happiness and peace will come to you especially to the owners of this house. The house ground spirit has accepted your offerings and will bring you good luck. Patients, may you recover soon. Take the holy water which will help to cure your illness...."* (Luang Poh Wat Baan KN, the monk curer, 7 January 1992)

After the monks left, the neighbours and friends went home, the ill taking a bucket of holy water with them. The others were given one plastic bag of holy water to take for others who did not come to the ritual. The owners of the house kept some water for themselves. They were really pleased to have the ritual held at home. They told people who came, that in the future, there would not be any problem among them. They said they would not argue or quarrel any more. There was no further incident of argument between Mrs KH and her husband. People believe the house ground spirit was satisfied.

The second example of *Tang kae* was held for Mae Yai SO (63), when she was fatally ill for a few months.

Case # 17: Mae Yai SO

Mae Yai SO (63) took many kinds of medicine sets to cure her symptoms without success. The symptoms became more severe. Poh Yai PL was asked for divining at her house. Mae Yai SO and her relatives and other elderly villagers

who were there were told that Mae Yai SO's age had come to an end making her severely ill after having been non-severely ill for many months. Mae Yai SO had made little merit to the spirit of the ancestor for the past few years. This made her severely ill and her age was about to end. *Tang kae* was required to ask for forgiveness from the spirit of the ancestor and to make merit to extend her life.

> *"Yesterday, Poh Yai PL came to divine at my house because people said that I have been ill for too long. The symptoms have persisted although I have been taking many kinds of medicine. Poh Yai PL told me to have Tang kae at my house. He also told me to get a massage. Doing this would help. I decided to have the ceremony on the coming Tuesday. The elders agreed with me. We are now preparing the essential things for the ceremony. I can't help them. I feel tired and dizzy. So, they told me to sleep. I have to lie down like this. It makes me feel better. This morning, maw en came to massage me. My neighbours told me that I might get the disease of the tendon which the massage can cure. But I don't think so. The symptoms persisted after the massaging. Actually, I had Tang kae many times at my house during March or April each year. Because I was ill about this time last year. Usually, the symptoms were gone after the ritual. My grandchildren felt ill last year before the ritual They recovered after that ritual. They have never been ill again. It's only me who is still ill. This year, I think the symptoms are getting more severe. I must have been severely ill. I must take the holy water and pour that water over my head and body. Usually, I get the holy water from Poh Yai PL...."* (Mae Yai SO, 14 December 1991)

Tang kae was held late in the afternoon. As Poh Yai PL said Mae Yai SO was fatally ill, two powerful spirit healers were used. Mae Yai SO looked fresh. She did not do anything but sat among her friends and relatives. Her neighbours managed everything for the ritual. Poh Ta SO, the Tao Cham and other elders in the village, attended the ritual. However, her symptoms became more severe and she had to be hospitalised. The villagers said there were other reasons rather than the spirit of the ancestor and her life span that worsened her symptoms. Her disease might be unknown to the healers and to the villagers.

Exorcism of phii pob and other spirits

Spirit exorcism is always used for evil spirits which harm people, such as the witch-like *phii pob*. The spirit healer or the monk curer is usually called to look at a person who is believed to be possessed. When it is discerned that *phii pob* is possessing that person, an exorcism is held.

One example of an exorcism by the spirit healer was Mae TA's.

Case #: 12 Mae TA

I was called to see Mae TA (60) one night because people said she was possessed by *phii pob*. Poh Yai PL, Poh Yai LN, and other elderly villagers were around. We saw Mae TA lying flat on her stomach, crying quietly and continuously. Poh Yai PL was worshiping, and chanting his incantations. Then he blew the incantations over Mae TA's forehead. He tied the holy threads around her neck and her two wrists. In front of him, there was a plate of flowers, a candle, and the cotton threads. Mae TA was about to stop crying, then Poh Yai PL shouted " Who are you? Where did you come from? " Mae TA cried louder and shouted

back at Poh Yai PL, " I came from the nearest house and I want to *eat*[13] this woman. I hate her family. She must die. I will eat her then she will die soon." She was also crying while she talked. Poh Yai LN (the Tao Cham) said that it was not Mae TA who talked, but *phii pob*. Then Poh Yai LN blew more incantations over Mae TA's face and head. Suddenly, Mae TA cried out very loudly and gradually stopped. She lay on her back with her eyes closed and her hands raised together at her face in the *wai* position. A few minutes later, Poh Yai PL told her daughter to help Mae TA to sit. Mae TA told us that she felt dizzy and had a headache. She was chilled and felt very tired and cool. She asked for water, and drank a large bowl of it at once.

Poh Yai LN and Poh Yai RN (Mae Yai O's husband) prepared the holy water while Poh Yai PL was talking to and shouting at Mae TA. They gave one bowl of the holy water to Mae TA, and the rest to her daughter, telling the daughter to mix the holy water with ordinary water for Mae TA to wash her body, from head to toe, every day as the holy water protected her from being attacked by *phii pob* again.

It is believed among the villagers that *phii pob* is the evil spirit which only harms people. There is no offering given in the exorcism.

Unlike other healing rituals, village people do not attend the exorcism. Women, especially pregnant women, and young children stay at home, even if they have the protecting talisman, because it is believed that they are weak persons who can be easily attacked by *phii pob* or other evil spirits. Most of the people at the ritual are family members and relatives, apart from the respected elders of the village. It is frightening experience for the villagers. The villagers believe the possessed person would be weak and likely to be easily repossessed.

During the *phii pob* event in March and April, Poh Yai PL had to call the spirit healers from another village to help exorcise *phii pob* from its habitat. Many spirit healers provided strong and powerful incantations that could kill and drive away *phii pob*. It was suggested by the abbot that the ritual be held twice to make sure *phii pob* went away.

Four spirit healers were called to catch *phii pob* from the house, which people believed was its habitat after the death of the woman who lived there and the frightening event of *phii pob* in the rice mill sold by her relatives. Poh Yai PL and three other healers from other villages, went to the house and felt the power of *phii pob*. The healers, together with the elders and the village headman, decided to hold the exorcism twice, as suggested by the abbot, because there were eleven bodies of *phii pob* to be killed. Villagers said it was the most powerful *phii pob* that they have experienced.

The rituals were held on the road in front of the house at night. Incantations were recited to protect them from an attack by *phii pob*. Other villagers, at home stayed very quiet, especially the children. The village was in silence and there was nobody walking on the road as usual. The villagers who lived nearby were listening from their houses. They said they heard people running and chasing

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13 *Phii pob* is believed by the villagers to be able to *eat* a person. To *eat* means to take away the spirit of that person which results in death.

phii pob bodies until late mid-night. During the first ritual, I was allowed on the road after I was given incantations from one of the healers. The four healers sat facing the house. Each of them had a plate containing a flower, a candle and glutinous rice. Eleven bamboo cylinders, consecrated by the healers, were placed in front of them. They began by chanting incantations together and then each of them took his plate to the house. The healers pointed to the body of *phii pob* while they were walking around the house, and then other men helped catch the body. It was believed that only persons who know and have incantations see the bodies of *phii pob*. I did not see the bodies of *phii pob*. I only saw men who were running as if chasing something. They said it was difficult to catch them because the bodies were very strong and ran fast. Young and strong men were called to help chase the bodies in the next ritual. They could only catch four bodies the first night. I heard them discuss my being there. May be that was why they could not catch them. They were worried about me while they were holding the ritual so their incantations were shared to protect me. Although I was there very quiet and did nothing. I was asked not to attend the second ritual when most of the bodies were caught. Although a few bodies were left, the villagers believed those bodies were not strong and village went back to normal. The villagers went out socialising at night and the children were not fearful.

Sak suang

This ritual is held for the person who had *suang kaeng* (stubborn heart)[14] to protect the child and to cure the person. The ritual is believed to kill the *stubborn heart.*

If it is known that the baby cried from the *stubborn heart,* the couple had to have *Sak suang* ritual to kill *the stubborn heart* or the baby might die from *convulsions* and the couple might not be able to raise other children, as the children might become severely ill or died from being *eaten*[15] by *the stubborn heart.*

If the baby continues crying after the ritual, other possible causes and healing methods are sought.

The procedure of *Sak suang* is similar to that of *Tang kae*. The essential part of *Sak suang* is the use of nine sewing needles from nine different households, where there are widows living,[16] to prod the moles or spots on the person who has *the stubborn heart.* An example of a woman who was believed to have *suang kaeng* and was given the *Sak suang* ritual is Mrs NM (case # 18).

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14 See Chapter 7.

15 Being *eaten* by *suang kaeng* has a similar meaning to being *eaten* by *phii pob.*

16 It is believed that the widows are *very strong* because their husbands died. The villagers said those widows killed the husbands although the husbands died of diseases or other causes of illness. The needle, the sharpest thing belonging to the widow, is believed to represent the powerful strength of the widow. The villagers believe the husband of the widow is weaken by the strength of the spirit of the wife. He is likely to be attacked by any illness. The villagers always said the woman *eat* her husband in a similar sense of being *eaten* by *phii pob.*

Case # 18: Mrs NM

Mrs NM's mother and grandmother asked Poh Yai PL (the spirit healer) to come and divine for the cause of *convulsions*. It was already known that the baby had *convulsions* because he had been crying almost all the time. Poh Yai PL said Mrs NM had *the stubborn heart*. The mother and grandmother together with other elder relatives, agreed that Mrs NM needed *Sak suang*. Mrs NM and her husband did not share their opinions and resisted. They asked Poh Yai PL to conduct the ritual for her which was done on the following Tuesday. The baby, however, stopped crying after being given the blow of incantations from Poh Yai PL. The baby was also given *medicine to correct the fever* by the doctor at the private medical clinic in nearby village. Although the baby began to have breast milk, kin elders still wanted the *Sak suang* ritual. The villagers believe doing this would prevent the baby crying again. If the baby cried again, the crying is believed to be worsened from the influence of *the stubborn heart*.

Mrs NM's family, prepared every essential requirements for the ritual as assigned by Poh Yai PL. Most of the requirements are similar to those for *Tang kae*, except for the nine sewing needles.

The offerings were placed in a nine compartment container similar to that of *Tang kae*. Poh Yai PL sat in front of the container opposite to Mrs NM who was lying on her back. Mrs NM's mother and sister were sitting beside her to help the healer. Other people, most women, sat around watching and giving help when it was needed. The men waited outside the room. Mrs NM's husband sat next to Poh Yai PL. As the ritual was held after lunch, Mrs NM's family provided food.

Poh Yai PL began to chant his incantations after lighting the candles. The chanting took about fifteen minutes and invited every good spirit to help kill *the stubborn heart*. He blew his incantations over a plate containing the nine needles, three times. He asked Mrs NM's mother to look for black spots or a mole on Mrs NM's genitals while he continued chanting. Mrs NM's mother, as the helper in the ritual, was given one needle at a time, to prod, gently, at the black spot, or mole, nine times while Poh Yai PL chanted his incantations continuously. By the end of the ritual, the area had been prodded eighty-one times. Then Poh Yai PL sprinkled the holy water and blew the incantations over Mrs NM's body starting from her head. She was given that water to take for nine days. The holy threads were tied around her neck and wrists. During the ritual, Poh Yai PL did not look at her as he would for a man. Only Mrs NM's mother and sister saw the affected part. Her husband and their baby were also given the holy water and the holy threads but they did not need to take the water for the assigned nine days. The offerings were placed at the last junction west of the end of the village. To be protected from the spirits and the evil things, Mrs NM and her baby had to get the protecting talisman from Poh Yai PL.

Mrs NM's family gave the gifts to Poh Yai PL after the ritual, and a month later when Maw CO took the baby's weight and told them that the baby was very healthy. After the ceremony, the baby has been called *Poh Yai PL's grandson* by the villagers, especially the baby's kin.

Su-khwaan

The *Su-khwaan* ceremony is held for different occasions: marriage, welcoming or farewelling relatives, friends or visitors, and when recovering from prolonged

and threatening illness. The meaning of *khwaan*[17] is close to *the essence of life* while *su* means to invite. So, *Su-khwaan* is the ceremony to invite *the essence of life* back to its place. Details of the ceremony vary according to its purpose.

> *"...People who had just recovered from their illnesses would have Su-khwaan ceremony to bring the essence of life back to its body. The togetherness of these two parts makes up the human being. So that those people won't be ill again...."* (Poh Ta SO, 21 November 1991)

> *"..I had Su-khwaan ceremony for my daughter after she came home from the hospital. It is good to do that because her khwaan (the essence of life) will be with her body. It had gone when she was severely ill and stayed in the hospital. She was about to die when we took her to the hospital. It was her new life after the illness disappeared. So we Su-khwaan her...."* (Mrs SW's father, 25 January 1992)

Not every spirit healer is able to conduct this ceremony. The Buddhist monk curer cannot conduct this ceremony because of its origin in Brahmanism. The spirit healer who conducted this ceremony is called *maw brahma*.

It is believed that *the essence of life* stays in the body when a person's circumstances are normal, leaving the body when the person is frightened or sad. Some normal life events often threatened *the essence of life* including illness. On the other hand, illness could be easily caused when *the essence of life* is away. When the situation returns to normal, *the essence of life* should be restored. The *Su-khwaan* is also performed to strengthen *the essence of life* within a person.

The essential parts of the ceremony, are the call for *the essence of life* to return to its place, and the binding of it into the body. A congregation is needed to strengthen the power of the ritual. The person to receive the ceremony is surrounded by relatives and neighbours. A cotton cord is attached to the *phaa khwaan*[18] and passed first through the hands of the person to receive the ceremony, and then to all other participants. A candle is lit, and the healer, the ceremony's conductor, chants an invitation to the gods. During the chanting the person to receive the ceremony holds a boiled egg and one *khao tom mud*[19] in one hand, and the banana and a lump of glutinous rice in the other. Flowers are

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17 The villagers believe that the body and the mind create a human being. *The essence of life* represents the human strength. The villagers explained that *khwaan* means a person's soul which is as important as *the essence of life*. *Khwaan* is, metaphorically, the seat of a person's spirit.

18 A tiered, conical structure built on a tray with banana leaves. On it are placed a boiled egg, bananas, one *khao tom mud* , flowers and a lump of glutinous rice, offerings for *khwaan*.

19 Baked sticky rice with banana in the middle, made into the shape of a conical cylinder. *Kao tom mud* is usually prepared for every ritual or ceremony and is considered a kind of folk dessert.

placed in front of the healer together with the lit candle. A long chant called by the congregation calls *the essence of life*. The ceremony ends with the binding of the wrists with cotton cord, binding the *the essence of life* to the body. Therefore, a lot of cotton cord is tied on the wrists by all participants.[20] Many people helped bind *the essence of life* so that it was certain to came back. Also they wished the patient recovery and happiness.

> *" To do Su-khwaan is to bring us together. Actually, our essence of life relates the people in the village to one another. This brings peace to our community. The essence of life of the afflicted person is like a patient wanting to be with relatives and friends. So, as many people as possible helping to call the essence of life is very good and the essence of life will return soon or will be strengthened easily. It is the way to show our power to bring the essence of life back...."* (Poh Yai SM, 14 January 1992)

The calling during the ceremony is made to invite all good spirits around to be with the person and the family. It is believed that calling made sure *the essence of life* returns or is made stronger.

It is common to see a group of people at the roadside, led by a spirit healer, who carries a dip net, moving around as if to catch fish. This was called *Chon khwaan,* literally translated as to take up the essence of life with a small dip net. The villagers always have the *Chon khwaan* before the *Su-khwaan* ceremony is held later the same day. It is usually done for patients who have had a motor vehicle accident. The villagers believe *the essence of life* of that person is frightened and leaves the body to wander around the roadside where the accident occurs. The spirit healer could catch *the essence of life* and bring it home to the body during the *Su-khwaan* ceremony. The villagers said the healer would feel heaviness in the dip net when *the essence of life* is caught.

During the fieldwork, *Chon khwaan* was held for Mr MU (case # 38) who had a motorcycle accident, two kilometres from the village. Poh Yai PL and other elders performed *Chon khwaan* at the accident site, while the *Su-khwaan* ceremony was prepared at home. Music played during the ceremony and people were merry, eating, drinking and laughing. It seems that this ceremony represents happiness, unlike other healing rituals. Also, it appeared that the person to receive this ceremony was in the recovery stage after a particular illness, either from an accident or from surgery.

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20 When a person is seen with a lot of cotton cord on the wrists, *Su-khwaan* ceremony has been given for a particular reason.

8.2.1.3 Healing ritual given by the sky goddess dancer: the dance

There are some illnesses believed to be caused by the sky goddess which can be discerned by a spirit healer, the monk curer or the dancer. The best way to cure such an illness is to employ another sky goddess. The monk curer is also able to cure a sky goddess caused illness, but is not preferred by the villagers. A person whom the goddess came to live with, who is able to invite her to cure an illness, is called *maw lam phii fah*, the sky goddess dancer. Most of the dancers are women.

> *" The sky goddess can cure the disease made by certain kinds of spirit. But the disease made by the sky goddess can only be cured by the sky goddess. Only the spirit healer will know which spirit makes the person severely ill."* (Poh PG, 25 March 1992)

> *"Then, another sky goddess will be asked to talk to his sky goddess. His sky goddess will be asked for forgiveness by singing and dancing through the sky goddess dancer and the patient. This is called the dance. Mae Yai SD had the dance when she was fatally ill early last year. Some patients did this too in our village when they were told by the spirit healer and other people it was the sky goddess that harmed them not other spirit...."* (Poh Yai LN, 22 March 1992)

The dance is different from other healing rituals. The important part of this healing ritual is the dance of the dancer and the patient, the *Lam phii fah*[21] (the sky goddess dance). The dancer is the communicator between the patient and the sky goddess.

The ritual is usually started after the midday meal. The ritual is held at home in the large sleeping space upstairs. The person receiving the healing ritual from the sky goddess lies beside the offering container of nine compartments made from a banana stem. The dancer and the helpers sit opposite to the patient. The dancer, her companion and the patient wear a brand new silk sarong to please the sky goddess. After everything is arranged, the dancer begins to sing, accompanied by a *kan*, a folk instrument. This first song, *lam choen*, invites the goddess to the ceremony. Then, the second song, *lam pua* is sung to cure the patient. Before the second song is started, it is believed that the goddess has already arrived. The dancer and her companions persuade the patient to dance with them in a circle at the middle of the room, one holding the patient who tries to dance around four to five rounds. Then the dancer takes an egg in the left palm while still dancing. If

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21 *Lam* means to sing or to dance. *Lam phii fah* is literally translated as *the sky goddess dance* which is a dancing ritual to heal the patient by the power of the sky goddess. The ritual is conducted by the dancer who leads the patient to dance and sing for the pleasure of the goddess.

the patient is cured, the egg will stand on it's big end. The dancer sings the last song, *lam soang,* to send the goddess away, ending the ceremony. The patient's family and their relatives take offerings to place at the last junction west of the village, for the goddess. Then, the ceremony is completed.

According to the positive sign of the egg divining during the ritual, the patient usually gives extra money to the dancer, 1000 to 2000 bahts ($NZ 76.95-153.85) including the transportation of the dancer. This depends on the severity of the symptoms that the patient has which indicates the seriousness of the spirit caused illness. Most patients pay about 2000 to 3000 bahts ($NZ 153.85-230.80) for each sky goddess ritual. Like other rituals which deal with spirits, the villagers never complained about the high expense, for they believe they bring happiness back to the family, making merit for their own sake.

It is believed the sky goddess wants to be with the patient, later as a curer of others who are harmed by other kinds of spirits. These people then become communicators between the patient and the sky goddess. Usually, after the illness is cured the person becomes well-known for having the sky goddess living with them, and as a dancer.

In Baan NG, there were five people whom the sky goddess came to live with: Mae Yai SD (case # 27), Mae Yai KI (the masseuse, case # 23), Mae Yai KM (case # 33), Poh TN and Poh SN. None of them became a dancer because there were too many restrictions[22] they could not follow. Mae Yai KI, the masseuse, was believed to have the sky goddess help her for the goddess lives with her, peacefully. People said that Mae Yai KI wanted to be the dancer, that was why she joined the dance in the village. But people also claimed she did not have enough power to be the dancer, because of restrictions.

During the fieldwork, villagers mentioned the dancer when three people were believed ill from an attack by the sky goddess. I attended two rituals held by two different sky goddess dancers.

Firstly, Poh PG (case # 3) (63), who died of severe stomach pain from carcinoma of the stomach which was diagnosed too late at the hospital. He had the sky goddess dance at his house when he first noticed the severe pain. The positive sign of egg divining was shown. Poh PG's family also held *Tang kae* ritual to make merit for the spirit of the ancestor when his stomach pain was more severe.

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22 The restrictions for the dancer include those of the spirit healers and some other particular activities: attending the ceremony for worshipping the master and the sky goddess, not wearing any protecting talisman given by other spirit healers, no sexual intercourse with ones spouse or others, and not attending any ritual held by other spirit healers.

He was taken to the hospital again a few weeks after the *Tang kae* ritual was held. He was brought home to die when the doctor found inoperable cancer.

> *" It's because the sky goddess came to live with me that made my disease more severe. Because I have had this disease of the stomach for many years, since I was about 40 years old. Then the goddess let me know that she has lived with me. She made my disease worse. I had the pain almost everyday. I didn't realise about the sky goddess. I had the monk healer to cure me. The sky goddess got furious with me and made my disease more severe. I had a stomach pain severely as if I was going to die. I don't think the disease of the stomach can make me fatally ill like this. It's the sky goddess."* (Poh PG, 24 March 1992)

The second person was Mae Yai SD (case # 27) (64), when she was attacked by the sky goddess during the rice harvesting season. She was very weak and felt exhausted as if going to die. During the nights of the attack period, she was believed to be possessed by the goddess which made her cry softly and continuously. People said she did not want to have any sky goddess dance or other rituals having lost her trust in every kind of spirit since many rituals to cure her illness in the past had failed. Every egg divining, held by the dancer, was positive. She spent a lot of money but she still had the symptoms similar to before. She blamed the spirit of the ancestor for not helping her cure the illness. People said that it was her bad *karma* making her severely ill from the sky goddess. They said she had done something bad to other people, especially for the person whom she should not do: her mother, sister, her late husband, or her own children. In the past few years she had a lot of experience with some well-known dancers from different parts of the Northeastern region. She always mentioned that it was a waste of money having the goddess dance for her illness, as people thought her illness was incurable because of her bad *karma*.

Prohibited for people attending a ritual, is the drinking of alcohol or the playing of music. Thus, it is very quiet during the ritual, only the singing of the dancer audible from afar. Most children gather at their homes as they are afraid of the goddess.

Usually, there is a large group of cured patients who come to pay respect to their dancer, calling themselves the pupils of the sky goddess dancer. Once a year on the fourteenth and fifteenth days of an April waning moon, they gather for ceremony. Failure to do so might cause severe illness or death. People said this ceremony is usually a big event in the community, and showed the relationship between the dancer and her patients, who became her pupils.

8.3 THE VILLAGE HEALERS WHO TREATED ILLNESS CAUSED BY DISEASES

The villagers mentioned *maw yaa* (the medicine man), *maw en* (the masseuse) and the injection doctor, when they talked about the village healers who cure diseases. The medicine man cures particular diseases while the masseuse

massages for the diseases like *en kaeng* (stiff tendons or ligaments). The injection doctor is the popular source for injections preferred by the villagers for their powerful curing effect, enabling access to many kinds of drug without prescription. The drug vendors are important providing various kinds of drugs to the villagers, right at their houses. Villagers select cures from these sources, often using a variety of therapies.

8.3.1 The Medicine Man

There were certain diseases that can be cured by the village medicine man, Poh Yai VE.

Case # 35: Poh Yai VE

Poh Yai VE (74), was married, with three sons and two daughters. He has lived in the village all his life. Poh Yai VE learned to be a medicine man from his father, a well-known and reputable medicine man. Poh Yai VE, the eldest son, was selected to inherit the knowledge from the father, and became known as the son of the great medicine man. He had to follow restrictions similar to those of a spirit healer, but did not emphasise this as much as the importance of being able to identify and treat illness.

While people said that Poh Yai VE's expertise lay in curing *loak lyad* (the blood disease), especially among women. Villagers came to see him for almost every persistent symptom including *kam rerd lae* (blue convulsions); *wrong eating*, *khai tam ruduu* (seasonal fever); *khai oog toom* (Measles); *khai mhaak mai yai* (big fruit fever); *nom long huu* (mastitis) and *fii pit fii gaan* or *bhen gaan* (herpes zoster). Some patients who were known to have diabetes, hypertension, urinary stones and peptic ulcers, also consulted him.

Many kinds of village medicine are used by medicine men: drinking; washing the body or the affected areas; applying, by blowing or as a hot compress to the affected areas; and splints and oils to cure fractured bones. Poh Yai VE believes that the most important part of his curing is his incantations which are transferred to the medicine.

> *"..It was the incantation that cured the diseases not only the medicine. I give ground medicine and pot medicine for most diseases. I also put incantations on the medicine to help it work. There are some people coming to see me nowadays...."* (Poh Yai VE, 18 October 1991)

> *"Poh Yai VE has strong incantations to put on medicine for us. Sometimes his medicine could cure diseases but we didn't wait that long to see the effect of that medicine. We mostly took many kinds of medicine not only his medicine when we were severely ill...."* (Poh Ta SO, 24 October 1991)

Two major types of village medicine are: *yaa tom* (pot medicine) and *yaa phon* (ground medicine).

Pot medicine, *yaa haak mai* (tree root medicine) is produced from the outer parts and the roots of particular trees and herbs, and is prepared from selected medicinal ingredients usually dried and kept for sometime. The villagers use an old pot, which has never been used for meat cooking, to mix the medicinal ingredients. It is believed that using this particular pot helps strengthen the effect of the medicine. After adding water, the ingredients are boiled for at least half an hour. The pot medicine acquires a typical colour and smell, which is usually pleasant. The patient takes that mixture until it is finished. It is believed that after one pot, the patient should know if the disease has improved or not. If people understand the medicine is to be effective, that they continue taking it for a long period. Examples of those people in the research setting are; Mrs SW (urinary stones), Mae Yai KM and Mae Yai O (diabetes), Mae Yai JN (slack womb) and Poh WN and Mrs AH (asthma).

Ground medicine is composed of parts of rare animals, some particular kinds of shell and a hard part of the tree such as the root and the centre of the trunk. Villagers understand the potency of ground medicine. Each of the medicinal parts is scraped over a flat stone, resulting in a fine powder. Water is dripped slowly onto the stone and the powder. The stone, slightly slanted, allows the resulting powder and water mix to drip into a bowl. There are many components processed in this way, contributing to the final mixture. They must be processed in the correct order. Most ground medicines are taken orally. The village medicine man prepares medicine individually for patients, each patient being given a bowl filled with the mixture. A second bowl may be required, but not taken if the first bowl fails to cure.

The most popular village medicine given by Poh Yai VE is *yaa kam yen* (cool medicine) for post-partum women. It consists of pot medicine and ground medicine. People said that his *yaa kam yen* always works. This medicine is believed to increase blood for post-partum women. When they return from giving childbirth, they are told to obtain *yaa kam yen* from him. This village medicine is also able to drive *bad blood* from the womb which helps clean and dry the womb. Post-partum medicine means women do not have to stay by a fire for a long period, as in the former times. During the fieldwork, every post-partum woman in the village, took this *yaa kam yen.*

> *"..At present, I hardly cure the women after giving birth because all of them give birth at the hospitals. They receive medicine to help push the womb back*

> *to its place and increase blood in the body. There is no woman who has died from giving birth at present since we can go to the hospital easily. Thus, I gave up giving other kinds of medicine to help pushing the womb back to its place and increasing blood, to those mothers. My medicine is very good too but it takes a longer time than the medicine from the hospital for its effects. Thus, I only give yaa kam yen instead of giving a cure to them when they had the disease of the blood like in the past. Yaa kam yen helps medicine from the hospital work well."* (Poh Yai VE, 18 October 1991)

The patient who has *wrong eating* sees the village medicine man immediately the symptoms are recognised. The village medicine man helps cure that patient before the symptoms are so severe that the patient might die. It is known that his medicine for wrong eating is effective, and when a person has dizziness after eating some unusual or forbidden food, the medicine is prescribed. In the research setting Mrs SW (case # 7) had vomiting, diarrhoea and fainted after eating clear turtle meat soup. She was given medicine by Poh Yai VE to cure the symptoms. Mrs SW was believed to be weak from having surgery for *the disease of the thyroid* and *bad blood.*

Because Poh Yai VE gave other therapies as well, including splints and oils for fractured bones and blowing for fever among young children, he was also called *maw pao,* the blowing healer, visiting nearby villages to blow boys who had fractures. People said the treatment for the fracture is effective in a short period. His medicinal oils, as well as *the blow* of his incantations, are believed to be the important parts of the therapy for fractures.

> *"..A person who had a fractured bone in his arm came to see me while he was still in the cast from the hospital. I blew incantations over his fractured arm. Sometimes, I make a splint for that fractured bone and give them oil to apply. I think I can beat the doctor on curing fractured bones. I am sure. Sometimes, I was taken by the patient's relatives to the hospital to pao (to blow incantations) the patients. We are not allowed to do that in the hospital. I must blow my incantation when the doctors are not there. I think doctors and nurses don't want us to do that."* (Poh Yai VE, 24 October 1991)

Poh Yai VE gave *yaa lyad* (blood medicine) to most women who had *bad blood,* especially women who had dizziness and faintness, but were not post-partum. They also had heavy bleeding and abdominal pain during menstruation, and were very pale and caught fevers and other illnesses, easily. They felt exhausted and weak from work which other women managed without developing symptoms. *The blood medicine* is believed to drive out *bad blood,* which causes these symptoms, through menstruation. Women who are taking *blood medicine* might lose a large amount of blood for a few months. Usually, Poh Yai VE prescribed this medicine for at least one to two months. Among the menstruating female

villagers,[23] *blood medicine* is taken once a year to make sure no *bad blood* is left. In these latter cases, a little amount is given which is about one tenth of that normally prescribed.

8.3.2 The Masseuse

A massage is believed to soften and relax the stiff tendons or ligaments, and tiredness and exhaustion would vanish.

> *" My wife's parents always get back pain and pain at their legs. But they never go to the hospital. They got the masseuse to massage the back and the legs whenever they had more pain. The pain usually disappeared after the massage. Sometimes, my mother-in-law took yaa chood maw nuad (the medicine set to replace the massage), especially whenever the masseuse didn't have time to come. This medicine can help relieve the pain very well. She bought that medicine from the drug vendors who came to the village very often."* (Mr GM, 17 December 1991)

The only masseuse in the research village, Mae Yai KI (case # 23), (63), became a masseuse when her fourth husband died twenty years ago.

> *" ..I learned how to massage from my relative who passed away many years ago. At that time, there was no one interested in this skill and I had nothing to do for a living. I had no field. Moreover, I had three children to feed. So I started practising as a masseuse to replace my relative. There has been only one masseuse in this village and nearby villages. So I thought it might be good to help the villagers by being able to massage.... I can earn little money from being a masseuse to support my family. We can only survive day by day. We cannot save for urgent needs. We don't have enough rice for the whole year. Some years, when drought came, we had to buy rice as well as other necessary things. That rice seemed to be the most expensive thing we bought. My mother, Mae Tao LH, who is now 97 years old, has also been entirely relying on my family although she has been living in my older sister's house next to mine..."* (Mae Yai KI, 27 November 1991)

> *" ...Some people may get fever, feel tired and giddy which will disappear after having been massaged. Three years ago, there was one person from Khon Kaen City, diagnosed as having appendicitis by the doctor in Khon Kaen Hospital, who came to me. He was afraid of having an operation so he came to see a masseuse instead. It was "a stiff abdomen" that he had at that time. After softening the "stiff abdomen", he felt better. He came to me for ten days continuously. Then he said it disappeared. Nowadays, he has been coming once in a while when he got "stiff tendons or ligaments" . He didn't go for the surgery until now...."* (Mae Yai KI, 30 November 1991)

> *"To massage, I must know where tendons or ligaments are which I learned from my relative. Then I am able to massage at the right point which results in softening those tendons or ligaments. This makes a person relax...."* (Mae Yai KI, 2 December 1991)

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23 Menstruation is believed to be *bad blood* which women had to excrete every month.

When people have stiff tendons or ligaments, Mae Yai Ki feels the stiffness when she touched the affected places. *Beep, chap* or *nuad* are the words used meaning massaging. Most of the time, Mae Yai KI was asked to go to the client's house. Sometimes, she had to stay at her house when there was a queue of people wanting a massage as she was the only masseuse in the village. She was always busy after the farming season finished. Mae Yai KI spent about one to one and a half hours with each person. She massaged male clients harder than she did for women, explaining that most of her male clients had stiff tendons or ligaments from having worked too hard. Most female clients have been ill or severely ill for a period of time. For those who are ill, a massage is believed to help them feel better, but not to cure. When called to give a massage to a woman with a slack womb, she knows she cannot cure the slack womb. In the case of a stiff abdomen, the massage helps that patient to feel relaxed but does not cure the illness.

The payment fee for a massage ranges from five to thirty bahts ($NZ 0.40- 2.35). Sometimes, Mae Yai KI is given a basket of glutinous rice or some vegetables instead of money although she prefers money because she said every necessity for household consumption can be bought. She is proud she can help other people although she does not earn much. Actually, she does not request money from her clients, accepting whatever is given. She also mentioned that whenever she is asked to go to other villages, she is given much more money than in her village. As it is known in the village that Mae Yai KI's family is rather poor, some villagers give her as much as they can afford for the massage because they want to help her family. During the fieldwork, she always came to massage me when she had no clients, and was paid thirty bahts ($NZ 2.35) like clients from outside the village. The massage was enjoyable and relaxing, and provided the opportunity to obtain information about the massage and other healing practice while she worked.

8.3.3 The Injection Doctor

Injection doctors are those who know how to give injections and how to use various kinds of medicine, and are at least trained in first aid and basic medical care, such as a village health volunteer or a person from a first aid unit in the army. They do not have any qualification to give injections. They buy injections from pharmacies or other shops, the sale persons giving them the properties of

the injection. Then, they give the injection to patients when the symptoms are similar to those mentioned by the sales persons.

The villagers consulted Maw CH when they needed an injection.

Case # 39: Maw CH

Maw CH (56), married with five children. He and his wife together with his daughters' families lived in Baan DA which is the nearest village to the research setting. He worked in the army first aid unit, and considers himself a rice farmer although he was also a security guard in the university. He did not mention that curing practice was one of his occupations, as it is part of his kin relationship to others.

He started to give injections when he was 35, five years after his military service. His grandmother-in-law had diarrhoea and was exhausted. Other people suggested she had intravenous fluid so, he purchased one bag of the fluid to give to her. It became known he could give injections and intravenous fluid. Neighbours and other villagers soon came to see him and he became an injection doctor. He learned the therapeutic properties of each type of injection or medicine from the pharmacies or the shops.

He was consulted almost every afternoon because villagers believe his injections and the intravenous fluid were effective. People came for injections whenever they felt tired and weak.

> *"...There was only once when my mother-in-law went to see Maw CH at Baan DA, last year. She said she felt exhausted and could not breathe easily. She told my father-in-law to accompany her there because she didn't want to go alone. Maw CH told her that her heart is weak. He gave an injection to strengthen her heart. He also gave her the injection to increase her blood as requested because she told him that she felt dizzy sometimes. She said there is less blood at her heart. Maw CH mostly gives an injection to his patients so he is called maw chiid yaa (the injection doctor). He is very well-known for his strong medicine, the injections. People go to see him when they feel they were non-severely ill. Most women get the injection to increase their blood from him when they feel they have less energy."* (Mr GM, 7 November 1991)

> *"It was yesterday when I was non-severely ill. I felt dizzy and had less energy to do my work. I asked my daughter to take me to see Maw CH at Baan DA. I see him very often when exhausted, dizzy and have less energy. I feel better after having injections from him. Yesterday, I had an injection to increase blood. I feel better having no more dizziness. I paid 70 bahts ($NZ 5.40) which is cheaper than going to the clinic at Baan TN. There is less blood in our faces when we feel dizzy. We should have the injection to increase blood in our heads which makes the dizziness disappear."* (Mae HG, 20 December 1991)

The two popular injections given by Maw CH are *the injection to increase blood* and *the injection to strengthen the body*. The villagers believe that women should have *the injection to increase blood* whenever they feel drowsy and dizzy, especially during menstruation and after working for a long hours. Women usually had some blood loss during menstruation, delivery and post-partum

periods. So, they have to increase their blood. Their skin becomes very pale. Because they could have *bad blood*, they should have the injection to help purify the blood. *The injection to increase blood* is believed to make the symptoms disappear, and is given to post-partum women together with the medicine provided by the hospital. For men, *the injection to strengthen the body*, especially when they are exhausted, is given. They felt a lack of energy which usually happens after having worked hard in the fields. Other injections are the injections to; relieve fever, pain, inflammation, *the disease of the stomach*, inflamed lung, etc.

I noticed Maw CH gave most injections intravenously. The villagers said this was not painful like intramuscular injections which are painful for a few days. Therefore, the villagers preferred receiving the injections from Maw CH than from Maw D who gave mostly intramuscular injections. Maw CH boiled syringes and needles[24] for approximately 10 or 15 minutes while he was talking with the patient and kin. He believes this technique cleans the syringes and needles. He used the disposable sterile intravenous fluid infusion set which comes with the solution.

Other Maw CH patients came with *the disease of the stomach* (peptic ulcers),[25] fever, *the inflamed lung* or *the disease of the heart*. Usually, apart from these patients, many people came for *injections to increase blood* and *to strengthen the body and the heart*. The patients who had diarrhoea always requested the intravenous infusion to make them feel fresher and stronger.

During the fieldwork period, a girl (12) had a high fever for two weeks which prevented her from going to school. She took many sets of medicine to *correct* her symptoms, and the medicine given from the hospital, but the symptoms persisted. She seemed disoriented or mindless, not saying as much as before or not understanding what people said. Other people in the same village told the family to take her to the city psychiatric hospital, which they did with no satisfaction of help for the girl. As she was not admitted to hospital, her family and kin decided she did not have *the nervous disease*.[26] Those villagers told the family to take the girl to have injections from Maw CH because they heard about his *strong* injections to cure *bad blood* which they thought the girl had. The mother said her kin and neighbours were preparing the *Tang kae* ritual at home while she and a few female relatives took the girl to see Maw CH. The ritual would be held to satisfy the spirit of the ancestor which the spirit healer said to be the cause of the girl's illness.

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24 Villagers believe needles and syringes used by the injection doctor are different from needles for the *Sak suang* ritual. The latter represents the strength of the widows needed to *kill suang kaeng*.

25 The villagers believe any symptoms similar to those of the patients who have the diseases diagnosed by the medical doctors or the healers, are of the same disease. See also illness classification in the previous chapter.

26 *The nervous disease* or *bah*, is used when a person is out of reality, can not recognise surroundings. It is similar to being insane. The villagers believe that this kind of patient will never recover.

Maw CH gave intravenous saline solution to patients who came from hospital, elders, the persons who had been ill for a period of time, and those who just requested it. Those people might be very tired, dizzy and drowsy, had pale skin, be thin, or felt they have little energy. Those who worked hard could also have it if they had the symptoms. Maw CH told the patients or their relatives to buy the intravenous fluid for him. Usually, he bought medicines and injections from particular shops in the city, so he told his patients to buy from those shops. He said he had a good relationship with the sales person and was always given information about the properties of each kind of medicine. Maw CH accepted that he did not actually know which medicine could cure particular symptoms or diseases. The shop assistant would select medicine for him when he told them what he wanted the injection to cure. He could not read the English label on each bottle. He could only recognise the colour of the medicine and the character of the bottle. Examples of his medicine he used include Kanamycin Sulfate, Penicillin, Procaine Penicillin, Tetracycline, Vitamin B Complex, Multivitamins, Heromycin Sulfate, Paracetamol, tranquillisers, antispasmodics and analgesics. He also showed me the cupboard where the medicine were kept. He stored many kinds of medicine including the intravenous fluid, 5% Dextrose in Normal Saline. He said he stored the medicine only for the patients with common symptoms.

No villagers inquired how Maw CH learned how to cure, being interested only in effectiveness of his curing. Maw CH gave injections selected by himself on the basis of the symptoms in relation to what the persons at the pharmacies or the medicine stores told him. He gave the injection to cure fever to those patients who came with the complaint of having a hot body. For those who came with the pain at any part of the body, *the injection to relieve the pain* was given. The persons who had wounds, an operation, or a dog or a cat bite wound have *the injection to treat inflammation*. A dog bite victim obtained an injection (tetanus toxoid) at the health centre before consulting Maw CH. *The disease of the stomach* which had the symptoms of a stuffy feeling, with a lot of gas in the stomach was cured by medicine tablets. The injection was given to cure this disease only when a severe stomach pain presented. Patients who had *the disease of the inflamed lung* with intense coughing, high fever and a sticky secretion with a sore throat. People said his injection was very *strong*. It could cure the disease very quickly. He also gave tablets to help the injection work well.

Maw CH did not request a high fee, people preferring his medicine for its properties and its low cost to that of the medical clinics in nearby communities or the city. The cost of treatment and other expense to go to the hospital was always high which they said they could not afford. The nearest healer for them was Maw CH. The money for his services was enough for the cost of the injection and the medicines. It varied; 60 to 80 bahts ($NZ 4.65- 6.15) for the injections and 20 bahts ($NZ 1.55) for each course of tablets or syrup. He was always given a payment-in-kind by the patient which depended on how much his curing was appreciated.

It is known among the villagers that Maw CH can cure some simple diseases. Whenever the patient comes to him, he gives at least the two popular injection for the satisfaction of the patient and the families. Often the patient has to be taken to see other healers. The villagers mostly said, "Once we came to see him already, we should have his good injections so as not to waste our time having to come again later.". Maw CH could not avoid giving them injections as requested.

> *"...Some patients who have something wrong in their body such as the mass in the stomach, must have an operation which can only be done at the hospital. If those kind of patients come to see me, I would tell them to go to the hospital to have the operation. I give the injections as requested. But I would tell them I could not cure their disease. Most of the time, I only cure*

those people who are boh mee hang (non severely ill) from: stomach pain (from gastric ulcers), fever, a cold, khai whad yai (a flu), diarrhoea, an inflamed lung and some other common symptoms. Whenever those symptoms persist, the patients have to see another healer or to the hospital. They will not come to see me again. I will hear about them. They know that they are ill which can not be cured by my medicine. I think going to the hospital is better than coming to see me when they are ill. I don't dare to give them medicine. I know myself that I can not cure such diseases. I don't have the knowledge to do that. I know only to help people with their common diseases. I don't feel loss of face if I have to tell the patient that I can not cure his disease. It's better than making him waste his time and money. I don't take my curing practice as the main job. So, I don't expect to gain money from this practice. I feel ashamed to think like that...." (Maw CH, 5 April 1992)

People in Baan NG as well as in nearby villages, are easily able to see him, especially when he is not on duty in the university. He is asked to see the patients at their houses very often and he is willing to do that. People said he joins in as many community events as possible within and outside his village. He comes to Baan NG very often, either to give injections or intravenous fluid infusion or to attend an important ceremony. People said he is an ordinary villager like them, so they do not feel uncomfortable when they talk to him. The villagers regard him as their close relative or friend. So, when they meet him they would talk and discuss with him almost every matter. He seems to know each villager's business very well. I never heard any villager talked about him in a negative way during my fieldwork period. Although a few of his patients had to go to the hospital when their symptoms persisted, they said their disease may also need other methods of therapy apart from his injections.

8.3.4 The Drug Vendors

Khon khaai yaa (drug vendors) make house calls in the village with a basket or a bag of medicines. They are ordinary villagers with no formal training, who want to earn a living. All of them came from other villages in the same district. They had completed the compulsory four years of schooling and considered themselves farmers. All of them said they had experience of using their special medicines which were very effective, and wanted to give other people an opportunity to use that medicine too. It seems that this is kindness, shown because they introduce effective medicines.

The drug vendors select medicines for the customers on the basis of the symptoms described. Although they come with many kinds of medicine, medicinal information comes from the pharmacies or drug stores, their own experiences or their consumers, or advertisements in the media. The most important source of their knowledge to select the medicine for each symptom is from the consumers' experiences. Often a drug vendors returns to the medicine stores where they buy their medicines, to explain the symptoms of a villager,

then, different kinds of medicine are prepared for the vendors to take back and sell. As they could not always afford to buy as many kinds of medicine as requested by consumers, the vendors take medicine from the shops on a sale or return arrangement.

Often the drug vendors specialise in what they sell. One male vendor was known to sell medicine *to strengthen the body, to increase blood, to combat exhaustion, to correct dizziness and paleness*, and to correct a variety of common ailments. His *multi-purpose tonic for strengthening the body and the heart* was very popular among the villagers. One female vendor always came with medicine for the patients recovering from operations or after hospitalisation for any kind of illness. Another female vendor, with medicine and pessaries for women, was very popular among the grandmothers of the village.

The drug vendors were treated as close friends and relatives by the villagers, and often offered food and or asked to stay overnight, providing additional opportunity to sell their medicines and gain information about some common symptoms most villagers had at that time. Usually, the vendors had medicine for any symptoms complained of by the villagers, the medicines being sold out that night.

Medicines sold by these vendors are considered cheap when compared with those given by private medical clinics and hospitals and other healers. The villagers do not have to spend extra money on travel and food attending health care resources outside the village. Moreover, the vendors and the villagers understood each other. For example; they use the symptoms described as the basis for selection of the medicine, and then the medicine is recognised by its physical characteristics such as shape, colour or numbers of pills. The names of medicines and actual ingredients are not recognised. The medicine usually comes unnamed in plastic bags without instructions. The villagers are told, by the vendors, how to take medicine by memorising its characteristics and its properties. They never mentioned they make any mistakes. Most of the villagers can recognise the differences among the medicines they have.

The popular kind of medicine sold by those vendors to the villagers is *yaa chood* meaning *the medicine set*, consisting of five to seven different shaped and coloured pills, in a set taken in a *once only dose*. There are other kinds of medicine sets: *to cure the inflammation, to combat the disease of the abdomen, to cure the disease of the bone and ligament*, and *to cure the disease of the elders*.

The villagers trust the vendors whom they believe to be knowledgeable in selecting each medicine set.

Most of the persons in the medicine stores and the pharmacies in Thailand are not pharmacists. They are people who could understand a little English and select appropriate medicine for each symptom or disease. They learned from the instructions for each kind of medicine and are able to give their knowledge to customers. It is said that people have to take the medicine set because there is usually more than one symptom when ill. Thus, the medicine set is really more powerful than a single drug. To the villagers, it is not necessary for the vendors to know the components of each medicine set. The only thing the villagers want to know is if the medicine can cure their symptoms or not. During the fieldwork, some villagers found some particular kinds of medicine sold by the vendors, made their symptoms disappear, although, some medicines were not always successful in curing the symptoms. The villagers never stopped buying whenever the vendors called.

The four grocery stores in the village also supplied *the medicine set* together with other common medicines requested by the villagers. As the owners of the stores went to the market in Khon Kaen on a daily basis to buy supplies, the villagers sometimes asked them to buy goods for them including medicine. Those owners selected the medicine for the villagers or they asked for suggestion from the assistants at the drug stores. The cheaper the medicine the more it was preferred.

There is no restriction to take that medicine according to the vendors. The villagers can take that medicine whenever they want, either with or without other medicine bought from other sources. They can take medicines with holy water or village medicine. This is the most convenient way that the villagers usually do to use medicines. Another important thing that the vendors share with the villagers is their medicine is *effective* and *strong*.

Free samples are always provided while the villagers gather around to look at the vendor's medicines on display. The villagers who want to buy medicine are asked about their symptoms. The villagers can bargain with the vendors, and make a deal. The villagers are pleased to have free samples, for example, a glass of *tonic for strengthening the body and the heart*, or a pessary for new consumers. It is very relaxed atmosphere during the medicine sale in the village. The villagers who come to buy medicine discuss their symptoms and select medicines. Experience of using different kinds of medicine or even treatment for particular symptoms is shared.

The best period for the vendors to sell is after the rice planting and harvesting seasons. The villagers usually buy medicine, especially *the medicine set to replace the massage* and other regular medicines for the family members, when they felt tired from their work in the field. During these periods, many villagers stay at home waiting to go to another job or to rest before starting the new season. They have savings to pay for medicines.

Usually, villagers do not buy medicines from vendors they do not know as they do not know if these sellers would sell the right medicines to them. The villagers prefer buying the medicines from those whom they are familiar with.

8.4 THE REPUTATION OF THE HEALERS

The reputation of a village healer, apart from causes of illness, is another basic consideration for selection of a healer. Beliefs and attitudes in relation to reputation of a healer included: competency in curing, being negotiable for choice and cost of therapy, being accessible to the villagers and cultural closeness to and relationship with other villagers. The competency in curing is illustrated by his methods, and their effectiveness and convenience in use.

Competency of the healer is known through information from kin and neighbours based on the experiences of successfully cured illness. It is strongly emphasised that the power of healing of any spirit healer relies heavily on his ritual relationship with his master, the result of the spirit healer's ability to carry the restrictions assigned by the master throughout his period of healing practice. The examples are: giving offerings to the master before beginning any rituals to worship the master, requesting no fee for any healing provided, and telling the patient if able or not to cure the illness.

To tell the patient and kin that the illness is not the healer's specialty or beyond his ability, means the healer really wants to help the patient, and is an example of the healer's honesty. This is based on the belief that every healer is not able to cure every illness.

Case # 35: Poh Yai VE

The medicine man in the setting, Poh Yai VE (74), took this very seriously. If he could not tell which disease the patient had, it meant he did not know about the symptoms and he could not cure the disease. He would refer them to another healer or to the hospital if the patient's condition was severe. He emphasised that the doctors at the hospitals should do the same thing, which, from his and others' experience, they did not. There were some people who died in the hospital or

after returning from hospital. He said he had earned trust, like his ancestors, from the villagers as the medicine man. Most of all, the villagers were his relatives and neighbours. Being the medicine man enabled him to help others. Being honest with them was part of helping them. Therefore, he was both responsible to them and dependent upon them, unlike hospital doctors or pharmaceutical companies.

> *"Every disease has a particular method to cure. Thus, not every healer or doctor can cure a particular disease. I can tell which disease I can cure after I have looked at the patient. I don't feel ashamed to tell. As I told you that the doctor at the hospital can't cure every disease either. Many patients came to die at home after returning from the hospital. Some patients died at the hospital...."* (Poh Yai VE, 18 October 1991)

This applies to the spirit healer when divining is made. The competent spirit healer is able to tell which illness is caused by which kind of spirit and who is the most appropriate healer to deal with that spirit and cure such an illness. Giving a wrong diagnosis would cause death in the case of a sky goddess caused illness which ordinary spirit healers are not able to cure. An example during the fieldwork period is Poh PG (case # 3).

The importance of not asking for payment of healing from the client relates to healing as helping kin and neighbours. Should the patient recover, a gift, a small amount of money, or a payment-in-kind is offered. This is done freely, as a sign of appreciation and gratitude, and not as a fee. The healer is allowed to consume the offerings made to the master after the ritual. In addition, helping people is a part of merit making. This kind of negotiation for payment to the village healers is done in terms of payment-in-kind instead of asking for low cost.

There are general restrictions the spirit healer has to follow: not to eat some kinds of forbidden food such as buffalo meat, eel and snake meat; not to share food with other people; not to sleep with his wife except to have intercourse; not to walk under the clothes line where there were women's sarong, not to share drinking water with others; not to eat left over food; and not to drink alcohol. All of the spirit healers are men because women are not permitted to learn incantations. Men who learn incantations must not let any women get close except wives, siblings or daughters.

Failure to follow those restrictions, especially the first three ones, can cause the power of the incantations to cease or even worse, the person would become *insane*.

> *"No, I don't. I don't ask for the cost of treatment. I don't cure people for money like maw (doctor) at the clinics do. We are relatives and neighbours in the same village. We have known each other so it is not good to get money from helping them. I learned incantation to help people. Otherwise, my incantation will decline. They can give me any thing they want to, to show*

> *their thanks. They give it to me as a gift not a payment. I would like to emphasise that I just want to help people. That's what I was taught by my master."* (Poh Yai PL, 14 October 1991)

The healer's relationship with other villagers is very important and affects his reputation in curing. The healer usually performs more than the healing role in the community. He is always the respected elder in the kin chain and neighbourhood, and a wiseman. His relationship to people has to be maintained.

As a healer and a kin elder, he shows his truthfulness to the patient and kin. For example, when a ritual fails to cure or the problem becomes more severe, the spirit healer who does the divining and the ritual is not blamed for the failure of such therapy. Instead, the healer helps the patient and kin find other causes and suggests other competent healers or effective healing methods.

The sky goddess dancer is often called to see the patient a few nights before the dance is held. This is done as if the dancer is a member of the kin chain who is usually called to the patient. The patient and kin are able to share information about the illness with the dancer. It is similar to when the family, kin and neighbours discuss about healing management for the patient. This is also applied to the healing services provided by the injection doctor, especially at the patient's house.

The drug vendors do a similar thing to the village healers in that they share information with the villagers, especially symptoms and effective medicine. Their role is that of a neighbour. The injection doctor employs this protocol. The injection doctor in the research setting received high status in the community almost similar to the wiseman because he was always accessible in any important events, not only illness. Due to the financial restraints, the masseuse attempted to ask for a fee, although she too maintained negotiation.

The importance of being a wiseman and a kin elder appears to be the main reason for the reputation of the village medicine man.

Case # 35: Poh Yai VE

It seems that Poh Yai VE was not as popular as the spirit healer or Tao Cham (the village spirit's communicator). I noticed he hardly socialised with others. His status in the village was different from the spirit healer and other male elders. He attended any ceremony or ritual held in the village less often than those men. Most of the time, he would be at home making bamboo containers for sale. He did not go to the temple for meditation like other elders because he said he could do it at home. For the important events such as *Tang kae* rituals, funerals, phii pob exorcism and sky goddess dances, he did not stay as long as other elders did. He did not go to see the villagers who were ill at home very often except his own

patients. He was considered the wiseman of the village. Usually, other elderly men accompanied the patients at home or the hospital, especially those who were seriously or fatally ill. Poh Yai VE was hardly seen at other people's houses. His status was not what was expected from others, as a male elder was involved in community events, not only a person who gave healing. This affected his healing. People said that he requested a fee which he should not do. He did not emphasis the restrictions for being the village medicine man which other healers usually mentioned. Villagers said they were not satisfied with his medicine. Sometimes, the villagers went in a group to look for village medicine from outside the village although they could buy some from him. Some of his medicine, the villagers believed, was effective for *wrong eating*, blood disease and post-partum women.

The dominant preference is for the curative potential of Western medicine rather than village medicine. While the villagers believe the curative effect of the village medicine might be better and last longer, many people know that it is becoming more difficult for the medicine man to find the genuine ingredients for village medicines. The use of injections, intravenous fluid infusion and other forms of Western medicine, as well as hospitalisation to replace village medicine, confirm and strengthen this aspect.

The medicine man also noticed this preference. People did not come to him as often as previously because there are private medical clinics, hospitals and pharmacies available. Western medicine can be purchased from shops anywhere in the country. Most of the village medicines consist of various parts of both animals and plants which are found in the forest or in a special garden. Since the forest has been destroyed for many years, the village medicine man has to rely on the ingredients which are brought at the morning market. Self-gathered herbs are rarely used now. The potency of village medicine is declining, as it seems that the villagers believe in the medicinal effect of the medicine rather than the incantation that the medicine man claims as the most effective part of his healing.

> *" ...We don't have that much time to find the real ingredients of the medicine. Moreover, we need money to buy some other necessities for the family. It is a waste of time finding medicinal parts when not many people want them. I think this type of medicine will disappear soon. I want my eldest son to be the medicine man but he is not interested in it. He said he can earn a lot of money being a carpenter in a building company as well as being a rice farmer. Nobody wants to be a medicine man when it is easier to buy medicine. It is not like those old days...."* (Poh Yai VE, 18 October 1991)

The injection to increase blood given to the woman who has the blood disease is one example. In the past few years, most women in the village had *the injection to increase blood* from Maw CH and Maw CO rather than receiving *the blood medicine* from the medicine man.

> *"..I took blood medicine from the medicine man to drive out bad blood twice. I felt that medicine was very good but it was very difficult for him to find its real composition. So, I decided to stop taking it. Moreover, Maw CH's injection is very strong and powerful. It is very convenient to have the injection which can be bought from any where...."* (Mrs LG, 22 November 1991)

The convenience of Western medicine over village medicines also affects selection of village healing, especially for diseases. To replace the effect of the massage, the villagers take *the medicine set to replace a massage* sold by the drug vendors and elsewhere.

> *"I took that medicine when I had body aches and felt tired and exhausted. If I don't feel like that I won't take it. I didn't take it when a masseuse came. I heard people say that this medicine set helps relieve body ache and dizziness very well. That's why I took it. It is not difficult to buy some from elsewhere."* (Mae HG, 9 January 1992)

The convenient use of healing methods also applies to surgery. The villagers attempt to replace an operation with other methods such as *medicine to dissolve renal calculi*, or *the injections to cure cholecystitis.* This will be discussed in the following Chapter.

8.5 CONCLUSION

Village healing ranges from traditional rituals to secular curing employing Western therapies. Village healers range from those forbidden to charge for their services to those who practiced for the purpose of supplementing their income. There is some ambivalence exposed by those practicing on the broad link between traditional and Western medicines, such as the masseuse, the injection doctor and the medicine man. The range of cures represents the extent to which the villagers attempt to incorporate some aspects of Western medical services into their traditional beliefs.

Sacred healing such as that practiced by monk curers, spirit healers and the sky goddess dancers maintains highly valued traditions to strengthen community harmony. Illness and discomforts or conflicts among people identify the possibility of people breaking tradition. The invisible power of spirits and causes other than disease are addressed to regulate society through the healing rituals, covering broad aspects of health and illness, and general well-being. The rituals provide the patient, together with kin and neighbours, with not only the curing

but also merit making and the strengthening of the social relationship among those involved.

Contributing to an effective cure is the role of the highly respected village healers who provide more powerful healing rituals than the healers who appear to fulfil only the role of healing. Accessibility and the capacity to provide villagers with advice in most of the matters of daily life facilitates the healers becoming highly respected kins people. The village healers are responsible for, and also highly dependent upon people in the community, unlike the hospital or private medical clinic doctors or pharmaceutical companies.

A kin based healing concept appears to be the focus of illness management from the point of view of healers and patients. Personal knowledge and relationships are crucial to the selection and the utilisation of the healing methods. This concept allows negotiation and consensus regarding appropriate diagnosis and treatment base on shared understanding of illness. Healers and patients have a common interest: it is for the benefit of all parties that effective healings occurs. Conflicts hardly appear.

Western medicine was adopted into the village healing system in several ways. The use of self-purchased medicines as offerings in the healing rituals show the integration of Western medicine and village healing. Village curing techniques might be effectively employed in conjunction with Western medical treatment. Maw CH is an example of the integration of the village healing with Western medicine.

The limitation of local resources brought Western medical therapies into high demand and ease of accessibility to the villagers. Some Western therapies, such as the injection, the intravenous fluid infusion and drugs, are employed in such a way as to fit the village illness categories. The mediators of such Western therapies gain high popularity by providing their services based on shared concepts and values such as willingness to help kin and neighbours, to be accessible to them and to negotiate with them. This aspect of the village healing indicates that these local people apply Western medical knowledge to fit current situations. Their application of western medical knowledge is experience based.

The Northeastern Thai village healing concepts do not confine a patient to any single type of healing. The villagers assign Western medical care providers and the services they provide, to cure some illness categories. The selection of the type of healers is made on a similar basis to the selection of a village healer.

Chapter 9 outlines how different kinds of Western medical care providers are selected by the villagers. Also the rationale to explain current interactions among the health personnel and the patient and kin are discussed.

CHAPTER 9

BELIEFS AND ATTITUDES TOWARDS WESTERN MEDICAL CARE PROVIDERS AND THEIR SERVICES

9.1 INTRODUCTION

The discussion in this chapter focuses on beliefs and attitudes influencing the use of Western medical care resources. Beliefs and attitudes are modified by experiences of interactions with Western medical care providers.

The villagers do not apply the idea of healing specialisation to this type of healer. Instead, Western medical care providers are seen according to the institution to which they belong; doctors and other health workers at the hospital, physicians at the private clinics, and health workers at the local health care centre.

9.2 DOCTORS AND OTHER HEALTH WORKERS AT THE HOSPITAL

Among the village people, every health person who works at any hospital is called *maw* (doctor or healer). Doctors are usually referred to as *maw ya*, nurses and young doctors as *maw noi*.[1]

The villagers mentioned *maw samai mai* (modern doctor)[2] when they discussed visits to the two general hospitals in Khon Kaen. These two hospitals are very popular among the villagers, although other hospitals are occasionally used.

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1 *Maw yai* is literally translated as *big healer*, *maw noi* as *little healer*. *Maw yai* refers to the doctors believed to have more experience in curing and to be more competent than *maw noi*. *Maw noi* usually refers to nurses, young doctors and local health workers.

2 *Samai-mai* is literally translated as *new era* or *modern*. Western medical care providers are modern healers to the village people.

9.2.1 Kin Involvement in Communicating with the Hospital Medical Care Providers

The villagers suspect the doctor does not usually listen to the patient's understanding or knowledge because they think the doctor assumes the patient does not know about disease. It seems, to the villagers, that the doctors think they are the only ones who know about disease and therapy. A patient has to listen and strictly follow their instruction.[3] This means a distance is kept between Western health personnel and the patient. Very often patients and their companions are asked to describe the illness history.[4] Although they know all the information, they are unable to select the facts which the doctor is trying to elicit. Often illness has a long history and a patient needs time to recall it systematically and correctly. Some patients are asked to return for further investigation and confirmation of a diagnosis.

It was observed during the fieldwork period, that most doctors at the out patient department or other hospital departments preferred to have only the patient with them during the visit. Other kin were called by the doctor to give more information, especially when the patient did not talk to the doctor. It is believed that severe symptoms make the patient reluctant to talk or be unable to talk or communicate. Usually, the doctor wants to have one parent, mostly the mother, accompany young children, and a spouse attends with a married adult patient. The mother accompanied the patient who did not have a spouse. Other relatives and neighbours who come with the patient must wait outside.

The people permitted by the doctor at the hospital to accompany the patient are not always the persons who have the most information about the patient. The mother or father are not usually the best resources, as often the grandparents or neighbours, who are at home looking after the patient, know more. A spouse is not always the most informed, as a husband may be away from home for long periods of time. However, these persons are always requested by the doctor to give information.

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3 See case # 1: Mae Yai TG in Chapter 7.

4 In general, Thai people do not see the same physician on repeated hospital visits. A family general practitioner is not used among local people, except for well-to-do families who can afford private physicians. Communication among the physicians about a particular patient is done through the patient's file. The physician at the out patient department is able to study the patient's file for a few minutes before seeing the patient.

The patients, especially the young,[5] are not expected to be able to communicate with the doctor or other health personnel, because the latter are well-educated and of higher status. The patient might be able to talk to the health workers at the local health centre, but might not be able to communicate with the hospital *maw*. It is necessary to have an elder relative, usually the mother, to talk for the patient when the doctor cannot get any details of the illness directly from the patient. The villagers believe a young patient does not know much about anything, due to the lack of experience. The sequence of information is better organised by the elder than the younger. The mother is the person who actually gives the illness history and describes the symptoms to the doctor. In the village, the young patients are able to talk to the village healers because they know each other. Although the healers are considered highly respected persons, they are ordinary villagers.

9.2.2 Preference for Cultural Closeness

The villagers seek cultural closeness with the healers as much as possible. Some villagers said they preferred the few doctors who could speak Isaan, as many of the doctors talked to them in Thai, the official language. Nurses always talked to the villagers in Isaan. The health workers who have been working in Northeastern Thailand may be able to speak or at least understand Isaan. This is probably one reason why patients feel more comfortable with nurses, apart from their frequent presence and association with the patients.

Nurses are key mediators because they are seen as the persons hospitalised patients can talk to when they want to communicate about their illnesses. A patients' thoughts are usually neglected, although they are important to the nurses and the doctors. Nurses are able to obtain information about a patients' feelings because they are frequently with the patient. Nurses often fail in this role because they are not aware of the importance of communicating a patients' feelings to medical personnel.

Examples during the fieldwork period, are Mae PN (case # 29), and Mae BG (case # 36).

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5 Young people are school children and younger. Adults are people who have finished compulsory education, are not married, and do not have their own children. Sometimes people who should be considered adults are still considered as young by the villagers. Some village women whom I met during the fieldwork were considered by the elder villagers as young and therefore could not give the right information. It seems that their particular direct and indirect experiences shaped their abilities to be able to communicate with others, especially the doctors and other medical care providers with whom they are not familiar.

Case # 29: Mae PN (62)

Her relatives wanted to tell the doctor that she did not feel strong enough to stand the second operation. They talked to the nurses but the nurses told them to tell the doctor themselves. The villagers thought the nurses might think that Mae PN was afraid to have an operation, therefore she was not ready for it. The doctor who did the operation for her did not ask her about her feelings. The villagers believed that the doctors thought she was strong enough and ready to go for the second operation while she was hospitalised after the first operation. She died during the second operation.

Case # 36: Mae BG

Mae BG (69), had high fever and intense coughing for several years. She took most medicines known to relieve those symptoms from many sources, including the hospital. She believed she had inflamed lungs, confirmed by the doctor at the hospital, and also other villagers who had experienced it. She always went for injections from Maw CO and Maw CH, when the fever was high and she felt tired. She had a few visits to the two private clinics at Baan TN, the year before the fieldwork period. She had *Tang kae* rituals each year whenever her symptoms were worse, to make merit to extend her life. During the early fieldwork, her symptoms became worse. She was very weak, and unable to lie down as usual. She was taken to the hospital because she was short of breath, had a high fever and weakness, which made her unable to lie down as usual. The doctor found an abscess in her left lung, and pneumonia. She was hospitalised to dry her lung before being operated on. She had a series of injections for almost two weeks, then she felt very much better. She told her relatives that she felt fresher than before and could breathe deeply. She could eat more than in past days. It was a few days before the operation was held. She and her relatives told the nurses about this. One of the nurses observed that she could walk around the ward talking to other patients. She looked better. That nurse said he thought she was afraid to have surgery, and that was why she tried to look better. He did not report this. She requested to go home without having the operation because she said she felt very much better and she did not feel anything in her lung. The operation was done, the doctor finding nothing wrong with her lung. It was very dry, which meant that the operation was not necessary. That nurse felt guilty that he had not reported the patient's feelings. Mae BG stayed in hospital for another few weeks before she could go home, which was costly in terms of money and time.

To refer to a person whom the healer knows is always done by the villagers to reveal their relationship with the healers, which facilitates good service. They believed that effective and reliable therapy is always given to people who have a close social relationship with the healer. The villagers are likely to apply this rationale when they see the Western medical doctors.

> *"...I didn't give Poh Yai PL money when I was given khong lak sa (the protecting talisman) from him. We are neighbours and relatives living in the same village. We help each other...."* (Mae Yai KM, 28 December 1991)

9.2.3 Reputation of the Hospital

The cost of treatment, especially of medicine, is considered as a part of the reputation of the hospital. Also, the villagers believe the competency of the hospital depends largely on its buildings and location. The larger the hospital and the more sophisticated the equipment the better the medical therapy provided.

The villagers found *the cost of medicine* at the hospital very expensive when compared to other health care resources, including village healers.

> "*...Thus, they took me to Srinakarind Hospital, hoping that there would be a vacant bed for me. On that day, my daughter didn't have enough money for the medicines. She borrowed 1400 bahts ($NZ 107.70) from our neighbours who came with us. If we didn't have that money, I would have died because we had to buy medicines before the nurses gave them to me. The doctor refused to give them to me because they wanted us to buy first. If we don't have at least two thousand bahts ($NZ 153.85) in hand, we won't go to this hospital. It is for people who have money only not for us villagers. I told my daughter not to take me there when I get pain again. We don't have so much money to pay for nothing. I still have those symptoms that I had. I didn't sao (recover) when I left the hospital. I should have saved that money to donate to Luang Poh Wat Baan Kor Noi (the monk curer at the nearby village temple) instead. If I have to go to the hospital, I will go to Khon Kaen Hospital because I don't need to pay for the medicine.*" (Mae Yai KM, 9 November 1991)

Often patients believe that some of the investigations are not relevant to their symptoms and that is a waste of time, and especially money. They think because Srinakarind Hospital is the school for doctors and other health personnel, students are taught using patients, who have to pay more for non-relevant investigations, for the health personnel to learn.[6] The patients need enough money, otherwise they have to ask for assistance from the hospital, which usually takes almost a day to process. At Khon Kaen Hospital, the process takes less time. Usually the doctor who sees the patient makes a decision regarding assistance. Khon Kaen Hospital provides the patients over 60 years of age with free therapy. This was national policy, delivered by the Ministry of Public Health, gives equal health care to people in this age group. As Srinakarind Hospital, however, belongs to the university, therefore its policy is different from other hospitals.

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6 This had led to villagers perceiving that this hospital allows the students to cure the patients with trial and error. The investigations made by the students, under supervision of the physicians and specialists, are sometimes seen as unnecessary and a waste of money, although sometimes the villagers are pleased to be examined thoroughly. It appeared from my own observation that this hospital accepts the patients for hospitalisation based on the interest of the physicians and the hospital which are basically for teaching benefits.

The patients usually spend almost a day for each hospital visit[7]. They have to queue to see the doctor and to have their prescription filled. Although some patients with severe symptoms are given priority, especially those who on a return visit, the queue is still long. They have to pay for their food during the day too. The food, for those companions, has to be provided by the patient's family, to show gratitude. This is always true for severe illness. For those patients whose symptoms are not severe, less people come along. While the villagers do not complain about the high cost of the food, they are not satisfied with the high cost of medicines and treatment. Although the payment for some village therapy is higher, the villagers see it as different, as the expense includes merit making as well as therapy.

9.2.4 Expectations about Hospital or Doctor Visit/s

The villagers expect the doctor to identify the disease during or just after the first visit. This is also the case when visiting village healers. Most village healers can do this; if not, the patient is told to go to another more appropriate healer which meant that healer cannot cure such illness. This is known as referral in the formal health care system, while the village healers consider this as being honest[8] to their clients, part of their trusting relationship with the community.

Thus, a second hospital visit to confirm, or continue therapy, or further investigate is viewed as unnecessary. Reasons for not making a second visit include the high cost of medicine, persistence of the symptoms and the fear of having an operation.

> *"...Maw told me that he didn't know what disease I had. He said he has to investigate more to detect the disease. I was allowed to go home. Maw told me to go back to the hospital. I decided not to go. Maw should know the disease I had when he examined me the first time. He should not say that he didn't know. If I go again, I am not sure that I will be better and will know the name of the disease. Thus, I will waste my money for nothing...."* (Mae Yai KM, 9 November 1991)

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7 During my fieldwork, I observed crowds of patients and their supporters (usually kin and neighbours) at the out patients department of both city hospitals. Many patients came to queue to see the physician as early as 5.00 or 6.00 am. Clinic hours normally started at about 9.30 to 10.30 am. due to the routine of the hospital in-patients. Therefore, at each clinic of the out patient department, there would be congestion of patients waiting for the physician's visit. Some patients might have waited for as long as three to four hours to see the physician.

8 See Chapter 8 for beliefs about healers being honest with a patient.

Most patients who make a return hospital visit are encouraged by others to attend for needed therapy or investigation, which might be able to cure the disease, such as an x-ray, injections, stronger medicines, or intravenous saline infusion. A possible name for disease is also expected, although this, too, should have been discerned during the first visit.

Often the villagers are told to take the medicines prescribed by the maw to try, especially the hospital doctor. Maw usually says, "Take this medicine to try, and come back to me if your symptoms persist." Therefore, the villagers believe either maw wants to finish with that patient, or does not know what disease the patient has, and is seen as not being sure if the medicines can make the symptoms go. Thus, the patient is asked to return if the symptoms persist. It is said, by the villagers, that maw might be experimenting on the patients.

> *"...Every time I went to see maw at the hospital, I was given different kinds of medicine. Maw told me to try that medicine and if I still felt painful at my wrist, I should go back to see him. I understood he would give me another kind of medicine to try, again. He did not know what disease I have. He always said I have the disease of the ligament. I know I have the disease of the bone, not the ligament...."* (Mae Yai TG, 10 February 1992)

The persistence of the symptoms is interpreted to mean that the therapy given by the hospital doctor is not the right one to effectively cure that disease.

Usually, the villagers do not take the complete course of treatment assigned by the hospital doctor. Instead, they prefer quick relief. Other kinds of possible therapy might be sought after the discerned causes were found. If the symptoms become more severe and the patient becomes very weak and confined to bed, other therapies believed to be effective in curing such diseases, are given as soon as possible.

9.2.5 Believed Characteristics of Patients Visting a Hospital

The villagers are most concerned with the people whose symptoms are so severe that they have to be taken to hospital by others. If the patient can go alone, the community is not so concerned.

> *"...Three months ago, I felt very exhausted one day. I was just normal. I didn't do any hard work. I just felt exhausted. I could hardly breathe. I could not move any part of my body. I fainted but was still conscious. My neighbours told my daughters and their husbands to take me to the hospital when they saw me faint. I was in the hospital for two nights. I had two bags*

of nam klua[9] *and two injections. Maw didn't tell me what disease I had. The symptoms disappeared before I left...."* (Mae Yai KM, 14 October 1991)

"...He didn't stop crying. I was afraid that he might die. I wanted to take him to the hospital before it was too late. He might have severe disease. He cried as if he was going to die. Then he stopped. So, my mother told me to take him to Poh Yai PL first...." (Mrs NM, 20 December 1991)

"..After I applied that medicine, I felt worse. I had the burning pain there. I looked at that area of my privy part, I saw the skin was very white. I could not stand it any more. I was afraid that I might have a disease which is bhen laay (more severe) than I thought. I decided to go to the hospital after I asked my female neighbours about this...." (Mae HG, 9 November 1991)

There are some diseases which the villagers identify as ones that can only be cured at the hospital. The patient who is believed to have one of these diseases would be told to go for hospital therapy by kin, including some village healers. The expected hospital therapies are, injection, intravenous saline infusion and surgery. The operation is believed to be a life threatening method of therapy although many patients are cured by this method. Many patients during the fieldwork were taken to the hospital and underwent these therapies, including surgery. Villagers always suspected when the patient was taken to the hospital, or was told to return for another visit, that the patient might have surgery.

9.2.6 Unpleasant Experiences of Hospitalisation

Being hospitalised is not a pleasant experience for the villagers, although it is accepted, being seen as appropriate therapy for the severely ill whose symptoms cannot be cured by other healers. Although their relatives visit them, they are away from home, missing their usual home environment as activities of the patients, in hospital, are different from village life. They are among strangers, especially the doctors and nurses whom they have to rely on. Most of all, the villagers think that only patients who have severe illnesses, which the doctors may not be able to cure, stay in hospital. This adds stress to patient and kin.

"...I am missing my house very much. I know my sister-in-law is looking after the house and my niece's family for me. But I can't help to think about them. I want to go home as soon as possible. I want to recover so that I can be staying at home with my family...." (Mae Yai SO, 1 February 1992)

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9 The villagers call any intravenous solution as *nam klua* which is literally translated as *salt water.*

"...I am not puai (severely ill) so that maw didn't tell me to stay in the hospital. There were only people who were puai or puai laay (severely or fatally ill) staying in the hospital. I am not puai. " (Poh PG, 19 March 1992)

"...When I was in the hospital for the first time after the maw told me not to come home. I didn't miss home during the first week, because my symptoms were so severe. Later on, I found it was too boring doing nothing. I had to lie in bed most of the time. Maw told me not to do anything until he said I could. I used to do a lot of work before, so I don't like doing nothing like that. Besides, there were only people who were puai or puai laay staying in the hospital...." (Poh PM, 20 November 1991)

The hospital usually allows only one or two visitors at a time to prevent crowds of people in the wards which can make the work of the health personnel difficult. The villagers are aware of this and tend to follow the hospital instructions although they want to be with the patient all the time. In the village, visits to the patient can be at any time, discussing present symptoms and the possible effective therapies, and staying at the patient's house as long as they want. This makes the patient feel warm and relaxed. The discussion about the patient's illness and therapy are in simple words, while doctors and other health personnel speak in sophisticated words. It seems to the villagers that at the hospital, health personnel, especially doctors, are the most important, not the patient, especially in relation to what should be done to the patient, while at home, it is the patient who is the most important person. At home, sympathy is given and the patient is exempt from usual activities which are then accomplished by other kin. This is one way of showing kindness, the main aspect of kin relationships. It is said that true kin is the person whom the patient sees when ill. As many people come to visit the patient as possible which means the patient belongs to the community.

Hospitalisation affects the patient, especially if waiting for special treatment, such as surgery, for the patient observes what is happening in the ward. This either encourages or distresses the patient, especially if dying patients are present. Most of the time, the patient is there alone. Kin are needed.

"...I met many patients at the hospital who had the same disease as I had. I felt relaxed and was not afraid to have the operation because I saw all of them were better after coming from the operating room. They sao (recover) very soon. So, I decided to face the operation...." (Mae HG, 9 November 1991)

"...I saw other patients came back from the operation unconscious, as if dying. I thought a lot. I thought about how I would be after my operation. I was frightened. So, I decided to come home...." (Mae Yai P, 25 October 1991)

Death at the hospital is an unpleasant experience for kin, as they consider such a death as not peaceful. Villagers do not want a friend or relative to die at hospital.

The patient often dies alone without kin and neighbours to accompany the last minutes of life. The spirit of the person is believed to be unable to find its habitat.[10] Thus, the villagers prefer to die among their kin, in their own homes, with kin supporting the spirit to prevent it from wandering and suffering before being born again. Often whenever the patients are considered near to death, they are taken home to die although therapies to help maintain life are continued.

9.2.7 Intimidating Hospital Situations

During hospitalisation, patients are afraid to ask questions of the doctors or other health personnel, even though they really want to know about their illness and the appropriate therapy. They do not want to annoy the health personnel. They understood that health personnel are always busy treating many patients at the same time. If the health personnel, especially the doctor, is not satisfied with the patient, the patient feels therapy might be withdrawn, or the health personnel would not treat them well.

> *"...Maw didn't tell me about the high blood pressure. I know my blood pressure is high when I have to take the pills more than usual. I have to take those pills because I don't want to be puai laay (fatally ill), almost to die, like I was before. I didn't dare to ask maw. I just accepted what he told me. I was afraid of offending him. I have just followed his instructions...."* (Poh PM, 26 November 1991)

It is likely the villagers are correct in believing the doctor or other health personnel would be annoyed if asked questions.

> My own experience confirmed this when I went to visit one of my informants, Mae Yai SO (case # 17) in hospital. I was asked to inquire about the name of the disease from her doctor. Mae Yai SO had been in the hospital for two weeks without being informed about the name of her disease. Names were very important in therapy. She and other villagers wanted to know, but they could not ask the doctor themselves. I presented myself as one of the patient's relatives as I was not known as the nurse researcher. The doctor was furious and told me to please myself if I wanted to take the patient home to see village healers. He would not object. He also said that he was not a god who knew everything; he had to wait for the result of the investigations. He threw the patient's chart on the bed where the patient was lying, and walked away. Mae Yai SO and other villagers who were there were upset that the doctor had responded to me like that in front of other villagers. This strengthened the acceptance of the fact that doctors in hospitals must not be asked questions. The villagers had seen my experience as a villager (and they knew I was a nurse who was familiar with hospital health personnel) and this confirmed their belief. However, I went to another doctor who was older and

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10 The villagers believe the spirit has its own habitat such as at the house, the rice fields, the forest, etc. After a person dies, the pirit lives on in the same environment (habitat).

in a higher position than the one involved in this episode. I was given the information about the patient in simple words to make sure that I, as one of the relatives, would understand. The villagers saw this experience as well and explained it by saying that the older doctor was better.

9.2.8 Boundaries of Western Medicine

The villagers are aware they are not allowed other kinds of therapy while hospitalised.[11] Although some doctors or other health personnel allow the patients to have holy threads and holy water while hospitalised, a few doctors and other health personnel do not even like the patients having these.

An example is Mae HG's surgery (case #13) to remove the calculi from her kidney. Her daughter took pot medicine, believed to cure diabetes, to the hospital, as well as other kinds of medicines and holy water without being noticed by the doctors or nurses on her ward.

Sometimes the village healer is asked to visit hospitalised patients to administer therapy. The villagers have to do this when there are no health personnel around. However, there is usually one sacred place at any hospital for the patients and their kin to pay appropriate homage, mostly at the guardian spirit shrine. At Srinakarind Hospital, there is the shrine of the guardian spirit on an island in a park in front of the main building, and a Buddha shrine near the entrance. The patients' kin always pay homage at the two places and pray for the recovery of the patient.

9.3 DOCTORS AT PRIVATE MEDICAL CLINICS

As mentioned before, many hospital doctors have their own private clinics where they spend their consulting time after hours. It seems they gain higher status and privilege from working as a government official and a lot of money and more experience from being popular in their private practices. There were more than one hundred private medical clinics in Khon Kaen during the fieldwork period. Only two in Baan TN and a few in the city were mentioned as sources of Western medicine, by the villagers.

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11 See case # 19: JON for example.

The villagers consider seeing private doctors to be quicker and more comfortable than going to the hospital when the effectiveness of the therapy is the same, especially whenever the symptoms are not severe or fatal. This is except for surgery and other investigations done only at the hospital. They do not need to wait in a long queue to see the doctor; they can request their preferred treatment, such as injections, an x-ray examination and an intravenous saline. At the private medical clinics, the doctors spend a longer time with each patient. There is less investigation, except in a few big private clinics where techniques are available such as x-ray examinations, and blood and urine testing. Often medicines are prescribed to relieve the symptoms. However, people said that these doctors were trying to keep the patients ill for a long time, so that they could earn more money from the patients. This is called *liang khai* meaning *nurturing fever*, which can also be applied to the teaching hospital in relation to the benefits of the learning of the students. The latter reason is considered good, as a part of making merit, for attributing to the students, especially for non-life threatening illness.

Doctors maintain a higher status than other professions. Although doctors occasionally give therapy as requested, oral and other forms of medicines are given most of the time. The cost of medicines at the two clinics in a village near the research setting, was considered cheaper than at the hospital. A few villagers in the research setting mentioned the strong medicines or the strong injections from these two clinics. Generally, however, they referred to the injection doctor, Maw CH and the local health worker, Maw CO.

The villagers easily accessed the two private medical clinics at Baan TN because they were the nearest. They considered these doctors different from Maw CO because Maw CO was an ordinary villager, like them, and people understood that Maw CO had his private practice at home. Thus, they did not feel close to the doctors at the two clinics as they did to Maw CO. Most patients who were known to have a particular disease, diagnosed by the hospital or other private medical clinics, went to these two clinics if the symptoms were not so severe that they had to be hospitalised. Although they could buy medicine from medicine stores and from medicine vendors they considered it better to obtain medicines from private medical clinics when they had enough money. The villagers believe doctors or the healers know about diseases and how to cure them, while the medicine vendors know less about diseases. When the villagers see the healers, especially the injection doctors, they can always request their preferred therapy, injection. They buy medicines from the medicine vendors when they have less money because it is much cheaper than the clinic. During the fieldwork, there

were some patients with known diseases, who saw Maw CO for confirmation of the disease before going for proper therapy at the hospital.

9.4 WORKERS AT THE LOCAL HEALTH CARE CENTRE

In the research area, there were three local health workers called, *maw anamai* (workers at the local health care centre), Maw CO, Maw D and Maw N. Maw CO and Maw D are male while Maw N is Maw D's wife.

The villagers are unable to apply the specialist idea at the Health Care Centre. Maw N a trained midwife, works alongside the two men. The villagers believe men have a higher potency to heal than women. In practice, this means pregnant women do not wait to see Maw N if she is busy elsewhere. They are willing to see the male workers who are also trained in this area, but not as specialists. The villagers believe Maw CO is the best of the three workers available as he is male, older and very well-respected with a higher status and a prominent social role in the community.

The villagers, however, see the local health care centre as their resource for basic health care needs such as family planning advice, ante-natal care, therapy for common symptoms, early detection of haemorrhagic fever among children, letters of referral for further therapy at the hospital or for sick leave, etc. The villagers understand that the medicines and medical equipment at the local health centre are inadequate. They seek other resources of this kind of Western medicine at the private medical practice of the local health workers, where there are supplies of strong and good medicines.

One example of a health worker who practices privately is Maw CO.

Case # 37: Maw CO and his private Western medical practices

Maw CO (54), is married to a village woman and has two daughters and a son. Maw CO started his work as a health worker 30 years ago at Baan TN Health Centre. He worked there for almost 25 years before moving to be the Head of PC Health Centre where he was during the fieldwork period. He and his family had been living in this area for a long time, and were well known by other villagers. Often he was asked by the Chief District Health Officer to work in other health care centres, including the District Health Office which is the highest position in his career. He refused these offers and remained in this area. Maw CO mentioned that he liked working with the villagers whom he could understand and to whom he could give help. Meanwhile he earned money from his private practice, something he might not be able to, if he went to work in other places. He was awarded for being an outstanding health worker in the province many times.

His private practice usually operated after hours on working days and all weekend.[12] Sometimes, he was visited at night by the patients with severe symptoms, or accidents. He did not show any unwillingness towards them; instead, he was very willing to look at the patient. Sometimes he took the patient to hospital if the symptoms were severe and needed immediate hospital therapy. The villagers specifically mentioned this willingness, as well as his strong medicines.

His truthfulness was praised by the villagers. Whenever he was unable to diagnose a disease, or the symptoms were so severe that he could not cure them, he would not hesitate to tell the patient, suggesting patient go to hospital. This is another reason for his popularity. The villagers never mentioned Maw CO suggesting they see village healers, although he knew all of them in the area.

Maw CO was given higher respect than Maw CH who was also popular for his healing practice, as the injection doctor. Maw CO gained more trust from the villagers, especially those in the research setting, because the village was under his responsibility. Because Maw CO was also a government health worker, his status was higher than Maw CH (the injection doctor) and other villagers. His social role and functions in the community were so important that he was always consulted or gave suggestions on any events. His roles in the community included healer and wiseman. Maw CO often presented himself at any village in this area whenever there were important community activities: any religious festival or ceremony, the funeral of an important person, and fund raising activities. He considered doing these was part of his work at the centre since he was one of the subdistrict committee.

Maw CO's method of therapy was based on injections, although oral and other forms of medicines were prescribed as well. A particular medicine was selected for the patient, based on the symptoms. Maw CO gained his knowledge from what he learned at school thirty years ago, refresher courses he attended regularly, as well as his personal experiences of medical practices.

Two kinds of Maw CO's injections were most popular with the villagers; the injection to increase blood and the injection to strengthen the body and the heart. Those two injections were always requested in addition to other medicines prescribed. Most of the injections in his storage were; broad spectrum antibiotics, antispasmodics, antipyretics, sedatives, analgesics, multivitamin, vitamin B complex, and intravenous saline solutions.

"I give the injections of Kanamycin Sulfate or Procaine Penicillin in oil, to the patients with abdominal pain, headache, fever and coughs. Injections of multivitamins and vitamin B complex are given to those requesting them. For the patients with stomach pain and gastric pain I give the antispasmodics and antibiotics. I find it is convenient to give a single dose of antibiotics to the patient when it is needed, because the patients might not come back to complete the course if I give them the series of injections. The villagers do not want to take oral antibiotics although they are told to. They tend to stop taking the oral antibiotics before they finish the course. It is a real waste of

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12 I found his usual working hours started at about 8.00 am and ended at about 4.30 pm every working day. He sometimes went home at 12.00 to see if there was any patient waiting. He occasionally spent time with some of the *tambon* committee and other health volunteers in the *tambon*. On those days, the patients at his clinic would be informed by his mother-in-law that he would not be home at lunch time. The patients had to go to other *maw* or waited for him, as they preferred.

money. So I think the best way to give the full dosage of antibiotics to the patient, is to give one single dose by injection. This can also satisfy the patients when they have injections. I always give oral antibiotics together with the injection to make sure that the disease is cured." (Maw CO, 14 March 1992)

Maw CO requested a reasonable amount of money for *the cost of medicines.* They usually paid about 20 to 25 bahts ($NZ 1.55-1.95) for each kind of oral or other form of medicines, while they were charged about 70 bahts ($NZ 5.40) each for the famous two injections and 80 to 100 bahts ($NZ 6.15-7.70) for other injections. At each visit, the patient might pay up to 180 to 200 bahts ($NZ 13.85-15.40) although a bargain from Maw CO about 20 to 30 bahts ($NZ 1.55-2.30) was possible. Sometimes the patients could take the medicines home after being given the injection and pay him later, when they were able to. People usually said to buy similar medicines from other two private clinics in Baan TN they had to pay at least 250 to 300 baths ($NZ 19.25-23.10). So, they preferred to see Maw CO first. Maw CO was considered to have the potency of the Western therapy for common diseases as effective as other doctors at the two medical clinics, whereas the cost of his medicines was cheaper. And, he was an ordinary villager. When the symptoms persisted or the disease was uncommon, the patients might see doctors at the two private medical clinics for other more effective cures, or for confirmation of the disease's name.

"...It is different when we see Maw CO. We have to request the injections every time because he doesn't want to give them to us. The injections are more expensive than oral pills. That's why he doesn't want to charge us more. People know about this well. He really wants to help us because he is not greedy for money although the clinic is his. Maw D likes to give the injections to every patient although it is not necessary. My father went to see Maw D because it was late at night and his clinic was the nearest. My father had haemorrhoids and that night he passed a lot of blood and felt very painful at the anus. Maw D gave him two injections which he said would cure haemorrhoids and pain. My father paid him 200 baths ($NZ 15.40) for the two injections and he refused to have other pills. My father is a regular patient of Srinakarind Hospital where maw told him that he had haemorrhoids. He said his disease can only be cured by using the suppositories or an operation if it is necessary, and the eating of a lot of vegetables. It can not be cured by the injections like Maw D said. My father talked to our neighbours about this. They agreed with him. People said Maw D does not know how to cure the disease. He wants only to get more money from us. People don't like seeing him although his house is in our village...." (Mrs LG, 14 March 1992)

The villagers preferred to obtain the two injections from Maw CH (the injection doctor) and Maw CO. Maw D is not considered as providing *good* and *strong* medicines like Maw CH and Maw CO. The villagers usually have the two injections after the *hard period* in the fields or other places. The injections which prepare them for the hard work in the next farming season, have been integrated into the normal rhythm of village life.

9.5 WESTERN THERAPEUTIC METHODS

Western therapeutic methods include every kind of treatment given by hospital doctors or at the private medical clinics, or the local health workers, including the injection doctor. The treatments recognised by the villagers include: injections, x-rays, oral medicines, cream, pessaries, operations, hospitalisation, and intravenous saline infusion, and splints for fractured bones.

9.5.1 Western Medication

Usually the villagers are able to distinguish a village type of medicine from a Western one, identifying the differences between the two kinds by their physical characteristics and sources.

Western medicine always refers to medicine which is factory prepared in different forms, shapes and colours, and includes medicine provided by the hospitals, the medical clinics and the health care centres. Most of the medicine stores and pharmacies also supply Western medicines. It is recognised, by the village people that, instructions and names come in English, or languages other than Thai.[13]

The villagers can easily buy Western medicines from elsewhere in the country without prescription as there are medicine stores, pharmacies and other ordinary stores, even grocery shops, where people can buy various kinds of medicine. All of the private medical clinics, most of the local health workers who practice privately and the injection doctors supply medicine for their own use, because payment for a doctor's visit or consultation is unknown. Instead, patients pay for medicine, called *kah yaa* meaning *the cost of medicines*. Private medical clinics do not label medicine provided as they are afraid patients will buy the same medicine from other places. This is applied for oral medicine, not for injections. The villagers rely on healers who give injections, although they know what kinds of injections they want before the visit. The villagers still have their resource person to rely on, the injection doctor who is the most popular and cheapest

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13 *Fahrang* is the Thai word for Europeans, especially whites. English is the only language that the villagers think Westerners use. Factory-made-medicine brought into any village from outside, is not similar to those self-gathered herbs or *yaa klang baan* traditionally used in the village. Thus, it is called *yaa fahrang* or *yaa tam raan*. The villagers call medicines they buy from the shops or medicine stores as *yaa tam raan*, which is translated as *medicines in the shops*. The villagers used this latter term more often than *yaa fahrang*.

source for the villagers to obtain injections. The villagers can have access to these people, more easily than the hospitals, the local health centre, or the private medical clinics.

Medicines are mainly distinguished by the village people as injections and orals, although salves and inhalation are also common with intravenous saline, an especially well-known therapy. Other medicines are apt to be distinguished by symptomatic effect, *yaa kae khai*, to correct fever, *yaa kae cheb thong,* to correct abdominal pain. They also recognise and talk about medicine by its potency and its ability to cure such as *the medicine to correct the inflammation*,[14] *the medicine to correct asthma* and *the medicine to correct diabetes*. It is very common that the villagers talk about *the medicine to correct ... and ...,* without mentioning the name of the medicines. Some certain kinds of medicine sold in the village, are called by their trade names. They are; *Yaa Hiro*, *Yaa NOXA* (10 mg Piroxicam), *Yaa Vikooldeg* (81 mg Acetylsalicylic Acid), *Yaa Bura* (325 mg Aspirin), *Yaa Tanjai* (500 mg Aspirin), *Yaa Pii-No* (5 mg Prednisolone), *Yaa Pen* (500,000 IU Penicillin G Potassium), etc. The villagers are not interested in the actual ingredients. Instead, they are concerned only with potency. To the villagers, medicines have no danger, are easily accessed, and any kind of medicine can be taken for relieving any related symptoms.

During the fieldwork, it was observed that medicine given from the government hospitals was labelled, name and instruction being clearly stated. The villagers can go to medicine shops and ask for the same medicine. Medicines named on the package were usually in English. Thus, the villagers had to take the package to the shop. It was always inconvenient when the label was faded and the English could not be read after it was kept for awhile. The villagers, however, did not worry about that much because it was the duty of the sales persons at the shops to select the right medicine for them. And they believed in what those sales persons selected. The villagers could also recognise colours, sizes and shapes of such medicines which they believed might be specific for each kind of medicine. The villagers considered buying medicine from the shops was very convenient and more economic than going to the hospitals or private medical clinics.

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14 Inflammation, to the villagers, consists of symptoms of pain, fever, red skin and pus or secretion. Boils or skin inflammation are considered as inflammation.

9.5.2 Injections and Other Forms of Western Medicine

Among the villagers, injections are considered more effective than other kinds of medicine, and consequently are popular. It is believed that an injection can quickly relieve the symptoms and is easy to administer. Usually, injections, *yaa chiid,* are identified according to symptomatic effects, such as *the injections to correct fever, the injections to correct abdominal pain.* When the villagers talk about *yaa haeng* (strong medicine), it usually refers to injections. The villagers prefer injections to other forms of medicines, although painful, because they do not need to remind themselves to take their medicine, in other forms, at different times of a day. It is not convenient for them when they go out to work, because their work habits are not governed by the clock. Because of the powerful effects, patients do not need to be given injections very often.

The villagers' preference for the injection is very true for the popular needs of the injection doctor. They recognised the injection doctor works illegally, but are not interested in legality and they know little about it. They prefer their symptoms to be cured. They believe in the law of *karma*. During the fieldwork, there were events of conflict in the village that were supposed to be in the domain of the law, but the villagers sorted them out within the community, among kin and neighbours.[15]

The patients who make a visit to any Western medical care provider want to be given at least one injection. The patients, and their accompanying relatives always request an injection, otherwise they do not want to leave. They are unsure their symptoms will be cured if they are not given an injection. The villagers mention that not every Western medical care provider gives them an injection, as requested. Those that would are Maw CH (the injection doctor), Maw D, Maw CO and the PC Health Care Centre. Private medical clinics in Baan TN and Khon Kaen do not allow them to have the injection as requested, nor do the hospitals. The villagers understand that they should not request injections at the hospital. This is also one of the reasons why the injection doctor, and most of the local health workers who also practice privately, are very popular. Moreover, the latter group of health care providers communicate with the villagers about their treatment using simple explanations which seem to share similar understandings.

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15 See Potter (1976), Embree (1950) and Keyes (1983b) for discussion about the loosely structured social system of Thailand.

Injections are differentiated into two kinds according to methods of administration: intramuscular and intravenous injections. It is believed that intramuscular injection are very painful for a few days, so people prefer intravenous injections which do not cause so much pain. The villagers also believe that intravenous injections put medicine directly into the blood, which is the reason intravenous injections are more powerful. The care providers who can give intravenous injections are highly proficient, because it is difficult to inject medicine into blood.

There are two popular injections, *the injection to increase blood* and *the injection to strengthen the body and the heart.*[16] The villagers in this area talk about having these two injections as an every day event. The two injections do not only cure related symptoms, but also maintain the function of the body so that a person is able to work. Therefore, not only persons who have symptoms have these injections, healthy young people might also receive them. The two injections are given to a woman who wants to conceive.

The intravenous fluid, however, is believed able to strengthen the body especially for those who feel exhausted. The discharged hospital patients and the elders always request this intravenous infusion.

The giving of injections and intravenous fluid infusion is always one of the criteria to classify the severity of the symptoms when a patient is hospitalised. Villagers ask if the patient has been given either or both when inquiring about the patient's situation. It is believed that the more injections or intravenous fluid given, the more severe the symptoms, and the sooner the patient is able to go home.

A few diseases discerned by the village healers and the villagers are believed to be fatal if patients are given an injection or intravenous fluid infusion. Those are *kam rerd lae* (blue convulsions) among young children and *khai mhaak mai yai* (big fruit fever) among adults, especially the elders. Deaths from those two diseases have occurred in the village. The death of Mae Yai SO (case # 17) was from *khai mhaak mai yai* and the death of young Joi was from *kam rerd* (convulsions). Joi's death was always remembered whenever there was a crying baby in the village. These two deaths strengthen belief about the danger of injections and intravenous fluid for the named diseases, classified as fatal among the villagers. Therapy is carefully selected for the two fatal diseases.

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16 Information about the active ingredients of these two injections was not obtained.

Usually patients are prescribed more than one kind of medicine by hospital doctors, by other private medical clinics outside the hospitals, and in self-medication. They understand there is usually more than one symptom present. Each kind of medicine corrects a particular symptom. The patients try to take the medicine according to the time stated by the doctor who prescribed it. This is difficult, as villagers find it hard to fit drug taking into their life pattern.

Case # 14: Mae Yai O

Mae Yai O (65), who was known as a diabetic case at Srinakarind Hospital, was told to take her diabetic pills before her breakfast. Although she was hospitalised very often, the times of her breakfast at the hospital and at home were totally different. At the hospital, she had breakfast as early as 7.00 am, while at home she probably had it about 9.00 to 10.00 am, or whenever she finished her morning activities. She, like most other villagers who work in the fields, might have nothing until the first late meal. The early morning meal is usually prepared for school children. She followed the instruction of the doctors to take the pill before breakfast, but her diabetic condition was unstable. She had diabetic shocks every now and then, and was taken to hospital after severe symptoms prior to every shock. Her doctors could not find out why she had shock so often until I mentioned about her usual activities at home, when I visited her during her recent hospitalisation. After that, with modified instructions she had no further shock until I left the village.

Another example involves taking a pill four times a day: before every meal and before going to bed as explained by health personnel. The villagers follow the instruction by relating it to their usual activities, taking the medicine before eating their meal and before going to bed. As they usually have breakfast about 9.00 to 10.00 am, lunch about 2.00 to 3.00 pm and then dinner about 6.00 to 7.00 pm, and go to bed soon after dinner, probably at about 8.00 to 9.00 pm, their times are different to those expected by the prescriber.

Oral medicines are usually only taken when symptoms are present. Because villagers describe the medicine as correcting a particular symptom, it is a waste of money taking medicine every day, as the doctors tell them to do. Most villagers, who are given medicine from the hospital to take continuously at home, stop medication themselves, especially when their symptoms disappear. More often, they keep the rest of medicine for other people who have similar symptoms, to use, a common practice as they share other household necessities. A few would continue medication, particularly those who were told they had long-term illness, such as Mae Yai O (case # 14) and Mae HG (case # 13) who had diabetes, and Poh PM (case #2) who had hypertension. These people often stopped their medication during the early years of the illness when they were told they had those diseases. As they suffered from their symptoms when they stopped the

medicine, they learned that they had to continue and follow the instructions of the doctors.

Villagers use many kinds of medicine together. Different amounts of each medicine for children and adults are used because the power of the medicine is understood to vary greatly with the amount taken. They take medicine from hospital, together with herbal medicine and medicine bought elsewhere. They also take holy water, sometimes, to help these medicines work.

To select the right medicines, the villagers rely on the information given from others and their own experience of successfully used kinds of medicine for particular symptoms. Advertisements frequently influence their decision to use a particular medicine based on the potencies claimed. The villagers use specific kind of medicine for various purposes other than those advertised.

One example is being the use of *Yaa Tanjai* (500 mg Aspirin). This medicine, mixed with fish sauce in proper proportions, stops diarrhoea, or abdominal pain or discomfort. It is taken, by itself, by adults who work hard either in the fields or on the construction sites, to relieve body aches and the feelings of tiredness and exhaustion. People claim that they could not do this hard work if they do not take this medicine. For children, it is given to relieve fever and cold.

Yaa Hiro (250 mg Tetracycline HCL) and *Pii-NO* (5 mg Prednisolone) are usually taken to relieve abdominal pain, headache, pains in various parts of the body, and the heavy feeling, at the vagina, caused by a slack womb. These are used as once only dose medicines.

Procaine Penicillin in oil, which is normally given by injection, is sometimes believed an effective cure for severe stomach pain when taken orally. The villagers, however, prefer it to be given as an injection.

9.5.3 X-ray Examination

An x-ray examination is considered one of the effective therapies, as well as a miracle diagnostic method. It is believed that x-rays can discern the name of the disease or the illness. Once the illness is identified, the treatment can be applied and the disease is cured. It is very common for a patient or the relatives to request an x-ray, particularly for patients with symptoms in the chest, bones, joints, abdomen and the back.

"..I told the doctor that I wanted to have an x-ray of my wrist. I had seen many maw but I haven't had any x-ray. If I had an x-ray, I would know my disease. The symptoms like mine should only be detected and treated by the x-ray. However, that maw insisted that I didn't get x-ray because my disease didn't need it. Thus, I wasted my time and money going to that hospital for nothing. I don't think that maw knows my disease...." (Mae Yai TG, 1 December 1991)

"..I asked the doctor if I could have an x-ray but he didn't allow me to. He said I had the disease of the blood pressure. I don't need to have an x-ray. I wanted to have an x-ray because then my disease might be cured...." (Poh PM, 27 January 1992)

9.5.4 Surgery

An operation, to the villagers, is a life threatening event only performed at hospital. It can be fatal, especially when the doctors who do it are not proficient. Most villagers experiences of surgery are unpleasant, although some villagers believe that an operation is the effective therapy, for particular illnesses. Most severe symptoms require this therapy to be effectively cured. The villagers try to avoid surgery if possible. A few mentioned, during the fieldwork period, declining an operation and seeking other methods of therapy, such as frequent injections, to relieve their symptoms, as well as self-medication of either Western or village type, or both. To the villagers, having more than one operation might make a person non-human, or could be fatal. This belief was strengthened by the deaths of two villagers after their second operation, during the fieldwork. Although afraid of having an operation, the villagers are always persuaded, by the doctors, who tell them they would have a more severe illness or even die without surgery. They are assured that only the operation can help cure them. Thus, they have to have it.

"...Then the doctor told me that I had stones in one of my kidneys which had to be removed by an operation. The doctor arranged the date for the operation for me within a few weeks later. I didn't go to the hospital for the operation nor the medicines because I was afraid that I might die after the operation.... I have heard that many people died from having an operation. So, I decided not to go...The doctor told me that if I didn't remove those stones when they were getting bigger, I might die. I was afraid to die, so I asked my daughter and my son-in-law about having the operation which they agreed if I wanted...." (Mae HG, 9 November 1991)

"..I was afraid that I might have an operation. I was afraid of being operated and put out of consciousness. I have seen many patients who had the operation die. Only the patients with severe diseases need the operations. However, the doctor told me that I don't need an operation. Thus, I felt very much relieved. I don't want to be operated. I am afraid I might not be conscious again...." (Mae Yai O, 20 November 1991)

"...I asked the doctor at the clinic if I needed the operation to cure the disease of thyroid I have. He said no. So, I am very relieved to know that. I thought although I was told to go for the operation, I would not do that. People said there is medicine to cure this disease, not only the operation...." (Mrs SW, 10 December 1992)

"...So, I was taken to Srinakarind Hospital. I was examined very carefully. I got x-rays and nam klua (the intravenous fluid infusion). I felt good after having nam klua. I stayed in the ward for a day, then I was told that I had gall disease which I had to have an operation to remove the inflamed gall sac. I was prepared to have an operation by having been shaved at my tummy and given more nam klua. The operation would be held in another two days. I thought about the operation a lot. I had seen people die after being operated. I was afraid that I won't regain consciousness and breath again. On the third day, the operation was to be at three o'clock in the afternoon, I left the hospital after lunch by myself. I went home. People asked me how I could walk back home right after an operation. I told them I didn't wait to have an operation. I was afraid I would die after the operation...." (Mae Yai P, 25 October 1991)

"...The doctor told him to have the operation because he had stones in his kidney. My husband didn't want to have the operation, so he escaped from the hospital and came home on the second day of his hospital stay. Actually, the operation was about to be done in the next few hours. He told us that he was afraid of dying after the operation...." (Mrs LG, 22 November 1991)

"...My father didn't allow me to have another operation. He said if I had more than one operation, I would not be like other normal people and that I would not be a human being. Thus, I didn't have that second operation. My father and my relatives had sought for good medicines to cure my disease instead...." (Mrs SW, 27 November 1991)

"...He is afraid of having the operation. But it's good to cure his symptoms. I heard people who had such a severe pain like you, had the operation. That pain was gone definitely. I told him to go for the operation because those people are still fine. My father also agreed with me." (Poh PG's wife, 20 March 1992)

9.6 CONCLUSION

A sharp difference exists between the two types of healing, Western and village. The categorising of Western medical care providers, according to the institutions to which they belong, represents the incorporation of some essences from the government health care services policies. This categorisation also signifies the limitations of the villagers understanding of Western medical knowledge in that healing specialties are not recognised by them.

Limitation of local resources, especially therapies, means the villagers have to endure the unfamiliar, inconvenient and unpleasant situations of Western medical care services for survival. The villagers' experiences formulate, modify and

strengthen the believed characteristics of Western medical care services. The villagers attempt to accommodate their preferences for Western medical care services to facilitate the cure, in a harmonious way. Their broad illness categories give justification for such preferences.

While the curative potential of some Western therapies are highly valued, the kin based management concept is also respected. Also the hierarchy of Western medical care providers over the villagers discourages the use of Western medical therapies. On the other hand, the inconvenience of use and the limited active ingredients in village drugs encourages the villagers to seek Western drugs. Dual negotiation of such mutual preferences appears to facilitate the cure. Self-referrals, self-medication and the use of the injection doctor crucially describe and expand this negotiation.

With limited knowledge of Western medicine, especially in disease explanation and administering procedures of hospital therapies, villager experiences are largely those of ignorance, unpleasantness, inconvenience and fear. There are: the fear over surgery and hospitalisation, the incomplete dosage taken of the prescribed medicine, and the discontinuation of hospital follow-up. The believed curative potential of Western medicines, particularly in quick relief and cumulative effects, demonstrates the ignorance of the actual properties and administering routes of Western therapies. These beliefs encourage negotiation. A great effort is made to avoid non-preferred experiences and, at the same time, to achieve effective curing. Heavy use of injections, by the injection doctor or the healers who provide injections on request, and a wide use of the broad range of medicines availble without prescription, signifies a way to integrate Western medicine into an informal kin based concept.

Apparent integration of Western medical knowledge into the village system, indicates their healing concepts do not confine them to any particular medical theory. The villagers are strikingly open to new knowledge facilitating curing. Their healing knowledge is expanded and modified largely based on the experiences of using Western medical care services and others.

Discussions in the previous two chapters concern beliefs and attitudes of the villagers that influence selections among existing health care resources. The next chapter illustrates the experience based healing behaviours that lead to the modification of those villagers' beliefs and attitudes.

CHAPTER 10

NORTHEASTERN THAI HEALING CONCEPTS

10.1 INTRODUCTION

The discussion in this chapter emphasises how the villagers perform their healing actions to cure illness. Characteristics of the healing concepts affecting their behaviours are discussed.

10.2 ILLNESS BEHAVIOURS

Much investigation into the series of activities and the influencing factors which a person or group experience when illness appears has been undertaken (Suchman 1964, McKinlay 1981, Mechanic 1968, Fabrega 1974, Igun 1979, Chrisman 1977). A series of activities are essential in the transition from health to ill-health. Illness behaviour is seen as a health care utilisation pattern which is influenced by various social, economic and cultural factors. The availability of various medical systems is one of those factors.

To the Northeastern Thai villagers, healing is needed when symptoms indicate a state of ill-health. A healthy person is one who is able to live as usual, whether or not disease is apparent. Illness, which is discerned when symptoms are recognised, covers broad categories. Any single illness episode is frequently subject to multiple interpretation and assigned to differing categories. Healing behaviours are apparently unpredictable under these broad categories. An ill person does not necessarily follow the same therapeutic regime as others who have had similar illnesses. Each individual establishes a unique method of illness management. (See Appendix 6 for examples of an individual illness management pattern)

For Northeastern Thai, illness management comprises three different phases: interpretation of the illness situation, kin suggestions on priority use of multiple therapeutic methods and competent healers, and therapeutic action. The first

two phases seem to happen concurrently and consecutively, and influence each other until healing or the state of non-illness appears. Healing strategies rely heavily on the medical knowledge shared among those people who are involved in each illness event, as illustrated in Figure 10.1.

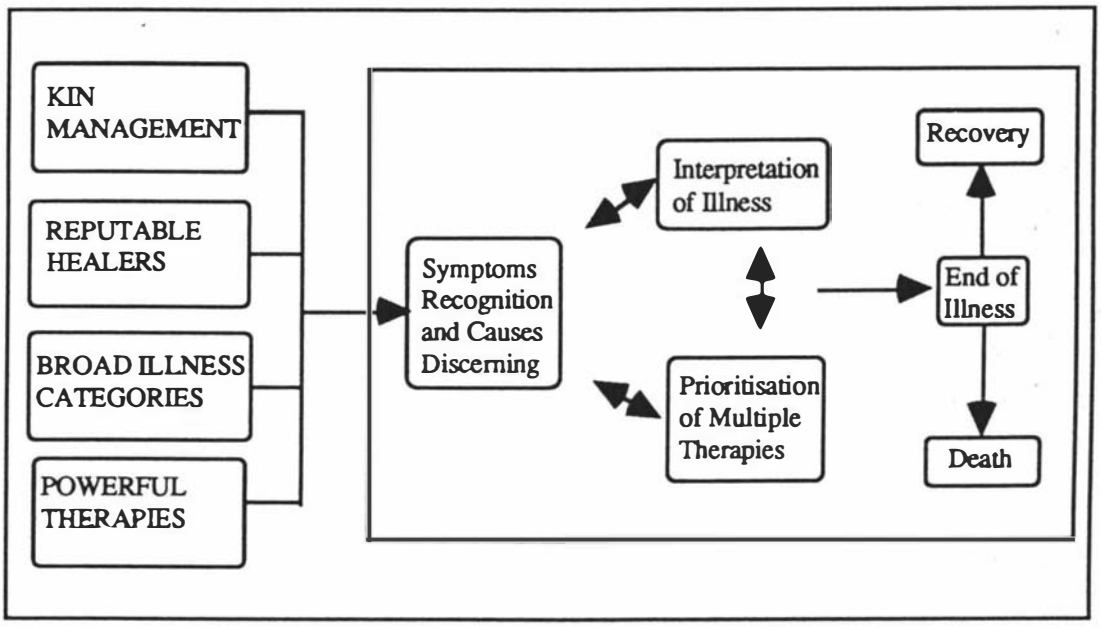

Figure 10.1: Illness Behaviours Among Northeastern Thai Villagers

10.2.1 Three Phases of Illness Behaviours

10.2.1.1 Phase I: interpretation of illness : illness recognition and diagnosis

Although causes of illness are always taken into consideration, the severity of the presenting symptoms seems to be the main criterion used to differentiate illness situations. Symptoms are unusual feelings or changes that an ill person experiences, and recognises and compares with prior experiences, either of that person or others. Comparison contributes to an articulation of the illness in a particular situation. Sharing experiences with many others under changing conditions results in the development of various illness categories, therapies and healers. A person actively engages other people during the process of articulating illness experiences and understanding the subsequent healing actions. The articulation of illness situations is most likely to be made by kin, family and neighbours.

10.2.1.2 Phase II: kin suggestions on priority use of multiple therapeutic methods and competent healers

Discussions among people who become involved in an illness event always results in multiple therapeutic management options. Choices of therapy include various kinds of medicine and a range of sophisticated treatments from specialised healers. Generally, self-medication is used when any illness event is recognised. The main purpose of self-medication is to relieve symptoms or lessen suffering. The idea of using non-medication to relieve symptoms seems not to be as popular as the use of medication. If self-medication and home practices fail, therapies from hospitals and other Western medical care sources, or village healing methods, are chosen.

Each selected method of therapy aims to end the illness by eliminating either the symptoms or the causes of the illness. There may be more than one method of therapy selected, as varying diagnoses may be suggested by different people. Options are discussed in relation to the potency of the medicine or treatment and the competency of the healers who dispense them.

Attention is given to memorise the cause of illness when the illness is more severe or uncommon, and when simple medication or therapies have not been effective. For non-severe illness situations, therapies are chosen which address symptoms only. Although removal of the causes is sought for most severe illness situations, the disappearance of symptoms is always considered to signify recovery.

Kin and others actively participate in healing through the process of prioritising the use of competent healers and available effective therapies. The patient and the immediate family participate in the process but basically follow the consensus of opinion of those whose advice is sought. Therapies are prioritised and every acceptable therapy is applied in order of priority until the illness event is over.

The outcome of each choice of therapy and healer is not evaluated separately. Overall recovery represents a successful cure to which all healers and therapies employed are thought to contribute. Since multiple therapies are used, it is impractical to differentiate the outcomes of each choice. It is believed that every therapy and healer is competent to cure some identified illnesses, or some parts of an illness. People employ the knowledge gained through practice to modify healing strategies.

10.2.1.3 Phase III: end of illness

The disappearance of symptoms signifies the end of the illness event, and therapy is discontinued when every aspect of the illness is cured.

The villagers enquire about the patient's feelings after each healing method is employed. Other healing methods are used for aspects of an illness that persist after a particular treatment has been applied. Re-interpretation and re-diagnosis of illness situations occur concurrently with the use of various therapies and healers. At any time during the illness event, various symptoms and related therapies are apparent.

A recovered patient may return to the activities engaged in before the illness event, or may develop a new pattern of activities. Recovery from illness results in a person returning to a normally active life. When a person is known to be dying, therapies are given to alleviate suffering, and family, kin and neighbours prefer staying with the patient at home to share the emotion and grief. Preparations are made for the proper management of death.

10.3 CHARACTERISTICS OF NORTHEASTERN THAI HEALING CONCEPTS AFFECTING PATTERNS OF HEALTH CARE SERVICE UTILISATION

Main characteristics of the Northeastern Thai healing concepts are: a kin based healing system, broad illness categories, self-referrals and mutual negotiation of the existing healing systems.

10.3.1 A Kin Based Healing System

The Northeastern healing system highly values kin relationships for illness management. Kin relationship is characterised by mutual support in physical tasks and emotional sharing. It is considered that a truthful and genuine relationship contributes to being well-intentioned, and is always expressed through kindness. Kin relationships tie the villagers together. Neighbours and other villagers in the same community may be considered to have a kin relationship when they share kindness with each other. Kindness from kin is very important during illness, especially in fatal situations. Apart from doing

the physical work, kin share experiences to identify the illness situation, and give advice regarding effective therapies.

When neighbours and kin are called to see the patient, it is time to say the patient is severely ill. Kin and neighbours give empathy, and make recommendations on possible diagnoses and appropriate therapies in relation to the perceived causes. A fatal illness situation is seen as a community event when people share their experiences to cure illness, which facilitates good relationships among people. Healing rituals held in the community involve as many people as possible.

Illness recognition and interpretation by family, kin and neighbours is a common activity which is highly valued. Sharing experiences of dealing with illness among kin and neighbours is seen as important to develop a broad therapeutic plan. The severity of the symptoms is influenced by the individual's ability to tolerate the symptoms and the perceived nature of the illness and its causes. Interpretation of the illness includes comparisons with other people's experiences with similar symptoms.

Diagnosis of disease among kin and neighbours is common and more important than the healers' diagnosis, particularly the Western physician's. Kin and neighbours, apart from sharing similar concepts relevant to such disease, have rich information after the particular patient. Consequently, their diagnosis is apt to be accepted among themselves. Often incomplete information about the patient is obtained by the physician, probably due to time limitations and poor communication between the patient and the physician. Misdiagnosis and improper therapeutic management may occur.

Information about the patient is required from kin when severe or fatal illness brings the patient to a biomedical care facility. Most consultations last a few minutes, attempting to obtain as much information of the illness history from the patient as possible, and to make a diagnosis.[1] Often the patient comes with a long illness history and is not likely to talk or communicate with the physician or other health personnel. The need for representing people is clear. The accuracy of the illness history is based on the information from the representing people when the practitioners have failed to make the patient talk. It is observed that the representing people chosen by Western trained health personnel may be different from those believed by the villagers. A spouse is always consulted at

1 Smith (1982) notes the approximate duration Thai physicians used to obtain illness history and to make a diagnosis during the consultation.

the hospital, while, at home, elderly kin and neighbours are those who discuss the illness condition and design the illness management with the village healer. Parents are called to give information about their child's illness at the hospital, whereas the child's grandmother, who has often been with the child at home more than its parents, is always neglected. In practice, illness information obtained by the health personnel at the hospital is likely to be incomplete. The village healers, on the contrary, receive much information for they always spend time with the patient and the family at home. The sky goddess dancer usually spends a few nights at the patient's house before the dance. In this way, the patient and the dancer will be familiar with each other, a familiarity which contributes to a comfortable healing ritual. The village medicine man or the spirit healer is trusted to have full information about their patients in the village or nearby communities since they are members of the community.

According to the experiential healing concepts of the Northeastern Thai, kin and neighbours are the most influential people in curing an illness since its management is in their hands. The healers have to deal with not only the patient but a group comprising of family, kin and neighbours. Western medical practitioners, deal with an individual; other people related to the patient are likely to be neglected. The interest of the Western trained practitioner emphasises the well-being of an individual in relation to their planned treatment. Although familism is found to contribute to therapeutic plans (Abasiekong 1981), family members are not actively involved in the illness management process in biomedical practice. Selection of therapeutic choices is always made by the practitioners.

Nurses, especially those at the hospital, are likely to be the kin people of the patient, in communication with the doctor or other health personnel. Villagers are apt to share information about their illness with nurses, who they become familiar with during the hospitalisation. In the fieldwork, nurses received valuable information from patients and kin influencing illness management. Most nurses who currently work in this region are able to understand the local dialect or even speak it fluently. Linguistic similarity and frequent contacts facilitates a comfortable environment and the building of a trusting relationship.

Kin relationship is required to receive the best therapy, the village healers providing treatment based on the well-intentioned advice from kin. To be a healer is to want to help others, providing curative healing with good wishes. The villagers feel more secure and comfortable when they are able to build a relationship with the healer, believing the healer occupies two roles, as a healer

and a kin person in the community. Although the roles of the Western trained health personnel in the community, except as doctors, are not significantly apparent, they still receive high respect from the villagers. As government officers, they are considered higher in status than the ordinary villagers.[2] At the hospital, the function of the doctor is always to attempt to cure illness using mainly Western medical knowledge, while kin status is less present. Villagers are likely to feel inferior to, and consequently uncomfortable when communicating with the doctor and other Western health personnel. This apparent role and status of Western trained health personnel is apt to create a boundary between them and the patient and kin. Fieldwork data illustrates the degree of success the villagers achieve in relating themselves to the local health worker. An attempt to do the same with nurses at the hospital is shown. But there was less chance for villagers to relate to the doctor.

Mutual ignorance between the patient and kin on one hand, and the practitioners on the other, especially Western trained personnel, is the main feature of the apparent interactions among them during illness events. Fieldwork data shows the village healers always share similar healing explanations with the villagers. Therefore, misunderstanding of the significance of personal interaction between patient and healer is characteristic of Western trained health personnel.

Relationships between the healer and the patient and kin seem to be the main influence in healer selection. Consequently, mutual understanding regarding the therapeutic plan and negotiation about preferred effective therapies or medicine and cost of treatment is possible. However, the villagers sacrifice the comfortable feelings associated with kinship in favour of survival when severe illness is believed to be curable by a hospital physician. Therefore, the most important factor in choice of healer is the belief that the therapies the healer provides will be effective. In other words, the villagers are willing to do anything to achieve effective therapies, especially when an illness appears to threaten the life of the patient.

10.3.2 Pluralism of Illness and Disease Diagnosis and Healing Methods

The Northeastern Thai healing views diseases as initial causes of illness. However, in general, illness is more likely to be attributed to relationships

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2 Most Western medical trained health personnel are government officers although some of them may practice privately. Keyes (1989) illustrates the justification for this phenomenon.

among people themselves and their environment, including spirits, than to disease.

Broad illness categories are apt to provide a rationale for any severe or fatal illness. When a disease is considered the initial cause of illness, other causes of the illness are also sought, for disease alone is not considered to cause manifest illness. Causes of illness other than disease itself are considered to worsen the disease condition the patient has, or even make the patient die. Those causes are always assigned to explain severe or fatal illness when effective therapies for diseases believed to attribute to illness have already been applied. On the other hand, the severe symptoms arising from diseases, normally categorised as common or familiar, suggest other possible causes of illness.

Beliefs about various causes of illness may be modified on the basis of the primary concept that any medicine or treatment is good and curative in nature. A variety of medicines are known to effectively cure particular symptoms or diseases. Villagers do not attribute continued illness to the failure of particular medicines or treatment. When disease-treatment does not cure the illness, causes other than disease are held responsible for the development of a severe or fatal illness.

It seems that the disease names the villagers store in memory cover broader categories than those of Western medicine. Discernment of disease names, which is important for the villagers when identifying appropriate therapies, is done mostly before contact with the healers. Names of the diseases in relation to symptoms are always remembered by the villagers. Western practitioners always describe a particular disease to the patient using simple words to ensure their understanding. With less knowledge of Western medical classifications, the villagers store the disease names according to simple explanations, which are more likely to relate to the physical location of the symptoms. The examples are: *the disease of the stomach*, *the disease of the abdomen*, *the disease of the cover sheath of the heart*, *the disease of the ligament*, *the disease of the gall sac*, *the disease of the lung*, *the disease of the liver* and *the disease of thyroid*. Apparent symptoms of the patient, who is said by the physician or any healer to have a particular disease, are remembered as signs of that disease. Whenever any person develops similar symptoms, the villagers draw on such information to discern the disease name accordingly. A person believed to have a particular disease, may not be actually diagnosed by any practitioner or healer, although the therapeutic plan may be aimed to cure that particular disease.

Frequent reinterpretation of disease is made among villagers, especially when symptoms persist.

Classifications of disease among the villagers show an attempt to integrate healing knowledge from available resources, both in the village and in Western medical institutions. Their classifications of diseases are made on the basis of similarities and differences among the diseases the villagers have experienced. Characteristics of a disease most commonly taken into account are: its occurrence, its effective therapies or expected competent healers, severity of the dominant symptoms, its perceived communicability and heritability, and the affected group of people. The classifications are not exclusive because a single disease may be classified into a few different categories according to its perceived characteristics. One example is renal calculi which is classified as a severe disease with unknown cause, cured by either surgery or medicine to dissolve the stones.

The Northeastern Thai assign to any single illness various causes, including disease. No cause is seen as more important than another, although at any given moment one cause may be dominant. Each cause derives part of its meaning from the others and the categories are not always mutually exclusive or all-encompassing. It is not necessary that the dominant presenting symptoms show every cause of such illness, as presenting symptoms may be created by the known causes. Symptoms from the hidden causes may appear after the known causes are revealed, and then cured.

Experience with effective therapeutic methods influences the classifications of diseases. Observation of particular diseases successfully cured by certain therapeutic methods is stored in memory. Most non-severe familiar diseases are seen as common by the villagers because symptoms are not severe and because there are always accessible and effective therapies to cure them.

Severity of the symptoms the patient feels is the most recognisable criterion for identification of an illness condition. Similar symptoms may be assigned to different illness conditions or diseases on the basis of the feelings of the patient, and the ability to tolerate the symptoms in particular. People usually assign symptoms to possible familiar or common diseases. A symptom may represent various diseases, and a particular disease may produce more than one symptom. Familiar symptoms may not always signify common disease.

Common or regular diseases are always discerned when the symptoms are not severe and there are always accessible therapies. Some common diseases are classified as severe for their perceived fatal nature, although the symptoms may not be severe, such as renal calculi. When serious or fatal symptoms are present, people become aware of the potential of unaccepted or harmful events or social behaviours in their past. The examples are breaking taboo, offending traditions, violations or negligence.[3] The acceptable explanations for this severe illness situation are given to karmic law, certain age length, unknown conditions, and spirit attacks.

Therapies are first sought to relieve presenting symptoms with or without considering diseases or other causes of illness.

The Northeastern Thai healing concepts protect the use of any therapeutic method. These healing concepts indicate the use of multiple therapies, especially many types of drugs, to cure a particular perceived disease. Explanation emphasises the application of the right therapies on the right portion of the disease, and the cumulative effects of many kinds of drugs or therapies on a particular disease, although details of certain parts of such a disease are not necessarily openly discussed. Western medical practitioners, on the other hand, always give instructions to the villagers not to combine Western medicine with other medicine because the properties of the medicine will not be effective, or may be harmful.

For most severe illnesses, therapies are apt to be dispensed to eliminate causes rather than diseases. Also they are given to relieve symptoms since the disappearance of the symptoms shows curing. Spirits, for example, must be revealed and then placated to give protection and to end the attacks on the victim. Healing rituals and other activities believed to make good karma, such as making merit, are done to lessen sufferings from the bad karmic state. Causes of illness can be interrelated. Severe illness associated with the end of age may be relieved by the accumulated merit facilitating the good karmic state. On the other hand, although the age length is extended, other causes such as spirit or karma may make the patient die from severe illness. To effectively cure illness, choices of therapies must cover all the bases assuring that the believed whole illness is eliminated.

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3 See Chapter 6 for explanation of illness aetiology.

Therapies are given to combat each cause until every one is cured which results in recovery. In practice, a single symptom or set of symptoms can be treated in several different ways, using different categories of therapy addressed to different levels of causation.

This thesis illustrates the abilities of people to maintain their relationships and transform their traditions through the on-going construction and use of a healing system. Fieldwork data indicates that spirits cause illness when relationships among people themselves are disturbed, such disturbances disturbing the spirits as well. Spirits are most likely to be displeased by people who have broken traditions which are a highly valued means of regulating interactions in the community.

Spirits seem to be the community regulator because they are referred to when people atone for the misdeeds they commit. Spirits are seen to exist and exercise power. Their power maintains harmonious relationships among people in the community and encourages people to confess and absolve themselves through healing rituals. A confession is likely to morally strengthen a person. Fear, developed from severe or life-threatening symptoms the person feels, may be lessened. Additionally, fear from misdeeds committed, which may worsen the feelings towards the symptoms, may also be relieved. Problems involving immediate social relationships seem to be solved. This kind of healing, through the power of spirits, is effective when traditions and values are highly respected. Similar explanations pertain to causes such as karma and age ends, and illness where cause is unknown.

The Northeastern Thai people perceive disease as a natural occurrence, which is not preventable. Therefore, people are not likely to attempt to prevent disease, except for those diseases or illnesses that are known to be severe or fatal.

The idea of illness prevention is applied especially for known severe or fatal diseases or illnesses. Experiences indicate severe or life threatening illness should be prevented. The examples are haemorrhagic fever, hypertension, asthma, thyroid, diabetes, and wrong eating especially for women during the post-partum period. Most of these diseases and disorders are likely to be prevented by medication, except wrong eating and haemorrhagic fever.

Causes are of concern to the villagers when the idea of severe illness prevention is needed. Examples are illnesses caused by karma, age end or spirits, such as the sky goddess and the witchlike Phii pob, to whom villagers conduct rituals to

placate or negotiate for not causing severe illness or death. Another example concerning life threatening disease is *wrong eating* either among the post-partum women or people in general. Food avoidance is applied.

Food avoidance among the Northeastern Thai occurs only occasionally. A feast for a special occasion, includes meat which is different from the everyday meal. Food is carefully prepared from meat most people are able to eat such as beef and chicken. Pork, for some villagers, causes the illness of *wrong eating*; therefore, it is not included in any feast. Since the idea of conducting each special occasion is partly to make merit by offering food to others who attend the event, the feast should not harm people by causing any illness.

During hospitalisation, post-partum women and kin learn to eat various kinds of food that traditional beliefs prohibit such as meat of any kind, and, particular fruits. They believe in a variety of effective therapies if they become ill from eating such food. Death or life threatening illness situations from *wrong eating*, frightens people. Nonetheless, it is apparent that post-partum women avoid fewer kinds of food than in previous years.

Wrong eating is most likely to be associated with the Western idea of an individual being allergic to certain kinds of food. In practice, the person avoids eating food not eaten before to prevent severe symptoms. Food that is known to create certain symptoms in that person is definitely avoided.

10.3.3 Self-Referrals

Self-referral is another significant aspect of Northeastern Thai healing strategies. Preferences for reputable healers and for proven therapies, as well as for famous health care institutions, encourage self-referrals among the villagers.

The Northeastern Thai villagers become dependent upon reputable healers. Healer specialisation is according to categories of illness, such as causes. Competency of the healer is highly valued and influences the selection of the healer, the competency being judged on the basis of demonstrated ability to successfully cure particular diseases or illnesses. The villagers are likely to respect healing successes and attribute to a successful healer ability to cure other diseases or illnesses. Consequently, a particular, reputable healer will be considered competent in curing various categories of illness just as certain medicines and therapies, once proven successful, may be considered to have the

potential to cure a broader range of illness and disease. When a healer achieves success with one illness, the patient will maintain the healer can cure others. A similar generalising tendency applies to medicines that prove potent in the curing of specific illnesses.

The Northeastern Thai trust every therapy. The villagers view every kind of therapy or drug as beneficial, although some of them may be superior to others due to the parts of the diseases or illnesses they affect. They believe no drug or therapy is harmful or dangerous to people. Failure identifies the unsuitability of a therapy for particular illness or disease, or inappropriate applications of the therapy. The medicine may be appropriate for another person manifesting similar symptoms of either the same illness or not. This theoretical justification helps protect the image of each individual involved in the healing process. The ability of people to recognise and articulate illness situations, as well as to diagnose their causes, is apparently the major factor in selection of therapies.

The villagers experiment on effective therapies given by reputable healers. They also receive treatment from different private medical clinics or hospitals and other resources for the same illness episode, until cured. Through this practice, the villagers improve their knowledge and their ability to identify the appropriate therapies or healers for each particular disease or illness. The reputable healers are always recommended by kin and neighbours based on their own experiences of successfully cured illnesses. Villagers judge healers on the basis of their reputation and resort to them accordingly. This phenomenon is similar to the *healer shopping* described in various studies (Golomb 1985, Hart 1981, Kleinman 1980, Laderman 1987, Koo 1987, Frye 1991).

Among the Northeastern Thai the rationale for healer shopping is based on the practice of acquiring experiential knowledge by observation and shared information concerning the competency of each healer. Healer shopping is based on the concept that a healer's ability to cure disease depends on the ability to discern the disease names and diagnosis their causes, so that appropriate therapies are applied. This is similar to the Western-trained personnel's views. However, the villagers do not see the healer as representative of a medical system. The potential of the healer to cure perceived illness is important. Failure of each healer or medical care institute is always interpreted as the inappropriateness of the choice made for such illness categories. Consequently, other perceived appropriate therapies are sought, until recovery occurs. This concept protects the healers and their therapies.

The Northeastern Thai healing system provides protection for a healer. Experience indicates that a patient may be diagnosed to have different diseases, by different healers. Differences between Western-trained practitioner and traditional village healer diagnoses are especially common. The prevalent idea is that each healer or practitioner is capable of curing some familiar diseases or illnesses, meaning that the practitioner or healer is able to identify such diseases or illnesses. In addition, the idea of various different compositions of a disease allows for the possibility that each practitioner or healer may identify a different portion of an illness, hence a range of diagnoses is expected. Fieldwork data indicates that different healers, especially those of the Western medical system, often give different diagnoses for single illness episodes.

Healer shopping is very common in a pluralistic society where people can have access to various health care facilities. Discussion about this special feature has emphasised the abilities of the healers to facilitate their interactions with the patient, in other words, their relationship to the patients. Studies suggest cultural closeness and linguistic bonds contribute to the healers being accepted by the patients (Frye 1991, Campbell & Chang 1973, Koo 1987). Golomb (1985) and Hart (1981) found psychological support is the main characteristic of the healer who can empathise with the patient's problems and offer encouragement.

The Northeastern Thai healing system allows Western medical therapies to cure some particular diseases. Western medical practitioners are believed not to be able to identify some disease categories; therefore, they cannot cure every disease. Experience of failures of Western medical therapies reinforce this belief. The same belief applies to village healers who can only cure particular diseases. Referrals made to Western medical practitioners, doctors in particular, show the limited curing ability of the previous healer. This is opposite to Oppong's (1989) observation that as a result of dissatisfaction with Western medical services, patients resort to traditional healers. Villagers in Northeast Thailand, however, tend to avoid Western medical practitioners, and especially hospitals, precisely because of the failure villagers have observed there. Western medicine is not exempt from healer-shopping. If one healer or therapy does not work, villagers try another. There appears to be no overall preference in one direction or the other.

To tell the patient that the illness or the disease is beyond the healer's ability, is considered being honest with the patient, a part of the well-intentioned attitude towards kin. Suggestions for other appropriate healers are always expected

from the healer. The patient and kin will be satisfied when the name of the disease or the cause of the illness is discerned and announced by the healer during the first visit. Once the disease name is revealed or the illness cause is identified, appropriate therapies are given, and recovery is expected.

The Northeastern Thai villagers' view is opposite to the traditional practitioners in Golomb's study of the Southern Thai, who believed that informing the patient that the condition is hopeless, is unacceptable. Given the expectation that each healer cannot cure every disease or illness, the Northeastern Thai villagers expect to be told if such a healer is not capable of curing the presenting disease or illness. Referrals are appreciated for other effective therapies.

Preference to die at home, with kin and neighbours, in a familiar and comfortable environment is dominant among the rural villagers. Kin and neighbours are able to show their kindness, their true kin relationship, by accompanying the dying patient at home. For incurable illness or dying patients, the villagers accept the announcement of terminal illness so that treatment can be sought to alleviate suffering, until death. Proper management by kin and neighbours is well organised and satisfying. The Western practitioners are interested in trying to prolong the life of the dying patient and, therefore, tend to put the patient in an intensive care situation. This practice is opposite to the needs of family and kin who wish to be close to the dying patient. The Northeastern Thai healing theory accepts death as part of karmic law.

An assurance of curing from the healer is preferred. The villagers mention that they are experimented on by Western practitioners, especially with medication. Villagers observe that the patient is always told by the practitioner to *try* the medication prescribed, and come for another visit if the symptoms persist or worsen. They do not appreciate such experimenting. Assurance in curing is needed.

It seems to the villagers that the Western doctors have experimented on them because treatment is given when investigations have been made but diagnosis of the disease and its cause have not been identified. This is especially true for the surgery. Mr PA, for example, was given surgery although the disease was not identified and not named to the patient and his kin.

The opposite is true of the village healers who give the required believed therapy to the patient for a particular illness category and then refer the patient

to the appropriate healer or resources for other categories. An example is *blue convulsions* among young children. The village medicine man gives *a blow* to the child before or during the treatment at the hospital. A blow cures the *blue convulsions* while hospital treatment cures pneumonia. Maw CO follows a similar concept of referral. He gave a complete course of antibiotic injections to Mae Sao, who was diagnosed later by the doctor at the hospital to have pericarditis. He told her and her kin that she had pneumonia. He strongly advised her to go to the hospital if her symptoms persisted after his treatment was completed.

Reputable healers are seen as dispensers of effective therapies. They are always mentioned by the villagers according to their major and distinguishing therapies. Healers who use medications as their main treatment are most likely to be reputable for their strong medications. Those who apply incantations are well known for their powerful incantations. Although time, cost, and anticipated interactions with the healers are taken into consideration, the villagers highly value the effective curative therapies reputable healers prescribe. They do not take into account the medical system to which such therapies belong. Visits to healers are often made to obtain effective therapies and to confirm diagnoses.

Preference for quick diagnosis and treatment is prevalent and leads to self-referrals. The villagers are likely to discontinue follow-up investigation and proper treatment at the hospital, are interested, primarily, in symptomatic relief. Expected therapies such as injections, intravenous fluid infusion, and even surgery bring the patient to the hospital for following visits. In such cases, the illness is always severe. On the other hand, Western practitioners examine the symptoms of a particular disease or disorder but rarely give symptomatic treatment.

Northeastern Thai villagers value x-ray examinations, which are seen as an effective therapeutic method as well as a miracle diagnostic tool, to the villagers. A physician, using an x-ray film explains about the disease in simple terms, and to assure understanding points to the affected locations mentioning the therapies to treat the disease. It seems simple to the villagers. The disease is visualised and this seems miraculous. Since the identification of the diseases has taken place, curing is expected in relation to the implementation of appropriate therapies. Therefore, the x-ray examination is very desirable. Patients develop an understanding that there are diseases that are not detected by this miracle technique. It seems that most severely ill patients taken to the

hospital receive an x-ray examination. Therefore, the villagers are apt to expect it.

Apart from the competency of the healer, and the curative effects of the therapies, the Northeastern Thai healing system also values the size of the hospital and the sufficiency of equipment and supplies. The reputation of medical care institutes is known by the successful curing of various illnesses. Also the size of the buildings and the availability of modern facilities are related to where good and strong medicines are dispensed. In the research area, the practitioners at the two general hospitals, each with over 600 bed capacity, always see people from other provinces who come with common ailments or diseases. These people mentioned that they came after hearing about the curing with strong drugs and the large hospital with modern equipment. The effective curative quality of the therapies provided is likely to be the most important factor to attract the patient and kin. Although failure to cure from such hospitals is talked about among people, their theoretical explanation of illness categories and its causes, helps protect the hospital's image.

Time, cost and empathy of the practitioners rather than type of therapies are more likely to be considered by the Northeastern Thai villagers, when a choice is made among the same category of alternatives, such as between a few reputable dancers, or between private medical clinics or between hospitals. These factors are less specifically concerned which making choices among different healers who cure different categories of illness. When selecting healing rituals or modern therapies, the villagers do not consider cost, time and empathy, because, to conduct any ritual is costly.[4] Rather, they attempt to remove the causes of illness. Healing rituals cover more aspects than modern therapies. Merit making is an important one. Hospital therapies are fully utilised when a fatal situation occurs, together with healing rituals and kin medicines, to cover all believed effective therapeutic methods.

10.3.4 Mutual Accommodation Among Existing Healing Systems

An attempt to integrate preferred aspects of village and Western healing systems is illustrated in the rural Northeastern Thailand. This phenomenon indicates that the villagers are open to acquiring valuable knowledge derived from their

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4 See Chapter 5 for approximate cost of conducting different healing rituals.

experiences. The Northeastern Thai healing concepts allow for the preferred therapies from Western medicine to be integrated into their beliefs. Villagers choose therapies they consider most effective.

A similar acceptance of Western ideas by the local people is found in the Northern Thai study by Muecke (1976) who compared Western and Northern Thai childbirth practices and was able to identify the differences and similarities. She found that although kin support at a home birth is important and needed, Northern Thai women tend to leave such valuable support to face the inconvenience at the hospital. The study indicates preference for the hygiene, and modern facilities provided for mother and child survival. Although the Northern Thai believe that mother and child survival or death is indicated by the karmic status of the family or the child, it seems that karmic law can be regulated by not only merit making but also hygiene and safety provided by modern hospital facilities.

Since the Northeastern Thai villager is free to resort to any healer or method of therapy, requests for preferred therapies are common, especially for the believed effective treatments such as injections, intravenous fluid infusion and x-ray examination. Failure to respond to such requests contributes to dissatisfaction with the healer.

An example is the preference for private medical practitioners which is possibly related to the idea about the reputable healer being more highly regarded than the reputable hospital when contacts are made with personnel. Medical practitioners want to earn money from private practices, so they attempt to gain popularity and more experience. Privilege and higher social status achieved from working for the government also facilitate their popularity. Moreover, therapies, on request, may be given. The villagers, therefore, find it is easier to gain access to these private medical practitioners than to the hospital, while the treatment or medication may be the same. In addition, the villagers mentioned that they are given longer time at each visit to the private medical clinic, and requests are always negotiated.

Going to unfamiliar sources to effectively cure the believed disease, such as the hospital for common diseases, the patient and kin experience a sophisticated procedure and an inconvenient environment. In addition, medicine prescribed may be similar to that bought at home. To avoid such a situation at the health care resources, the villagers resort to alternatives that are convenient to them: purchasing the medicine from the shops or seeing a private doctor.

Convenience in the use of any health care services appears to be important, especially in non-severe illness or for known effective therapies. In case of severe or fatal situations, when most of other resources have failed to cure, convenience is set aside, in favour of survival. Sacrifice and endurance are accepted. Villagers attempt to negotiate the best use of both the village healing and the Western medical system.

For diseases categorised as curable only by the hospital the villagers endure the sophisticated procedure and the inconvenience. Curing and survival are the priorities.

The inconvenience and the fear of having severe or fatal diseases are expressed as the reason for the unacceptability of hospitalisation, the patient anticipating an uncomfortable and inconvenient environment at an unfamiliar place with strange people. A home environment among family, kin and neighbours assures security. Tasks are replaced, emotion is shared, and most of all, a plan for the best therapies is organised, by kin, family and neighbours.

Modern Western medicine believes that disease diagnosis and treatment are effectively given by those physicians who were formally trained in scientific medicine, assuming a dominant responsibility for health care. A physician is the person who recognises and interprets, correctly, an illness event. This dominant medical system confines people to a single type of health care service. Although, expectation to recognise the occurrence of the symptoms or disorders is given to any individual, treatment is always designed by the physician to combat each particular disease based on its causative agents. In practice, an individual has to wait for the diagnosis and treatment plan from the physician for further action. Western medical therapy, to its practitioners, is the only way to effectively cure diseases and their causative agents.

The hospital therapeutic plan is in the hands of the doctors and other health personnel, beyond the villagers' control. Negotiation is impossible, especially for choices of therapies or even to combine others with the hospital therapy. The villagers learn that the doctor is the most important person and the centre of attention, while at home the most important person is the patient. This boundary in Western medical treatment, created by the hospital health personnel, is always distinctive when the patient is hospitalised. Although the villagers sometimes break this boundary by bringing other therapies to the hospitalised patient. Examples are various drugs from the market, holy water and holy threads, the village medicine man to give a blow to a child, or pot

medicine. The hospital health personnel are not able to recognise these behaviours, or they are not interested in them, giving no credit to them when cure occurs.

The villagers, especially when hospitalised, feel inferior to the doctor and other health personnel. They are not likely to offend the health personnel although they do not agree with some particular aspects. In practice, they appear to listen to, and follow the instructions of, the health personnel. They have a fearful respect for these personnel. They understand that they should not request anything, for they may annoy the health personnel and may not be given curative treatment. Opportunity for negotiation is low.

The idea that the doctor knows best is very common to the villagers and suggests that a hospital doctor should not be questioned. The Western trained personnel see themselves as the only effective and acceptable health care resources viewing other medical services as less effective or at the lowest level of health care. So far Western trained practitioners have not understood why patients have gone to other remedies rather than the Western one.[5] It is apparent that few patients are referred to other hospitals on the basis of the inability of a doctor. The villagers understand most referrals seem to be made based on the lack of equipment and supplies.

Among these rural people, the fear of surgery is dominant although evidence shows it provides an effective cure for some diseases. This is similar to some studies that reported Western surgery is seen as unacceptable among local people (Cheon-Klessig *et al.* 1988, Golomb 1985, Riley & Sermsri 1974).

The rational given for the Northeastern Thai healing system is that surgery is conducted to cut out part of the body the disease affects. The patient, unconscious for the surgery may be unable to regain consciousness. This leads to death, the worst fear. Very often the patient who gains consciousness is unable to conduct the usual activities as before surgery. Moreover, it is apparent to the villagers surgery is given to serious afflictions which are mostly incurable, and when the disease worsens, or no cause is found. The doctors intimidate the patient into having surgery due to the disease condition. Consequently, the villagers perceive any disease or illness, that is said by the doctors to be cured by surgery, as serious and life threatening. Alternative

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5 See Chapter 5 for evidence of the fury of a doctor when questioned about a patient's condition by the researcher. Riley and Sermsri (1974) and Smith (1982) also state the same attitude of the Western trained doctors.

therapies are always sought to avoid the life threatening situation of surgery. The choices are basically related to their curative effectiveness, with less interest in the types of medical systems they represent. The use of modern medical powder to dissolve renal stones, or the serial injections from the private physician to cure cholecystitis, for example, are among alternatives to surgery. They are less fatalistic, distinctively convenient and cost effective. Moreover, the patient does not suffer symptoms after surgery which may affect their usual activities. However, the villagers accept surgery when other alternatives have failed to cure, and the illness situation has become severe or fatal or they believe effective therapy for such illness suggests surgery.

The common situation where various kinds of drug are easily accessible without contact with the practitioner enhances the popularity of self-medication. This therapeutic style represents the preference for convenience of both the replacement for the village medicine, and the avoidance of the sophisticated procedure of health care institutions and route of administering of Western drugs. In the research setting, the Northeastern Thai villagers utilise various kinds of modern drugs for broad illness categories. Examples from Western drugs apart from the unknown active ingredients of the medicine sets, are antibiotics, tranquillisers, prednisolone, vitamins, antipyretics, analgesics, antipepsia and antihistamine. These drugs are seen to be part of the essentials for daily life.

Consequently, to bring these modern drugs to the villagers, the drug seller at the medicine or the grocery shop and the village medicine vendors are people whom the villagers rely on for their self-medication. It is highly likely that many modern drugs are prescribed by untrained or unqualified sellers. Although, these modern drug distributors are ignorant of the chemical properties of the medications they dispense, they have promoted modern drugs, extensively, to the village people, and at a lower cost than any government service could provide. They supply preferred modern drugs at negotiable prices and in a comfortable environment without the sophisticated administrative system of the hospital and the hierarchical relationship the physicians or other government health personnel create.

For example, to cure frequent disease such as the disease of the stomach the villagers receive drugs from the hospital which may have similar effects to those they buy from the village shops. In this case, they need not spend a day waiting for hours and the routine procedures of administration and investigations at the hospital, nor pay for travelling and extra expenses. The injection doctor,

willingly comes to give injections or intravenous fluid infusion at the patient's house. The drugs vendors fulfil the needs of the villagers for preferred drugs for their frequent symptoms or diseases. Moreover, payment for the drugs can be delayed upon negotiation.

Symptomatic relief is part of the Northeastern Thai illness management process. Riley and Sermsri (1977) state that symptomatic relief must have been a major factor in the original acceptance of Western medicine in non-Western society. Muecke (1983) mentions also that Southeast Asian refugees define health problems in terms of physical symptoms. They visit a doctor to seek symptomatic treatment, in particular, to obtain powerful and quick acting medicine. The Northeastern Thai healing concepts classify the characteristics of modern drugs and village drugs based on their symptomatic alleviation effects.[6] It is distinctive that accessible modern drugs are seen to temporarily cure the disease or symptoms because of their fast relief. On the other hand, the village drug definitely cures the disease when it is completely taken. The idea persists that modern drugs cure quickly but symptoms may come back, while village drugs definitely cure the disease with long time use. It is probably relevant that the numerous drugs sold to the villagers are seen as symptom relievers such as analgesics, and antispasmodics. The villagers themselves are apt to use these accessible drugs as a single dose, purposely to relieve symptoms. The village drugs, on the other hand, are taken as a complete course. Practically, the village medicine man always dispenses a course of a drug such as one pot of pot medicine, one big bowl of ground medicine or a jar of herbal water. The patient and kin are told to use such drug continuously, until finished, usually a week or more, to obtain its curative effects. The villagers are most likely to continue taking village drugs due to their curative quality and preferable physical appearance of good aroma and taste.[7] The villagers are aware of finding the real composition of the village drugs because most of the compositions are herbs or plants found in the forest. Since the forest has been almost destroyed, there are hardly any real medicinal plants or animal parts left. Although the villagers believe in the curative power of the village drugs, they find it is difficult to get the real medicinal composition. Also for curative effects, village drugs need special preparation and a long period of patient intake. They prefer the

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6 Modern drugs are pills, syrups, salve, oil, spray, powder, and mixture liquid which come in forms ready to use. Village drugs are pot medicine, medicine oil, salve, herbal water, and ground medicine.

7 The villagers believe that bitterness is evidence of good medicine. Although the drug tastes bitter or unfavourable, they tend to say it is sweet. This is, probably, so that they can take it.

symptom relief of modern drugs and turn for definite cure to the village drugs when diseases are discerned and genuine village drugs are obtained.

Symptomatic relief is always applied for the patient dying from an incurable illness. Therapies, medicine of any types in particular, are used, to alleviate suffering before death. The effects of such therapies do not deal only with the symptoms but the reactions among kin and community. Therapies given to lessen suffering before dying are part of strengthening kin relationships among those who relate to the dying patient.

It is important that therapies are applied based on the potentiality to work. The curative potential of drugs or therapies is always increased due to this believed curative quality. A single drug may be used in numerous diseases or symptoms, since it is reported to have worked for other specific symptoms or diseases, and perhaps it will do the same for this illness. The ease of purchase any kinds of drug in the country also contributes to the increasing curative quality of numerous drugs and their introduction. One example to support this explanation is the use of *Yaa Tanjai*, which contains salicylic acid powder. This drug is taken to relieve a great variety of symptoms which may be relevant to the effects of its active ingredients, such as to strengthen the body before or after hard work, mixed with fish sauce to stop diarrhoea, to relieve hangover, and to stop pain from a slack womb. Surplus drugs are always kept from an illness to share with others as required. The villagers also apply different quantities of drugs for patients of different ages: children take half an adult dose.

Multiple use of medicines or therapies is probably seen to accelerate curing by using the accumulative effects. Basically, to end illness, the villagers are concerned with fast symptom relief which is the major characteristic of reputable medicine. In practice, combinations of treatment have been widely perceived to have positive accumulative effects. The popular use of *the medicine set* for any illnesses is of particular interest. The rational is that each drug affects particular parts of the disease or the illness. Many drugs cover most parts, and have accumulative effects on particular parts, resulting in recovery. The experience of receiving many kinds of drugs prescribed by physicians or practitioners of Western medical, may primarily influence theoretical justification for this phenomenon. The holy water also provides curative qualities for some illnesses. The common use of holy water together with Western drugs to increase the curative potential of such drugs, is also probably influenced by the understanding of the cumulative curative effects. Holy water is seen as an integral part of the successful cure. Although diseases are

classified as curable by village healers or village drugs, the attempt to recover always includes modern healers for modern drugs and treatments. The village drugs have to be given for a disease category, before or together with modern drugs and treatment. If a village drug was known to cure diseases classified to be cured by the hospital or modern treatment, it would be taken together with such modern therapies. On the other hand, the curative quality of the treatment is more important than the disease categories, especially when such treatment is reputable.

The villagers are not interested or aware of the significance of the routes of administering medicine. According to the beliefs in the powerful effect of the injection, its curative quality is extended by being taken orally. The prevalent idea is that the medicine (injection) should provide the same effect as when it is administered by injection. The application of antibiotic capsules on the open infected wound is also evidence for the belief in the extended quality of the medicine. Most modern drugs are most likely to be taken or used as a single dosage.

Relevant to the beliefs about the symptomatic relief quality of medicine, medication time is not of interest to the villagers. Medication time prescribed for modern drugs is not relevant to activities in village life. Those who experience receiving medication during hospitalisation found the hospital times are apparently different from the village ones. Therefore, curative effects of such medication are not shown. An example is the grandmother who was diagnosed by the hospital doctors as having diabetes and was prescribed diabetic pills to take at home. She took the pills according to the instructions but they clashed with her home activities[8] and the diabetic pills could not control her diabetic condition. The need for the healers to have information about the patient's lifestyle is obviously important.

Having no knowledge of chemistry, and being unable to read and understand foreign language labels on most modern drug packaging, villagers, who are aware of numerous Western medications, depend on their own ability to recognise and identify the drugs they encounter. Although sometimes they rely on the person who sells them perceived effective drugs. These sale persons, however, are no different from the villagers. They know little about actual ingredients and other properties of the drugs sold. The villagers, pragmatically, recognise drugs according to the apparent forms such as injections, pills, salve,

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8 See Case # 14: Mae Yai O's, experiences of diabetic shocks in Chapter 5.

spray, powder, oil and syrups. Importantly they remember shape, colour, quantity, texture and odour. The properties to cure particular diseases or symptoms, given by the sale persons or from word of mouth, are always stored. In practice, the villagers are not pleased when a known drug's physical appearance is changed. They always request the same appearance from the sale persons and believe in the properties of such drugs that people talk about. It was observed that packages and bottles of hospital medicine are clearly labelled with names and instructions, although most of the names are in English. The villagers take these packages and bottles to the medicine shops or pharmacies when they are satisfied with them and want to buy more. Doing this may contribute to the high incident of self-medication. Since drug sharing is common, the curative quality of drug is often extended.

People prefer the powerful effect of the injection because of its fast relief and ease of administration. The Northeastern Thai, so far, firmly believe in the curative effective quality of the injection, although injections are painful when given.[9] Request for injections is common among the villagers whenever they feel negotiation with the healer is possible. Accordingly, some healers, especially those Western-trained practitioners, agree with the villagers' idea to provide injections on request.[10]

Similarly, the preference for intravenous fluid infusion encourages negotiation for this treatment. Intravenous fluid infusion is seen as an effective therapeutic method which also identifies the illness situation of the patient. Experience has shown that most hospitalised patients receive intravenous fluid infusion. A severely ill patient is given an intravenous fluid infusion first, when hospitalised. Therefore, the villagers see it not only as an indicator for a serious illness situation, but also the possibility of good prognosis when it is used as the effective therapy. Whenever it is possible, the villagers request this therapy.

Attempts have been made not to rely on Western-trained practitioners to give their preferred therapies, injections and intravenous fluid infusion. Injection

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9 The villagers' motto relevant to the medicine is: *waan bhen lom, khom bhen yaa,* which is literally translated as *sweetness is just the air, bitterness is the medicine,* meaning the medicine is not always pleasant to take.

10 The villagers explain this phenomenon in varying ways. One reason is that such practitioners, especially those who have their private services, acquire popularity among the villagers and consequently earn more money. On the other hand, the practitioner gives injections to complete dosage of medication such as antibiotics, relevant to the villagers preference and based on the understanding that prescribed oral pills are always taken incompletely. It seems that the relationship between the practitioner and the patient and kin identifies the difference of the two explanations.

doctors, consequently, are popular. The situation is similar to the village drug vendors who dispense acceptable medication to the villagers without them experiencing inconvenient procedures and the uncomfortable environment of the hospital or the health care institutions. Injection doctors always supply preferred kinds of injection and intravenous fluid.[11] With less knowledge about the active ingredients of the injections, the injection doctor relies heavily on the selections of medicine made by the sales person who is not knowledgeable either. Recognition of the injection is based on the physical appearance of the injection in relation to its properties given by the injection doctor or other villagers. The popularity of the injection doctor, as the most preferred Western medicine dispenser, indicates the possibility of the people to accept new knowledge.

10.4 CONCLUSION

A Medical Belief System was defined by Young (1983) as "sets of premises and ideas which enable people to organise their perceptions and experiences of medical events and to organise their interventions for affecting and controlling these events". The explanation of illness and its management by the Northeastern Thai villagers fits this definition and can be considered a system.

The Northeastern Thai healing theory is experiential in nature. The villagers draw upon their experiences in dealing with broad illness categories using various kinds of medical services. Medical pluralism in the society provides current alternative methods and their explanations for people. Western medicine is seen as one among a range of health care systems, which the Northeastern Thai villagers resort to for particular illness categories. To some extent, people incorporate the varieties of knowledge based on their opportunity to understand it, through their experiences. The dual preference for the existing healing systems, village healing and Western medicine, in varying degrees relevant to the experiences people encounter, facilitates incorporation of existing knowledge into their practice.

The experiential healing knowledge of the Northeastern Thai is continuously modified based on people perceptions towards experiences of current practice and knowledge of medical pluralism. Illness management is not confined to any

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11 See explanation of the two popular injections in Chapter 5

single medical system. Moreover, the rights of people to create their personal therapeutic styles, to fit their believed illness categories, are protected. People develop their own abilities to improve their knowledge by experimenting with the available services. Preferences for healers and therapies are the main evidence to show that these people acquire rationale for their knowledge.

Kin involvement is highly valued which contributes to curing. Healing behaviour relies heavily on the experiences shared among kin and neighbours. More importantly, therapies are best given in relation to the well intentions provided through kin relationship.

The findings of this study identify some critical aspects of the government health care services. Any possibilities should be identified to encourage effective use of available health care services. Nurses, in particular, are seen as familiar health personnel from their frequent contact and their cultural closeness to the patient and kin and neighbours. Their interventions to proper health care resource utilisation should be underpinned by the knowledge of the Northeastern Thai healing system. The discussion of critical aspects and possibilities for change, particularly in relation to nursing implications, is presented in the following chapter.

CHAPTER 11

IMPLICATIONS AND RECOMMENDATIONS

11.1 INTRODUCTION

In a transitional period, multiple utilisation of the various available health care services, in Thailand, has lead to an inappropriate implementation of Western medical services, provided by the government. That situation led to this study being undertaken. A detailed description of beliefs and practices about illness underlying medical pluralism is provided, and is crucial to the advancement of a basic knowledge which will assist nurses and other health care providers to plan culturally appropriate interventions to reinforce appropriate use of the available health care services. Conscientious use of such basic knowledge will improve the health of the people.

Implications for nursing in relation to practice and education are discussed in this concluding chapter. Strategies to appropriately handle such implications will also be highlighted. Limitations of the study and suggestions for further research are discussed.

11.2 IMPLICATIONS FOR NURSING

Nursing, as an academic and professional discipline, requires the development of a distinctive body of knowledge applicable to nursing practices (Dougherty & Tripp-Reimer 1985). Nursing is directed towards practical aims and generates both descriptive and prescriptive theories (Dougherty & Tripp-Reimer 1985, Donaldson & Crowley 1978). The focus of academic nursing is the holistic study of health, in humans, including cultural influences whereas a practical aim is optimising human environments to promote health (Dougherty & Tripp-Reimer 1985). This study emphasises the importance of people's beliefs and practices about illness and healing, such beliefs and practices serving as a cultural background to the behaviour of the recipients of nursing services. Descriptive knowledge generated from this study can assist the development of nursing

intervention for disease treatment, disease prevention and health promotion. Local, as well as cross-cultural contributions, strengthen the status of the nursing discipline and broaden the nursing knowledge base. Documents, such this study demonstrate the necessity of active mediation between the viewpoints of biomedical practitioners and the viewpoints of the clients.

Nursing in Thailand, following the biomedical model of health care delivery, concentrates on disease (Nursing Council of Thailand 1985, Limprasutr 1991). Most nurses are trained to treat and prevent disease and to promote health. Many nurses in Thailand make no distinction between disease and illness and have not been encouraged to consider the importance of the client understandings of illness. Although consideration of human response to potential health problems is taught in basic nursing curricula, a biomedical model is always at the base. Examples of human responses, which nurses are taught to attend to, include self-care, emotions related to disease and treatment, and changes related to life processes (birth, growth, development and death). Nurses often impose bio-medical views on human responses and interprete them in this view. Recognition of the client's view, especially in illness and healing, as well as in health, is likely to be neglected by nurses.

It is apparent from this study that nurses might improve health care service utilisation of rural Northeastern people by acting as mediators between biomedical and client's perspectives. To enhance the mediation of these two perspectives, the distinction and the relationship between biomedical and popular perspectives should be emphasised in nursing education. Changes will be needed particularly in basic nursing curricula and in-service training. Also post basic curricula for nurses who have already been working should be reviewed.

Many beliefs and values concerning health and illness are dynamic forces which influence the health status of a cultural group. Health and illness cannot be neatly isolated nor treated apart from the context of the culture. There is a need for nurses to become fully knowledgeable as to how beliefs regarding health a d illness are learned by specific cultural groups and become pervasive and important to people's behaviours (Leininger 1967). Nursing interventions must be designed to fit, appropriately, the culturally defined responses of the recipients of nursing services.

Efforts to help raise the health status of the Thai population have been extensive and have been made possible through the modification of the government health care system which is based on Western medicine. Primary Health Care has been

implemented by the government in an attempt to transfer health promotion and disease prevention technologies to the majority of the people (Thailand Ministry of Public Health 1990). Local culture has been employed to promote the essential elements of PHC. It has been argued that health workers must be knowledgeable about local culture (Limprasutr 1991). In this thesis, it has been shown that the implementation of PHC has not always been successful. The reason is that health personnel have ignored local knowledge regarding illness and healing focussing on local material resources such as food and technology rather than on local beliefs. PHC activities are likely to respond to the needs health personnel have requested local volunteers supply information about. Such information, being superficially gathered often does not reveal the true needs of the populace or give an accurate overall assessment of a situation.

Nurses in the government health care system work in two main arenas: community and clinical settings. Community workers focus on health promotion and disease prevention. Clinical workers focus on disease treatment. Community health nurses in Thailand are the main PHC supporters and service providers for the people. The implications of this study address the training of such nurses and their activities in community and clinical settings.

11.2.1 Nurses as Primary Health Care Supporters: Health Promotion and Disease Prevention in Community Settings

Community health nursing in Thailand, in brief, has a tri-level focus on individuals, families and groups, or communities. Personal health services are provided to individuals and families on the basis of their membership in the community (Limprasutr 1991). Community health nurses in Thailand, especially at the provincial level, have played a large part in the training of local health workers and village health volunteers as well as in supervising them in PHC activities (Thailand Ministry of Public Health 1990, Limprasutr 1991). In practice, these provincial community health nurses assist district community health nurses, local health workers and local volunteers in planning the community health programs under the strategies of PHC. Community health nurses, in the district hospitals, deal with individual health services as well as family and community care. Their activity is mainly promotive and preventive with little curing. The district community health nurses and the local health workers are technically supported by the community health nurses in the

supervisory team from the provincial level. These local health personnel support the volunteers in implementing interventions from the health program.

11.2.2 Nurses as Service-Providers: Disease Treatment in Clinical Settings

Service providing nurses engage mainly in curing services in a clinical setting. They have direct contact with local people who come to the clinic. Health promotion and disease prevention are less a part of their work.

The hierarchical organisation of Thai society is maintained in the health care delivery system. In practice, senior nurses greatly influence understanding as well as attitudes towards the nursing practices of junior or newly graduated nurses. Age rank is always seen as important. Age-ranking systems are also quite common in the local culture of most rural people. Thai are taught not to question those who are elders. This cultural fact applies to Thai nurses as well as to other health personnel. Senior, or elder nurses, are mostly nurse supervisors or chief nurses, where high status in nursing departments greatly influences the practices of other nurses. Any new knowledge or implications for nursing practice must be accepted by these senior nurses to be effectively implemented. Strategies should emphasise enhancing understanding of the basic knowledge generated from this study among these senior or elder nurses to ensure their cooperation, and their encouragement and support of other nurses.

From the researcher's position in nursing education, seminars and in-service training are practical ways to generate interest from senior nurses. This is especially true for nursing in the Northeastern area. To be effective, such seminars must focus on the knowledge and attitudes of nurses towards the popular beliefs and practices they have experienced during their work. The aim must be to demonstrate that Western health care services are among the diversity of existing efficacious healing practices. The knowledge from this study must be shared with these nurses to encourage understanding and awareness. Ongoing discussion through seminar sessions must be included in nursing education policy, such as in the Faculty of Nursing, Khon Kaen University, which has served as the centre for nursing knowledge in Northeast Thailand for many years.

To share the knowledge generated from this study with health personnel, publication is highly recommended, both in Thai and in English. This would

arouse the interest of health personnel and encourage them to pay attention to people's beliefs and practices in daily life.

Communication with nurse educators about the influence of cultural beliefs and practices in nursing services should be made. As in other nursing departments, hierarchy in the educational centre also exists. Influential nurses are elders as are those in high positions like the Dean or Head of Department. The knowledge generated from this study should be shared with these influential nurses to enhance their understanding which may facilitate and support the incorporation of cultural knowledge into the basic nursing curriculum. Many nurses who attend in-service course and post basic nursing education are likely to influence beliefs and practices of other nurses, so cultural knowledge should be included in their post basic curricula as well. Students should be taught to be aware of, or be sensitive to cultural world views as well as the biomedical needs of the local people, to provide holistic nursing interventions.

11.3 ENTRY POINTS FOR IMPLICATIONS

The chief goal of this study for nursing and other health professions is to enhance understanding of popular Isaan beliefs and practices in illness and healing among nurses and health professionals of Northeastern Thailand. This understanding will assist the nurses and other health personnel to plan appropriate interventions and to encourage clients to properly utilise available health care services. Through information sharing, a trusting relationship between health personnel and their clients should be developed and maintained to facilitate positive attitudes toward the services. Nurses and other health personnel who understand this basic knowledge of people's beliefs and practices in health and illness are able to modify their services to fit people's perceptions.

These implications are conceptualised here in relation to the goal of understanding, trust, sharing of information and accommodation of practice to culture.

Firstly, the present study suggests that medical pluralism occurs because local knowledge regarding illness and healing is empirically derived and modified from numerous health care services in the society. Systematic medical pluralism occurs when accumulated knowledge about illness and healing is shared over generations by a tightly built community. Rural people value experiences which contribute to them being able to accept new knowledge and modify old. Such experiences are

crucial to self-education in the development and modification of popular theories and practices relates to illness and healing. The study also shows the mutual influences between people's beliefs and practices, and the pattern of utilisation of healing services they demonstrate. Local beliefs and healing practices are modified concurrently with knowledge and practice of the existing systems. The study reveals the need for health personnel to be aware of the perdurance of people's beliefs and practice affecting their utilisation of health care services. Nurses and other health personnel should be culturally sensitive to provide services which influence the accumulated knowledge and healing practices of local people.

Secondly, local beliefs concentrate on illness as a whole and disease as a part. Local people perceive disease to be different from, and a cause of, illness. Multiple therapies from various resources are utilised to remove multiple illness causations. If nurses and other health personnel are knowledgeable about local concepts of illness and disease, they could concentrate on illness instead of disease as relevant to that of the biomedical model. Of all factors important to the status of health, sociocultural factors are crucial. Local people define the ability to live as usual, as the preferred state. Health care services are sought when illness appears. The stage of being non-ill, with the end of healing occuring at recovery or death, is preferred which may be accepted as equivalent to the state of health. The idea of disease or illness prevention is rarely implemented because disease and illness are natural occurrences which the individual must encounter in life. Severe and life threatening symptoms of any illness seem to be amenable to the idea of prevention to reduce suffering or to achieve survival. Nurses and other health personnel must understand, be aware of, and sensitive to this view of illness.

Thirdly, rural people value kin relationships to facilitate healing. Individuals and families are connected with kin and neighbours in the community, and these people are important in influencing healing patterns performed for each illness. The nature of this culture accepts the cultural closeness of sharing detailed information about illness and healing, open to building relationships with outsiders. This cultural factor of kin relationships is crucial. Nurses and other health personnel need to identify influential kin as well as making use of kin relationships in obtaining essential knowledge about illness. Local people freely choose from among the available health care services or move from one to another according to their beliefs. This means they are competent in making decisions supported by their experiences. Decisions to choose any healing activities are

made as a result of sharing knowledge among the influential people. Nurses and other health personnel must be aware of the influential people and their involvement. Similar to nurses who are working in the community, those at the institutions deal with the patient and the family, kin and neighbours. They, too, should recognise the availability of, and accessibility to essential knowledge from kin.

Fourthly, local people believe in the reputation of the healers which relies on the effectiveness of healing methods they provide, which are shown through the successful cure that appears. Accumulated healing knowledge of these people suggests any medical treatment for diseases, Western drugs in particular, as curative and should be effective for any disease. Pharmaceutical reliance is high with minimal knowledge of the chemical properties of the active ingredients. Villagers expand their knowledge by testing out different healers and methods, especially medication, within the same illness. Healers, who have shown successful cures for any diseases or illnesses, are capable of curing others. Nurses and other health personnel should understand these local concepts and the related practices. This would enable them to provide appropriate and acceptable interventions to encourage proper utilisation of the existing health care services.

To some extent, most nurses and other health personnel who currently work with rural people in Northeastern Thailand have been familiar with local culture and some aspect of beliefs. They may not understand nor be aware of these cultural concepts, beliefs about health and illness in particular, since their introduction to and use of Western medicine. Although some nurses and other health personnel hold traditional beliefs, and their relatives and families may still practice them, they are likely to ignore these beliefs as health professionals. The knowledge generated from this study largely encourages nurses and other health personnel to be competent in developing a better understanding towards local people and their world view. Nurses and other health personnel should be aware of, and develop a positive attitude towards the influence that local beliefs may have on the successful therapeutic interventions they provide.

From these four key concepts strategies for nurses and other health personnel to enhance the effectiveness of health services provided, and to encourage proper utilisation of such services among the villagers are proposed.

11.4 IMPLEMENTATION STRATEGIES

Each strategy is discussed under the general aim relevant to the findings of this study.

11.4.1 To Develop a Trusting Relationship and Rapport with People

Most nurses and other health personnel have little knowledge about their clients experience or have ignored much of the information in order to be efficacious in the services they provide. Dual misunderstandings are often present between the health personnel and the villagers, especially at government health care institutions. As a consequence, the difference between the two sides is greatly increased, reinforced by the superior status of the health personnel which discourages the villagers to share their knowledge with them. Failure of nurses and other health personnel to share information about illness and health with people may strengthen negative attitudes towards health services. This is partly influenced by the inabilities of the nurses and other health personnel to gain trust and rapport as well as cooperation from people. Trust and cooperation with local people is necessary to supply local beliefs and practices to nurses and other health personnel for planning culturally appropriate interventions. In order to build a trusting relationship, and to gain rapport from the villagers, nurses and other health personnel should be knowledgeable about the lifestyle, and the importance of the kin relationship, in particular.

The frequent presence of nurses or health personnel in any community activities or events is highly recommended. This is in addition to regular home visits for the target population of particular health programs. The involvement of the community health nurses, or the local health worker in most of the community activities, shows a sense of belonging in the community. To be involved in any activities is to share experience and information with the local people, not to impose ideas. To start the involvement it is strongly recommended that the health personnel avoid making themselves superior to the villagers, as doing so discourages acceptance. For instance, they should sit among the villagers, on the same floor, drink and eat what is available or offered by the villagers, and wear informal dress, not uniform. If this is done, the villagers will accept and trust people who are their superiors. The community health nurses or the local health worker should not wait to be served but should participate in the activities as people of the same age and sex. During the discussion of any event, particularly

in health and illness, the community health nurses or the local health worker should not lead the discussion. Instead, the natural leaders in the group discussion should be identified, then the health personnel can work with those influential people together with individuals or families.

Families and community elders are the centre of respect. They influence community participation. The community health nurses and other health personnel should show respect to their elders by greeting them in the traditional way, addressing them by title of kin relationship in relation to age, listen and talk to them during home visits or discussions of community events, and acknowledge their being present at such events. These ways bring the community health nurses and the health worker close to the villagers and enable the villagers to accept them.

Using the local dialect is highly recommended. For health personnel who are not familiar with this local dialect, an attempt to learn it is recommended. The local dialect will enable nurses and other health personnel to understand a local disease by name and its healing methods, for instance, the local disease called *Saang ta lium* or conjunctivitis, which is literally translated as *shining eyes skinny.*

Similar strategies should be implemented for nurses and other health personnel at the health care institutions. A trusting relationship between nurses or other health personnel and the patient and kin, is efficacious for their mutual understandings which will facilitate positive attitudes towards the health care services. The patient and kin should be given opportunities to discuss, with nurses, the diagnosis and the therapeutic plan. To obtain valuable information for a therapeutic plan and appropriate interventions, nurses and other health personnel should also develop a trusting relationship of sharing with the patient and kin.

Evidence from this study shows that people are likely to see nurses as their mediators with other health personnel, such as physicians. These local people are open to develop a trusting relationship with nurses whom they believe are familiar with them. Nurses should take it as their responsibility to obtain essential information about the patient. Negotiation should be allowed whenever discussion is possible with the people. For instance, allowing the patient to wear the holy threads to the operating room, allowing the village healer to give *a blow* to the patient at the hospital, or allowing the patient to take holy water instead of drinking the water provided by the hospital. A particular patient may practice food avoidance; nurses should be able to identify that and facilitate the hospital meal or the preferred meal, prepared by the family if possible.

11.4.2 To Obtain Active Cooperation from the People

It is obvious that the healing pattern villagers perform when illness presents itself is designed as the result of shared information among a number of people. The plan for healing is influenced, largely, by the experience of utilising different healing methods. The therapeutic plan designed by nurses or other health personnel which is likely to be effective and facilitate positive attitudes towards the services, relies on active cooperation from the patient and kin.

In the community setting, the community health nurses or the local health worker need to obtain active cooperation from local people, especially in support of PHC activities. The health personnel should be able to identify influential persons while they are attempting to build up trust and rapport with people in the community. Health personnel should acknowledge these people and include them in every activity of the health care program. For example, they should be invited to the discussion of the health education class for the prevention and early diagnosis of haemorrhagic fever, or for home stay patients with chronic diseases.

To select local volunteers for PHC activities, the community health nurse or the health worker must be able to identify the persons that other villagers are likely to see for advice, and are actively involved in the community, particularly in health and illness events. Although criteria to select the volunteers have been designed by the government, the community health nurses or the health worker should be competent to identify the appropriate persons who are able to provide local information as well as encouraging community participation. Local resources, which include beliefs and practices, should be gathered to plan a culturally sensitive health care program under the PHC approach. The influential persons are able to help the community health nurses or the health worker to identify and to approach the appropriate persons before asking them to be volunteers. In this way, calls for participation from the community may be possible. Other criteria such as being able to read and write or providing accessibility to people for advice and communicating with the community health nurses or the health worker, may not be essential. The volunteers can obtain help from other villagers, or their children, to read and write for them. If the volunteers are those who have always been asked for advice, and consulted by other villagers, such natural events will continue. If the community health nurses or the health worker is aware of the participation of local people, communication with volunteers should be maintained.

For the existing volunteers, community health nurses or the health worker should acknowledge their work for the villagers, especially the knowledgeable people. The volunteers should be properly trained in PHC activities. The community health nurse or the health worker should obtain support, and local knowledge related to the health program, from the influential people for the work of volunteers. Acknowledgment of the influential people to the volunteers during regular meetings with them is efficacious. The volunteers should be encouraged to make home visits to the ill and the patients with chronic diseases. So people's utilisation of the government health care services or proper self-treatment can be discussed with information shared by the volunteers.

In the health care institutions, the hospital for instance, these influential people must be informed about every detail of the therapeutic plan provided by the health personnel. The health personnel need to ensure understanding and show positive attitudes to encourage that therapeutic plan. Any decision or information that the health personnel wants from a patient, or diagnosis made, must be discussed with influential people. For instance, information about previous therapies a patient may have received, or their opinion about the therapeutic plan. Any health educational program to prepare home stay for the patients with chronic diseases such as tuberculosis, hypertension or diabetes, should also be given to these influencing persons and neighbours when they visit the hospitalised patient.

11.4.3 To Enhance Proper Pharmaceutical Utilisation

It is apparent that the villagers are dependent on pharmaceuticals. Their utilisation of drugs, Western types in particular, is likely to be inappropriate and may be harmful to their health. For instance, they share drugs for any symptoms or use drugs as a single dosage for symptomatic relief. Any kind of drug which is effective for any particular disease or symptom is made to work for others. Injections are preferred and requested for their powerful, curative effect. Nurses and other health personnel should understand and be aware of this belief and practice about pharmaceutical utilisation. Since the availability of drugs, without prescription, encourages self-medication among the villagers, an educational program should be implemented. Nurses or other health personnel who are working with the local people may not be able to influence the country-wide distribution of drugs without prescription. The educational program should include explicit explanation of the utilisation of each kind of drug to the patient and kin when the prescription is filled.

The community health nurse or the health worker should be able to identify the utilisation of drugs by most people in the community, and plan appropriate intervention to encourage better understanding about drugs, their active ingredients and use. With support from the influential persons in the community or kin chain, a long-term education program about drug utilisation is highly recommended. The aim of the education program should be to share information about the kinds of drugs used in the community. The decision to use drugs belongs to the people.

Nurses or other health personnel are unable to prevent the villagers from purchasing drugs without prescriptions. Therefore, the labels should show, particularly, active ingredients and their effects, clearly written by the pharmaceutical department of the hospital. This is to facilitate the sellers at the medicine shops or pharmacies where the villagers purchase similar drugs to those prescribed by health personnel. Drug instructions should be clearly written and easy to understand. The villagers should be encouraged by health personnel to understand the instruction on label before using any drug. Information regarding the reasons for instructions and possible health consequences, if instructions are not followed, should be provided. Influential persons and volunteers should be provided with information on drug utilisation so they can disseminate it to other villagers in the community.

Health education about the inappropriate use of injections should be strongly emphasised, especially since there is a high incident of AIDS and HIV cases in the country (Thailand Ministry of Public Health, 1990). Transmission routes of these disease include unsafe administering of injections. The villagers should be encouraged to receive injections only from trained personnel who provide safer administration.

According to state law, the practice of the injection doctor is illegal. However, the villagers highly respect and trust this service, and injections are given on request. The utilisation of the injection doctors will not be decreased under the implementation of the law unless the villagers are competent to select an appropriate way to receive injections or intravenous fluid infusion. The community health nurse or the health worker must provide the injection doctors with safer administering techniques. They should also identify all injection doctors. However, such identification cannot occur unless injection doctors are assured that they will not be subjected to legal action. Nurses must be prepared to safeguard confidentiality of all information provided. Information about different kinds of injections the injection doctors gives should be obtained to plan an

appropriate educational program for the injection doctors. The community health nurse or the health worker should highlight the harmful effects of unsafe administering techniques to the injection doctors. With the community-wide educational program about proper ways to receive injections and the presentation of case studies of AIDS and HIV infection, it is expected that people may utilise services from the formal trained health personnel rather than the injection doctors.

The educational program on utilisation of drugs for people in the community should include an appropriate way to obtain drugs, through prescription, if it is possible. It is impractical to suggest changes to the prescription system, especially among private clinics, due to the fear they will lose patients and, consequently, money. The system is confined only in the hospitals. Also, when people hold negative attitudes about hospital services, they are likely to purchase medication to avoid hospital visit, or to fit their beliefs. The community health nurse or the health worker should provide an on going community-wide health education program on pharmaceutical utilisation to people in the community.

11.4.4 To Encourage Positive Attitudes Towards Government Health Care Services

Evidence in this study shows negative attitudes and misunderstandings towards the government health care services influencing the healing pattern of local people. Basic knowledge about such misunderstandings and negative attitudes may assist nurses and other health personnel to plan appropriate interventions to provide some information and enhance positive attitudes. Consequently, local people may have a better understanding and develop more positive attitudes to the government health care services.

Fear of surgery conducted by hospital personnel is very common. Evidence shows that to admit the patient before surgery is undertaken may decrease such fear. The situation of pre-operative hospitalisation influences the patient's acceptance of surgery. Nurses should be aware of this period and provide the patient and kin with information about the plan and the procedure. Explicit explanation about the disease or the condition that leads to the need for surgery should be given. Discussion among the patient and kin is likely to be relevant to the therapeutic plan to end the illness. Patients and kin are in the position to provide valuable information to doctors and nurses which will assist the latter in making appropriate diagnoses and reducing the in-hospital fatality rate. Nurses

should be available for any clarification needed to contribute to people's understanding and decision making.

Hospitalisation is an unpleasant experience because of the inconvenience and the uncomfortable feeling of being among strangers. The study shows that patients and their kin are likely to feel close to nurses who have frequent contact with them during hospitalisation. The patients and kin tend to share information with nurses, especially about their feelings towards illness or the therapy. Nurses should be aware of these considerations which may influence curing and the hospital treatment. The patients should be encouraged to discuss this kind of information with the nurses when they feel it necessary. Nurses should also be available for discussion with the patient and kin.

The community health nurse or the health worker should be able to identify the attitudes of people in the community towards the services of the hospital or other health care institutions, through sharing information with them. Planning for discussion with local people should be designed in relation to negative attitudes or misunderstandings people hold. For instance, the cost of medicine, which includes every expense at the hospital not only drugs. Home visits provide opportunities for the community health nurse or the health worker to share with villagers information about hospital services. This strategy may help decrease negative attitudes to the hospital services among local people.

To fulfil the spiritual needs of the people, nurses and other health personnel must be aware that local beliefs require a dying patient to be at home surrounded by families, kin and neighbours. Nurses or doctors should inform the families, kin and neighbours if the patient is dying. Nurses should communicate with these people to identify their needs and facilitate them in relation to a dying patient. For instance, nurses could negotiate with other health personnel or authorities to provide transportation to take the patient family and kin, home.

11.4.5 To Encourage Proper Referrals

There is much evidence of self-referral among local people especially to fit their beliefs about the reputation of healers and the effectiveness of their healing methods. Nurses and other health personnel should understand and be aware of the phenomenon of self-referral and multiple therapies the patient might have received, which may influence the current therapeutic plan. The relationship with the patient and kin, may enable nurses to obtain this kind of information from the

patient and kin through sharing and discussion. On the other hand, local people should be encouraged to share information about the multiple therapies utilised and the plan designed with their healers or the health care providers. A trusting relationship between nurses or other health personnel and the local people provides an understanding that it is all right for the people to share this kind of information. A mutual understanding facilitates nurses or other health personnel to identify any harmful practices, and consequently design appropriate intervention to promote effective therapeutic plans. Nurses and doctors must also be prepared to recognise and remedy harmful practices other nurses and doctors and themselves engage in.

When a request for referral is asked for, nurses should understand their reasons and provide sufficient information about previous treatment, to facilitate further management by the following health care institution or healer. For instance, nurses could provide a detailed letter of referral. Information about therapeutic management from each healer should be expected and responsibly communicated.

11.4.6 To be Aware of Local Beliefs about Illness and Disease

Nurses and other health personnel must be aware of people's beliefs about illness and healing methods that may be different from their own concepts and be developed from the experiences of utilising the available health care resources. For instance, the villagers see surgery as the healing method to cure disease by removing the affected part. This understanding about the surgery conceptualises illness to be a whole and disease to be a part. A therapeutic plan is consequently designed to fit beliefs about illness and disease. Nurses and other health care personnel must understand, and be aware of this belief and the relevant practice. Explicit explanation of the diagnosis and therapeutic plan provided by the health personnel should be emphasised since local beliefs are empirically developed.

Local beliefs concentrate on the state of non-illness. Hence, villagers are not likely to implement ideas of health promotion. They see disease as a natural event that every one faces. Disease prevention is rarely implemented. The exception is the prevention of severe or life threatening diseases where people have experienced death or near-death. Nurses and other health personnel must be aware of these beliefs and design effective health education programs for health promotion and disease prevention. Any education program should include

examples of explicit benefits and harmrelated to the indicated disease or health condition, for instance, the fatal condition of haemorrhagic fever or AIDS.

Nurses should be aware that the patient and kin may utilise healing methods other than that of the hospital. For instance, the patient may drink holy water, wear holy threads, take pot or ground medicine prepared from the village medicine man at home, take several kinds of drug from different resources or have the village healer to give *a blow*. To be knowledgeable about such different healing methods the patient uses, nurses must obtain detailed information from the patient and kin, especially from the influential people. Benefits and harm of such methods must be identified by nurses and kin, and consequently, appropriate nursing interventions to enhance the beneficial practice or discourage the harmful ones should be well-planned.

11.5 LIMITATIONS OF THE STUDY

The purpose of qualitative research is to elicit meaning in a given situation and to develop a reality-based theory. Some degree of generalisation from the findings of an ethnographic study can be made with great caution (Aamodt 1982). Qualitative studies cannot be replicated exactly (Field & Morse 1985). Comparisons must take into account the similarities and differences between the groups and the situation being compared. The fieldwork for this study was undertaken in one village of rural Northeastern Thailand within a period of 12 months. To increase the generalising of inductive research, it is crucial to focus on research of a single phenomenon using many methods of investigation with both similar and different samples (Phillips 1986). There is a need to research world views of the local people in different parts of Thailand as well as in diverse situations. However, the knowledge generated from this study can be applied to nursing in rural Northeastern Thailand, today.

The ethnographic approach in data collection and analysis is reflexive in that the researcher is part of the research, not separated from it (Aamodt 1982). Beloniel (1984) notes that two important assumptions underlying the qualitative paradigm are: the importance of understanding the situation from the viewpoint of the participants themselves, and believing that truth ultimately rests on the direct experience of individuals. Ethnocentrism or bias is to be reduced by awareness of the researcher to acknowledge personal biases and to indicate the limitations imposed by the data. An awareness of personal biases, with an attempt not to

compromise such biases into the study, was taken into consideration throughout the process of data collection and analysis. Thick description of the cultural scene permits others to assess the analysis and conclusions derived from the data, by the researcher. Data were confirmed and validated among different informants. Observations and interviews were conducted under a diversity of settings and situations within the scope of the study: home, hospital, private clinic, temporary shelter in the sugarcane field, the village temple or the home clinic of the injection doctor. Data from such natural settings of the phenomenon were compared for similarities and differences before meanings were attributed.

This study dealt on two levels in translating field notes; from local dialect to Thai and then from Thai to English, or from local dialect to English. Although competent in this local dialect, there were some occasions when the literal meanings of the data had to be confirmed by different informants before an English translation. The English field notes were edited by two Thai English lecturers. A report of the study was edited by three native English speakers; two supervisors and an English proofreader. However, it was not always that the exact English words or sentences matched the local dialect. Discussions between the researcher and the English editors were carried out throughout the thesis writing period to ensure most accurate meanings were obtained.

Given the above limitations, the knowledge generated from this study is crucial to a better understanding of the meanings of illness as well as healing practices of rural people in a contemporary setting. This study offers a substantial contribution to the development of background information to understand human behaviour and to shape the scope of nursing practice in mediating two models: biomedical and people's orientations.

11.6 RECOMMENDATIONS FOR FURTHER RESEARCH

Very often questions are generated from a study as well as the answers to the defined research questions. For further research, there are questions to be addressed: Do people with diverse backgrounds, such as in city or urban areas of other regions of Thailand, develop experiential knowledge of illness and healing which underlies their pattern of health care service utilisation? Do the main characteristics of the experiential healing knowledge differ in various groups of people and situations? If so which ones and in what ways do they affect the patterns of existing health care service utilisation? Future research into ways in

which nurses perceive clients who hold beliefs and practices different from them will be helpful to enhance the implications from this study. Mutual interactions and understanding of nurses and clients, either in the clinical settings or in the community, are also needed as a basis for change. Which nursing interventions aim at promoting health and healing as well as local disease prevention are likely to be most effective and applicable under which conditions? Research in traditional healing methods people claim are effective for illness is essential to encourage effective healing practices.

This study has shown that inexplicit or simplified explanations, as well as practices of the health personnel that the local people experienced, influence people's experiential knowledge of illness and healing. Research is needed into ways the health personnel express their own beliefs and perform their services affecting people's knowledge. In rural areas, research to identify what factors contribute to local cooperation from people with health volunteers in carrying out PHC activities is needed. What expectations of the local people are given to the volunteers?

In general, nursing as a professional discipline requires development of research based knowledge to underpin practices. The findings from this study broaden nursing research into a sociocultural perspective bringing together the two fields of biomedical and people's orientation.

11.7 CONCLUDING STATEMENT

In this study, an ethnographic approach has been used to generate a conceptual description of local beliefs about illness and healing. The knowledge gained from this study can be used to improve the pattern of existing health care service utilisation in rural Northeastern Thailand. The multiplicity and diversity of illness concepts and healing practices was found to be based upon experiential knowledge developed and modified within the sociocultural context. This experiential knowledge of illness and healing allows local people to modify their beliefs and practices through experiences of themselves or others to whom they are related. Local people are crucial to the management of illness among themselves. The overall pattern of this experiential knowledge has to be considered when an attempt to change behaviour at any point is undertaken. Implications for nursing suggest mediation of the clients' world views with those of the biomedical model. Recommendations for nursing practice and education to

promote appropriate health care service utilisation of local people and provide culturally sensitive interventions were proposed. Nurses and other health personnel who work with people in this rural area should apply the basic knowledge of people's view points toward illness and healing, generated from this study. It is hoped, that as a result of this study, people will be more competent to act prudently in utilising the available health care services in this rural area of Northeastern Thailand.

APPENDIX 1

INTERVIEW GUIDE

An interview guide provides a framework within which the researcher will develop questions, sequence those questions and make decisions about which information to pursue in greater depth.

The interview guide reminds the researcher that all topics must be covered. Topics for interviews were identified according to the research questions and the grand tour questions to reveal the entry points of the research area. Questions during interviews may not necessarily be in order but relevant to the previous interviews and the responses of the informants during the interview. The guide for each interview differs due to the information obtained from the previous interview. However, major topics and areas to reveal further information remain as the basis for every interview.

Topic: Perceptions of illness

Areas to be questioned

Description of illness, meanings of being ill
Beliefs about illness and its causation
Experience of illness
Description of diseases
Beliefs about disease and its causation
Description of the distinction between illness and disease
Experience of disease

Topic: Healing practices

Areas to be questioned

Description of the healing process performed when illness occurred
Description of healing methods used
Beliefs about healing

Topic: Perceptions of the healers and their healing methods

Areas to be questioned

- Beliefs in relation to traditional healers
- Beliefs about traditional healing methods
- Beliefs in relation to western medical care providers
- Beliefs about hospital and its treatment

APPENDIX 2

EXAMPLE OF FIELDNOTE

20/10/91

Mae Yai P, aged 63, widowed, living with four daughters, one son-in-law, and eight grandchildren. Within the same area, there were four houses. The big one was her house and the other three were her daughters' houses. However, all of them except the son-in-law, slept in the mother's house. This family had about 50 rais of rice field and 20 rais of cassava field. Mae Yai P had already divided the land to each of her children, about ten rais each. She kept ten rais for herself and would give it to the one that really needed it when she died. There were three adults who did the rice farming. The others worked in the fishing-net factory in the city. Their wage was 40 baht a day. It had been 40 baht since they started working there many years ago. It was her daughter's house that I lived in. I had observed that the relationship among those in this family were very tight. Mae Yai P was the most respected person in the family. Everybody had to obey her. I had never seen any of them argue with her. Her neighbours told me that her family were always good to the neighbours and other villagers, and always helped the others as needed. The family were considered to have enough to eat and live on. They had no debts. They said they work to earn enough money for the daily needs and saved some for the unexpected urgent needs.

I helped Mae Yai P in the kitchen while she was preparing the food for the family, in this evening. We were talking about health and illness care of people in the village. She told me what she could recall about health and illness care in the past and what she knows at present. I asked her if I could tape what we were going to talk about, and she agreed.

" Young children, in the past, more than 30 years ago, when I got two or three children, often got *khai mhaak mai yai* and *khai oog toom.* Most of them were younger than five years old. *Khai mhaak mai* could cause itching on their skin and the palms and the soles became darker. The child could not eat anything so he became thinner. That child also got high fever for several days. The parents would go to Baan NH to get medicine from *maw yaa* for their child. *Yaa kae khai mhaak mai yai* was made of herbs. It is prepared by honing the hard herbal trees or parts of the animal such as bone, horn and teeth together. We call it *yaa phon.* Taking *yaa phon* for some days consecutively would make the child better and the symptoms disappeared. Medicine tablets have just been introduced to us recently

when we had a health centre and hospitals about 20-30 years ago. When there were plenty of pimples or rash on the skin, we could tell that that child got *khai oog toom*. The child had to be fever strickened for a few days and then the rashes appeared. The parents would go to get *yaa phon* from poh yai, *maw klang baan* for the child to take and some herbs to soak in the water for washing the skin. *Khai lyad oog* is very serious. Having got *khai lyad oog*, the child would have fever in the morning, then at night there would be vomiting and blood coming out of the body from mouth and anus. That child will die early next morning. We didn't call *khai lyad oog* in the past. We called it *loak thong kaai*. Every child can get this *loak*. Most of the children are too young to go to school, about seven years old. Most children died from *khai lyad oog* because we did not have any medicine for them and it was very difficult to get to the hospital unlike nowadays. In the past, on the day we gave birth, we had to take *nam mon* and *yaa tom* to drive bad blood from the uterus. Before the dusk comes, my father would put the stones, which a spell had been casted on by *maw dharm*, around the house where I was staying. This was done to protect me and my baby from *phii pob*. *Phii pob*, my father told me, they like eating the newborn babies and mothers who are really weak. They also like weak persons such as ill persons or patients that have just recovered from illness. Such stones and *nhaad* leaves that are known to protect against *phii pob*, can save us from being taken by *phii pob*. Nowadays, we hardly hear about *phii pob* because in our village, *maw dharm* drove them away. In the past two or three years, *maw dharm* from Baan NH came to perform ceremonies to drive *phii pob* away from our village because at that time there was one man, aged 56, who died from being taken by *phii pob*. Their relatives had *maw dharm* divine the cause of his death and *maw dharm* found that he had been eaten by *phii pob*. Thus, *maw dharm* was asked to drive *phii pob* out of our village. That man was healthy then he just died. He was sitting with his friends chatting and when he stood up, he fell and never stood up again. He suddenly died after falling. It was a strange death, people said. My friend who had just given birth at home, died from eating wrong. She was not allowed to eat the strong smell tree leaves during the period of *yuu fai*, but she did. She ate those leaves in the morning, she died about noon the same day. She was very exhausted and could not breath easily. She could not get up and fainted. Her face was very white when I saw her before she died. She might have lost a lot of blood. I don't know. It was a very dreadful disease. When the child get ill, the parents will go to ask *poh yai* or *maw* to have a look at their child. The child was not allowed to touch the water. The child who got *khai mhaak mai yai* cannot be sponged by water. Doing this can make the child die. *Sang ta lium* can happen to most children. That child would have fever for nine to ten days and cannot open

their eyes. Their eyes can be very sore and cannot stand the light. Sore eyes was another disease that happened very often in our village in the past, about 20-30 years ago. When we got sore eyes, we could not go out. We went to see *maw pao,* asked him to *pao kaa thaa* to our eyes. We had to stay at home and wait until it disappeared. My first two sons died because of *kam rerd lae* when they were about going to school. Both of them had high fever for many days, then the last day they convulsed for about an hour and then died. It was difficult to take them to the hospital or the health centre. There was no car to take us there and we had to go by a cart. By the time we got to Baan DA my child had died. We gave birth with *maw tam yae* and had to stay by fire, *yuu fai* for almost two weeks. During the period of *yuu fai*, we could eat only sticky rice and salt, some certain vegetables, and dried fish. We had to drink only *yaa tom,* while it was warm. We had to take a hot shower, pouring warm water from our heads to toes. Meat of any kind except fish was not allowed to be eaten by breastfeeding mothers. Today, the mothers don't need to *yuu fai* for such a long time. They may do that for about three to five days because they give birth at the hospitals and have taken medicine for driving uterus back and driving blood out. Moreover, they can eat whatever they like, nothing is forbidden for them. The world has changed, our lives have been changing too. When we fall ill, we usually eat sticky rice and roasted dried fish, small frog meat, crab meat, or chicken to prevent eating wrong. Sometimes while I was staying by fire, I got burned from small pieces of red wood. But it was not so serious, only having applied *yaa phon* from *maw yaa* was enough. When our children have *khai*, we usually give *yaa phon* to them and never let them touch the water. Usually, it takes quite a long time for the children to recover from the *khai*. They became very thin by that time but they can still play around. If the child has fever at night, we should apply some chewed herbal leaves which we had in our garden, on the stomach of the child. Doing that would help relieve the symptoms until morning comes. Then the parents would go to see *maw yaa* to get *yaa* for the child."

The family members came one after the other to listen to our discussion. When the food was ready we started to eat and the topics were changed.

APPENDIX 3

EXAMPLE OF CARD FOR DATA COLLECTION AND ANALYSIS

Example of card used for data collection and analysis.

Location	**Date**	**Time**	**No.**
Event			
Summarised topics or categories		**Persons Involved**	

Example of a completed card after data collection.

Location	**Date**	**Time**	**No.**
Mae Yai SO's house	*14 December 1991*	*9.45 am*	*5*

Event

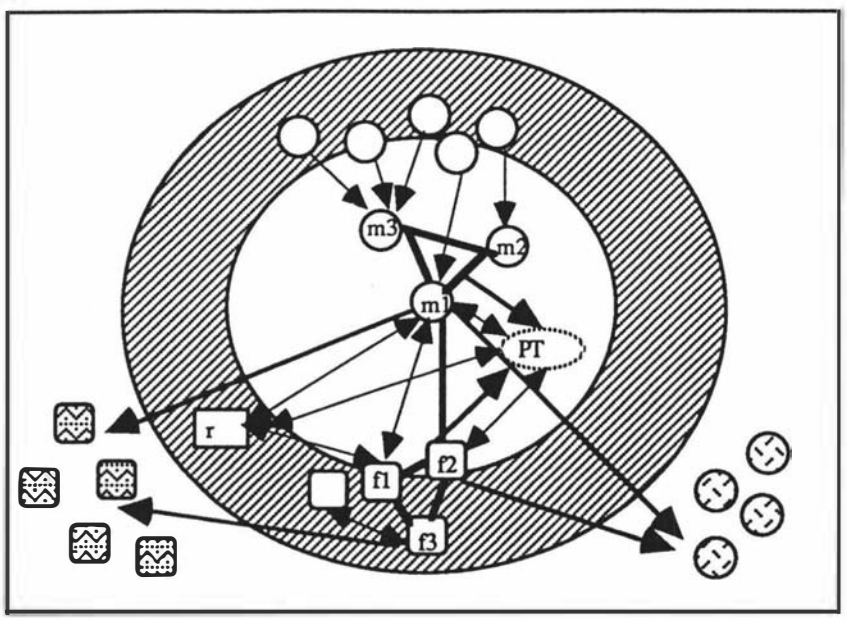
Mae Yai O had a diabetic shock. Kin and neighbours were called to see her.

Summarised topics or categories	**Persons Involved**
severe illness (meaning)	*Mae Yai O and her husband, Poh Yai LN, Mae Yai P, Mrs LG and her mother, Poh SM, Mae B, Mrs SP,*
causes of illness	*Mae Yai P, Mae Yai O, Poh Yai LN, Mrs SP*
concerns before taking the patient to hospital	*Mae Yai O's husband*

Note: see diagram for interaction of people and for healing management process, Appendix 4.

APPENDIX 4

Diagram used to illustrate an example of interactions among the influential people during the illness management process. The example is when Mae Yai O had a diabetic shock. The process shown in the diagram represents the discussion and sharing of information as well as the decision making and management directions.



Symbols	Meanings
m1 m2 m3	involving male elders
f1 f2 f3	involving female elders
r	researcher
PT	ill person
○	elderly male kin
□	elderly female kin
◔	young male kin
▨	young female kin
———	decision making and healing management
——→	providing and sharing information
——→	advice to be followed

APPENDIX 5

LIST OF CASE EXAMPLES QUOTED IN THE THESIS

CASE #	NAMES	AGE/SEX/ MARITAL STATUS	TOPICS AND CHAPTER:PAGE
1	Mae Yai TG	67 F:M	-illness recognition (Ch.6:99)
			-experienced *the disease of the bone* (Ch.7:152)
			-experienced illness believed to be caused by karma (Ch.6:115)
2	Poh PM	65 M:M	-illness recognition (Ch.6:99)
			-experienced severe illness (Ch.6:106)
			-believed karma as cause of illness (Ch.6:117)
3	Poh PG	68 M:M	-illness recognition (Ch.6:100)
			-experienced fatal illness (Ch.6:108)
			-believed the spirit of the ancestor caused his illness (Ch.6:120)
			-believed to die from the attack of the sky goddess (Ch.6:121)
			-was given a sky goddess dance (Ch.8:187)
4	Mrs SP	47 F:W	-experienced non-severe illness believed to be caused by "bad blood" (Ch.6:102 & Ch.7:161)
5	Mr S	45 M:M	-experienced non severe illness from *nuew* or renal calculi (Ch.6:103)
			-experienced non severe illness from working too hard (Ch.7:158)
6	Mae Yai P	63 F:M	-experienced non-severe illness (Ch.6:103)
			-experienced non-severe illness from thinking too much (Ch.6:118)
			-had *the disease of the abdomen* (Ch.7:151)

7	Mrs SW	45 F:D	-experienced non-severe illness from *the disease of thyroid* (Ch.6:103) -experienced fatal illness caused by age ending (Ch.6:112) -had *the disease of the abdomen* (Ch.7:150) -experienced severe illness from *wrong eating* (Ch.7:156) -believed her illness caused by bad blood (Ch.7:160) -was given *Su khwaan* ceremony (Ch.8:184)
8	Poh Yai SM	72 M:W	-experienced non-severe illness from haemorrhoids (Ch.6:104)
9	Mae B	59 F:M	-experienced non-severe illness from *the disease of the red eyes* and *the painful ears* (Ch.6:104)
10	Mae Yai JN	64 F:W	-experienced non-severe illness from a slack womb (Ch.6:104 & Ch.7:159) -experienced non-severe illness from *wrong eating* (Ch.7:156) -believed her diarrhoea and colic were cured by the injection doctor (Ch.7:138)
11	Miss KP	45 F:S	-experienced non-severe illness from *bad blood* (Ch.6:105) -experienced a disease believed to be inherited (Ch.7:139) -experienced non-severe illness from working too hard (Ch.7:158) and *bad blood* (Ch.7:160)
12	Mae TA	60 F:W	-experienced non-severe illness after being possessed by the witch-like, *phii pob* (Ch.6:105) -was exorcised (Ch.8:180)
13	Mae HG	57 F:W	-experienced severe illness from diabetes, itchy vagina and the operation for *nuew* or renal calculi (Ch.6:106)

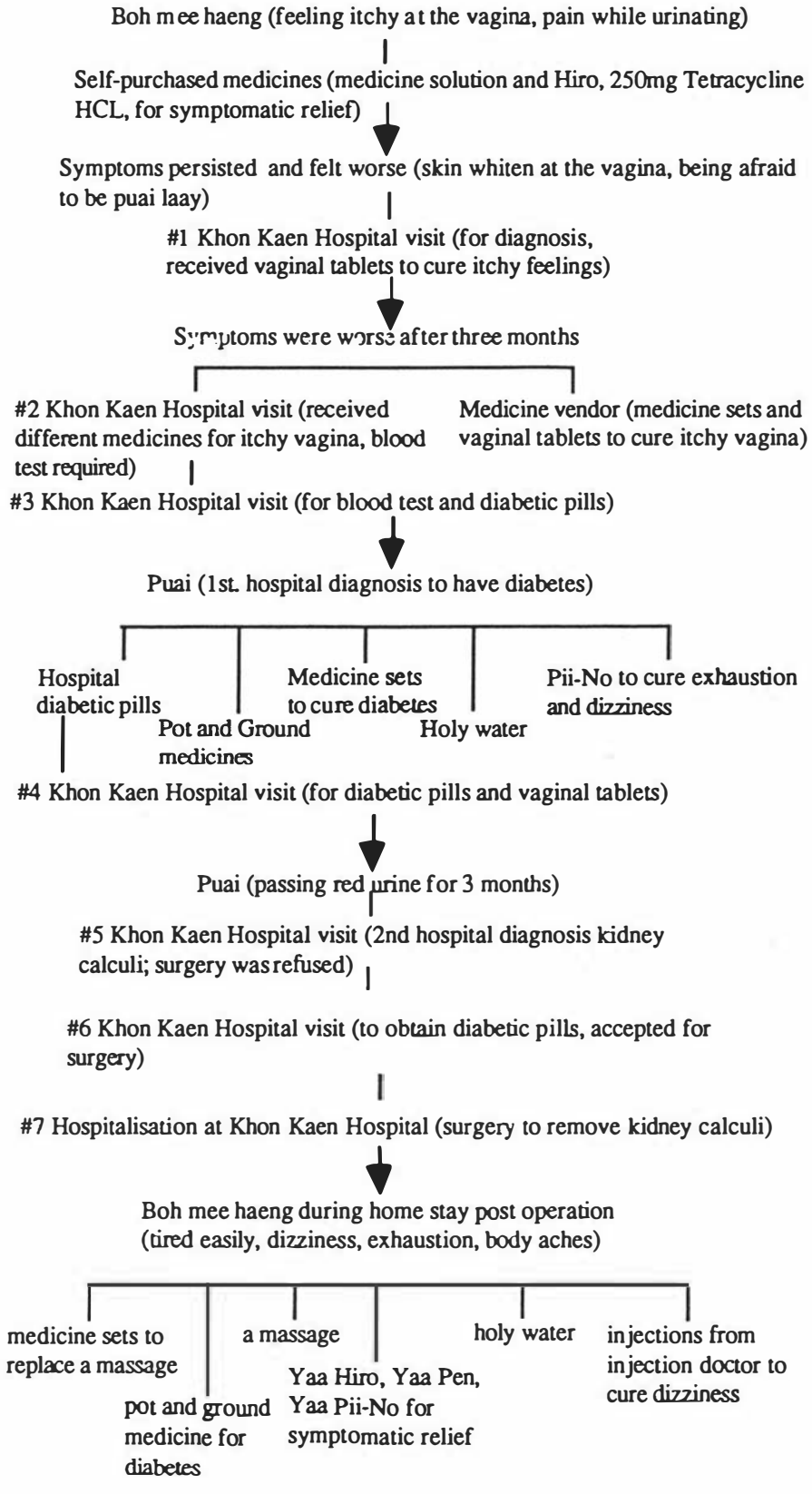
14	Mae Yai O	65 F:M	-experienced severe and fatal illness from diabetic shock (Ch.6:106), and difficulty in the use of hospital drugs(Ch.9:226) -believed cause of her illness was *wrong eating* of pickled vegetables (Ch.7:157)
15	MaeYai PAR	74 F:W	-died from *the disease of the elders* (Ch.7:163)
16	Mr PA	32 M:M	-died from *the disease of the abdomen*; his death strengthened the fear of the operation (Ch.7:149)
17	Mae Yai SO	63 F:S	-experienced the disease that needed hospitalisation, *the disease of the cover sheath of the heart* and *khai mhaak mai yai* (Ch.7:136) -believed the spirit of the ancestor caused her illness (Ch.6:119) -was given *Tang kae* ritual for the reconciliation with the spirit of the ancestor and to extend her age (Ch.8:179)
18	Mrs NM	17 F:M	-experienced *the stubborn heart* and kam rerd (Ch.7:142) -was given *Sak suang* ritual (Ch.8:183)
19	JON	3 yrs. M	-an example of *khai kam rerd* and *kam rerd lae* (Ch.7:143)
20	Mr MT	17 M:S	-experienced the disease called by the symptoms, *the disease of the abdomen* (Ch.7:149)
21	Mae Yai SA	F:W	-experienced *the disease of the lung* (Ch.7:154) -believed the disease caused by *bad blood* (Ch.7:161)
23	Mae Yai KI	63 F:M	-a masseuse, believed the massage was influenced by the sky goddess (Ch.6:121 & Ch.8:192) -experienced a slack womb (Ch.7:159)
24	Poh Yai PL	74 M:M	-the village spirit healer (Ch.8:169)
26	Poh Yai LN	76 M:S	-the Tao Cham (Ch.5:92)

27	Mae Yai SD	64 F:M	-experienced illness believed to be caused by the previous *karma* and ancestoral spirits (Ch.6:115) -believed her persistent illness was caused by the sky goddess (Ch.6:121)
28	Mrs AH	24 F:M	-asthma was believed to be caused by *karma* (Ch.6:116) -died from being taken by the witch-like *phii pob* (Ch.6:123)
29	Mae PN	62 F:W	-experienced a strange disease believed to be the result of *karma* (Ch.6:116) -preference for cultural closeness shown to nurses at the hospital (Ch.9:209)
30	Mr GI	36 M:M	-experienced non severe illness from *thinking too much* (Ch.6:118) and joined *Wan lak sa* (Ch.8:174)
34	Mr KII	40 M:M	-his wife died from *the stubborn heart* and *age ended* (Ch.7:142)
35	Poh Yai VE	74 M:M	-the medicine man (Ch.8:189)
36	Mae BG	69 F:W	-preference for cultural closeness shown to nurses at the hospital (Ch. 9:209)
37	Maw CO	54 M:M	-the worker at the local health centre (Ch.9:219)
39	Maw CH	56 M:M	-the injection doctor (Ch.8:194)
40	Mrs SW's Aunt	52 F:M	-experienced the disease believed to be cured by the private medical clinic, *the disease of thyroid* (Ch.7:137)

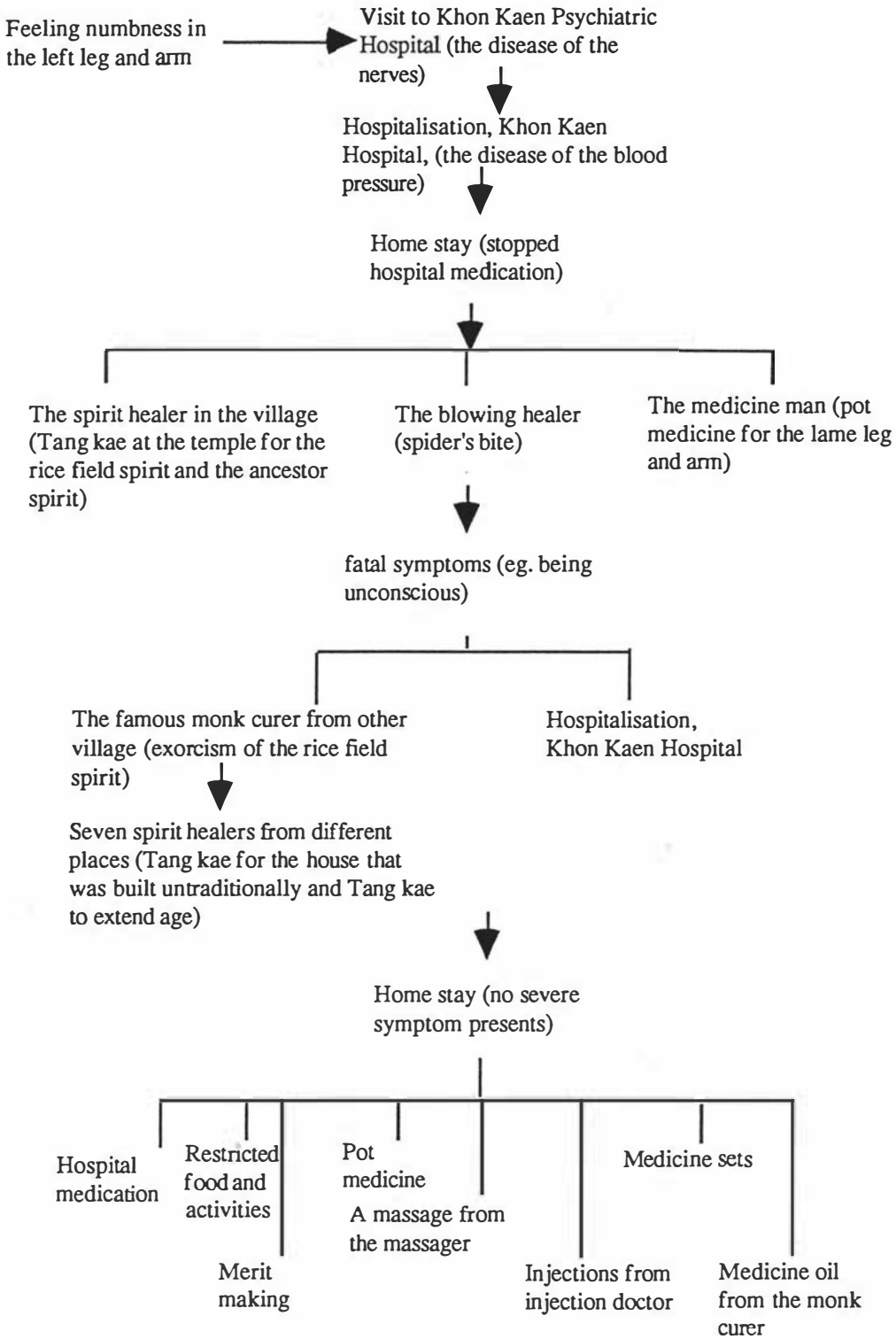
APPENDIX 6

EXAMPLES OF CASE HISTORY DIAGRAMS

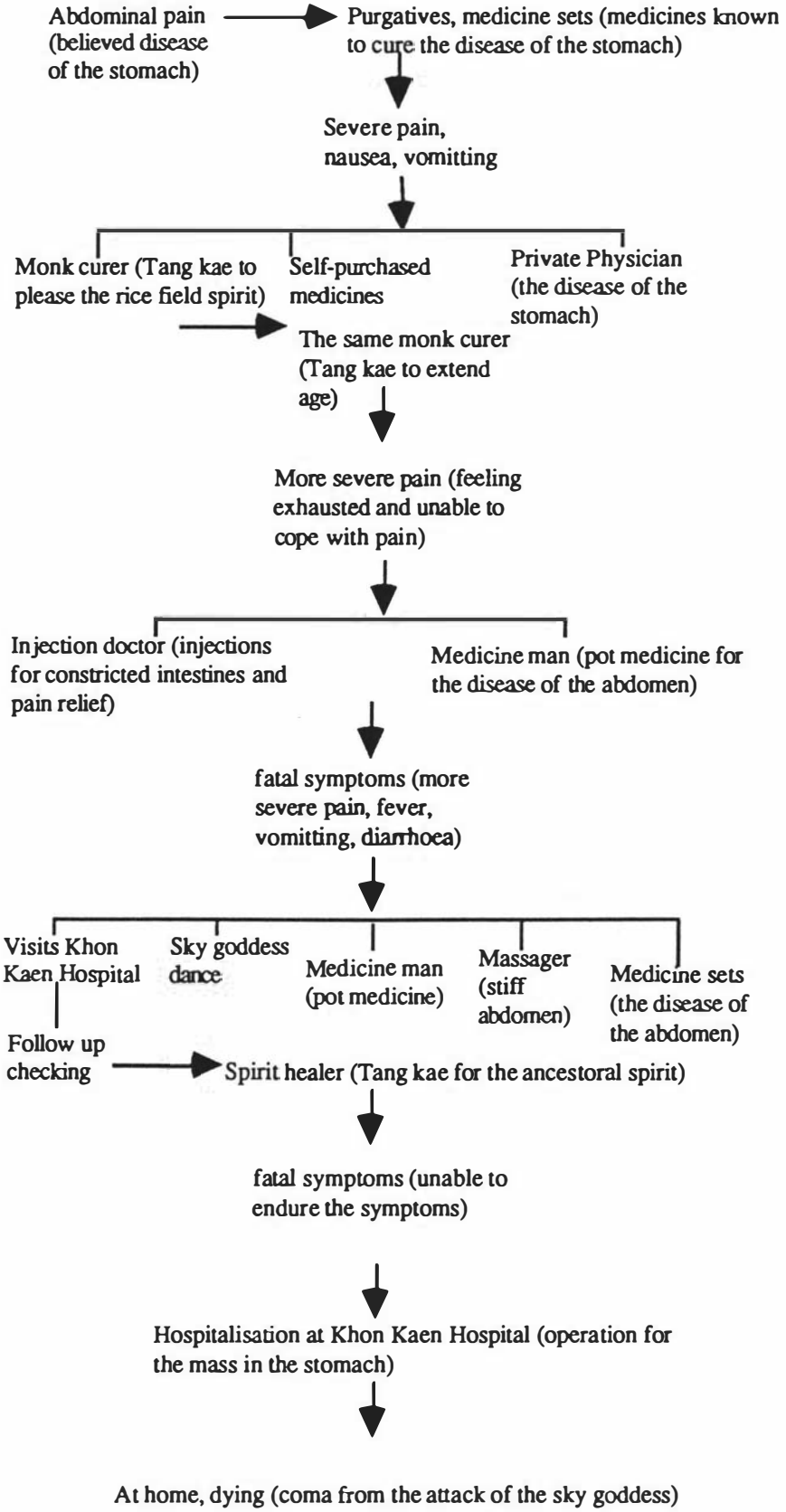
CAES # 13: Mae HG



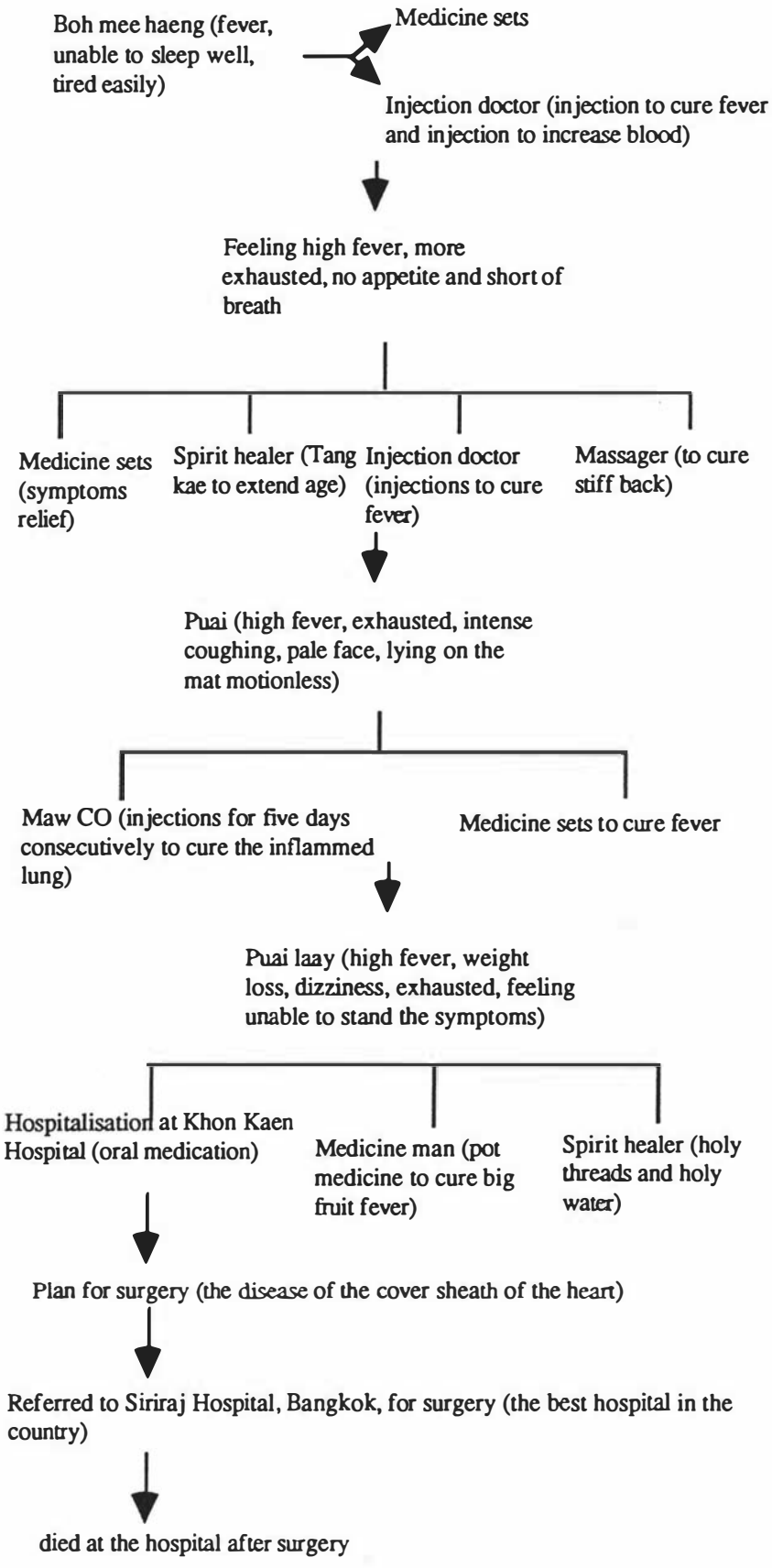
CASE # 2: Poh PM


Feeling numbness in the left leg and arm
Visit to Khon Kaen Psychiatric Hospital (the disease of the nerves)
Hospitalisation, Khon Kaen Hospital, (the disease of the blood pressure)
Home stay (stopped hospital medication)
The spirit healer in the village (Tang kae at the temple for the rice field spirit and the ancestor spirit)
The blowing healer (spider's bite)
The medicine man (pot medicine for the lame leg and arm)
fatal symptoms (eg. being unconscious)
The famous monk curer from other village (exorcism of the rice field spirit)
Hospitalisation, Khon Kaen Hospital
Seven spirit healers from different places (Tang kae for the house that was built untraditionally and Tang kae to extend age)
Home stay (no severe symptom presents)
Hospital medication
Restricted food and activities
Merit making
Pot medicine
A massage from the massager
Injections from injection doctor
Medicine sets
Medicine oil from the monk curer

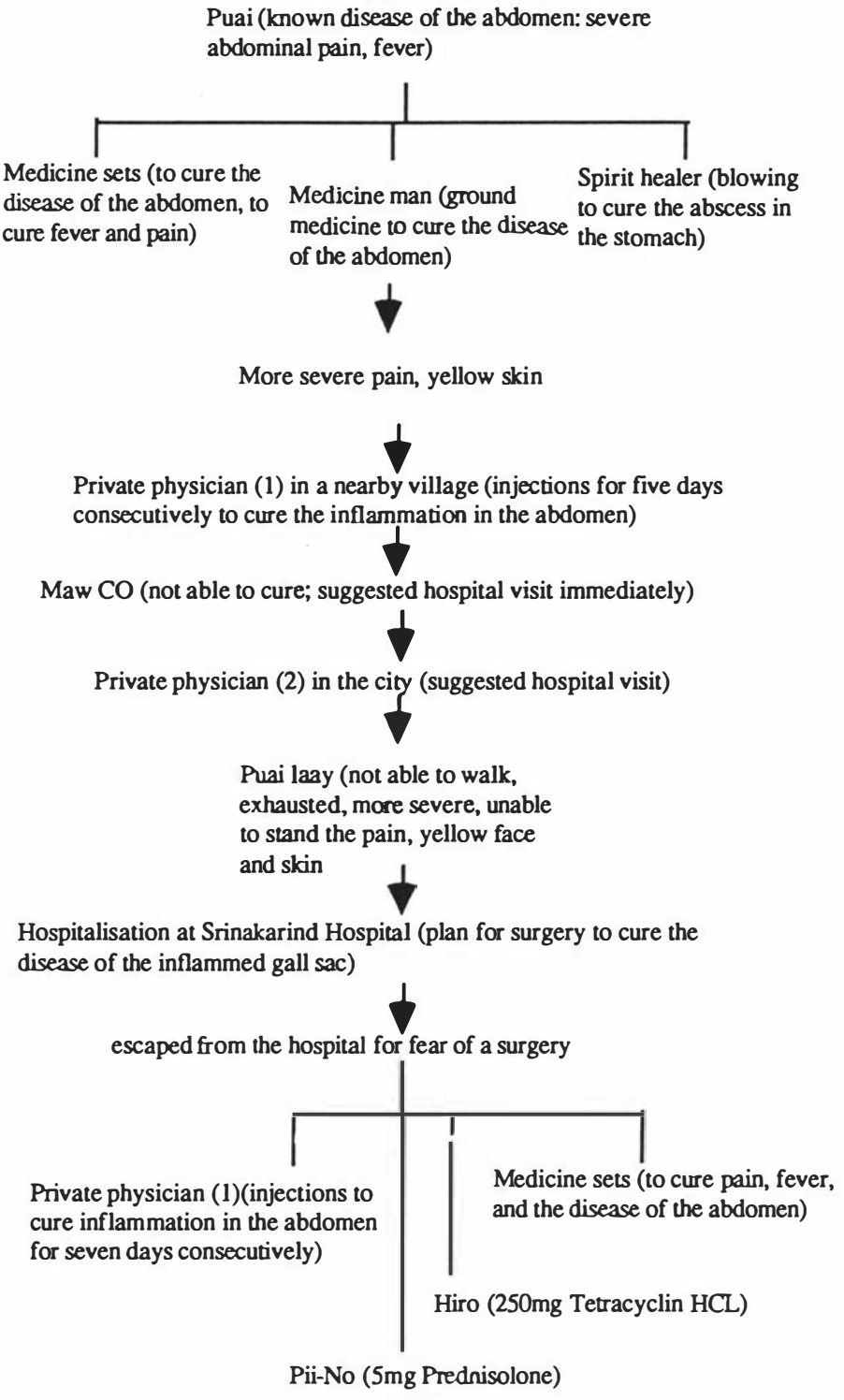
CASE # 3: Poh PG


Abdominal pain (believed disease of the stomach)
Purgatives, medicine sets (medicines known to cure the disease of the stomach)
Severe pain, nausea, vomitting
Monk curer (Tang kae to please the rice field spirit)
Self-purchased medicines
Private Physician (the disease of the stomach)
The same monk curer (Tang kae to extend age)
More severe pain (feeling exhausted and unable to cope with pain)
Injection doctor (injections for constricted intestines and pain relief)
Medicine man (pot medicine for the disease of the abdomen)
fatal symptoms (more severe pain, fever, vomitting, diarrhoea)
Visits Khon Kaen Hospital
Sky goddess dance
Medicine man (pot medicine)
Massager (stiff abdomen)
Medicine sets (the disease of the abdomen)
Follow up checking
Spirit healer (Tang kae for the ancestoral spirit)
fatal symptoms (unable to endure the symptoms)
Hospitalisation at Khon Kaen Hospital (operation for the mass in the stomach)
At home, dying (coma from the attack of the sky goddess)

CASE # 17: Mae Yai SO

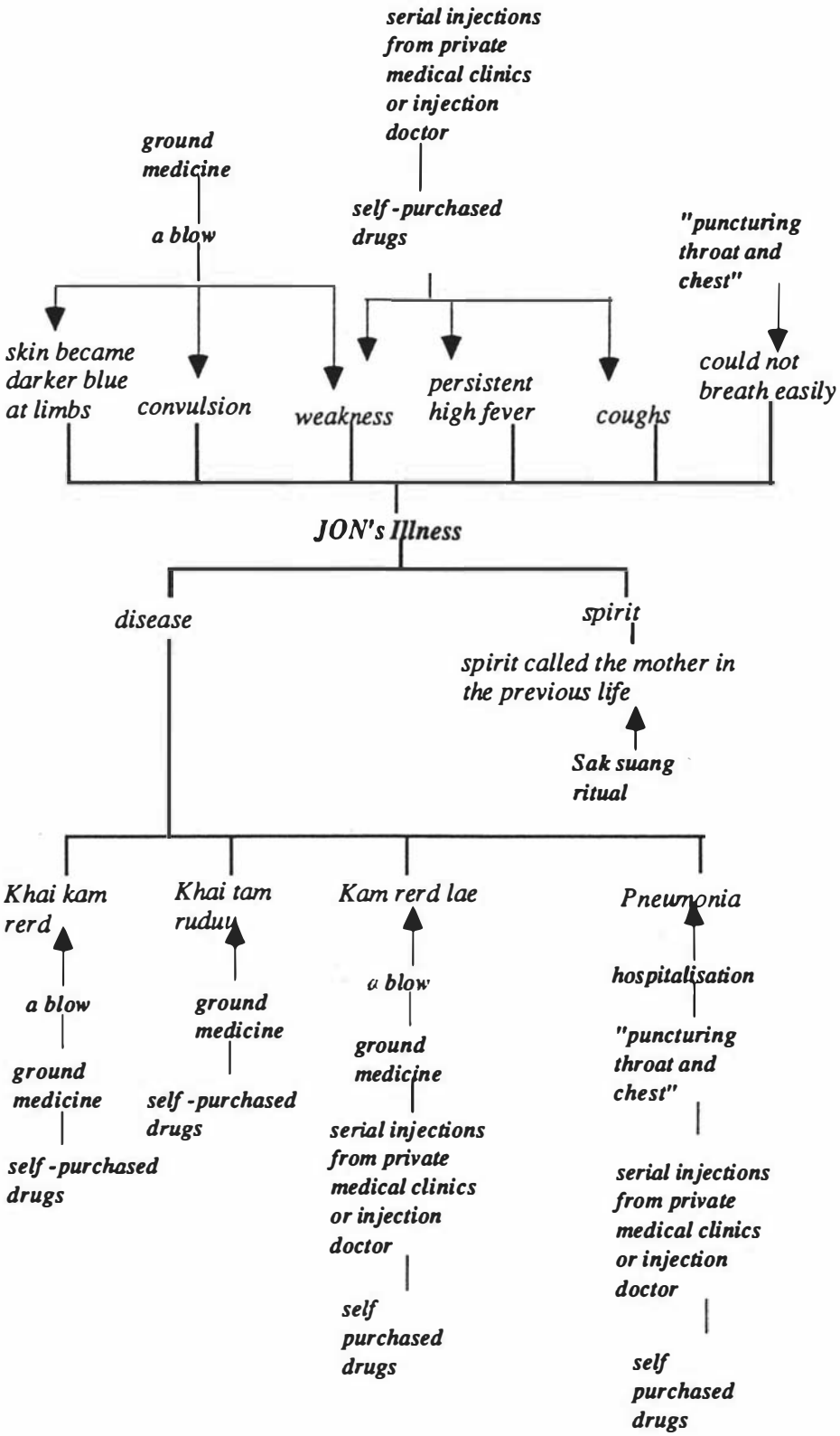


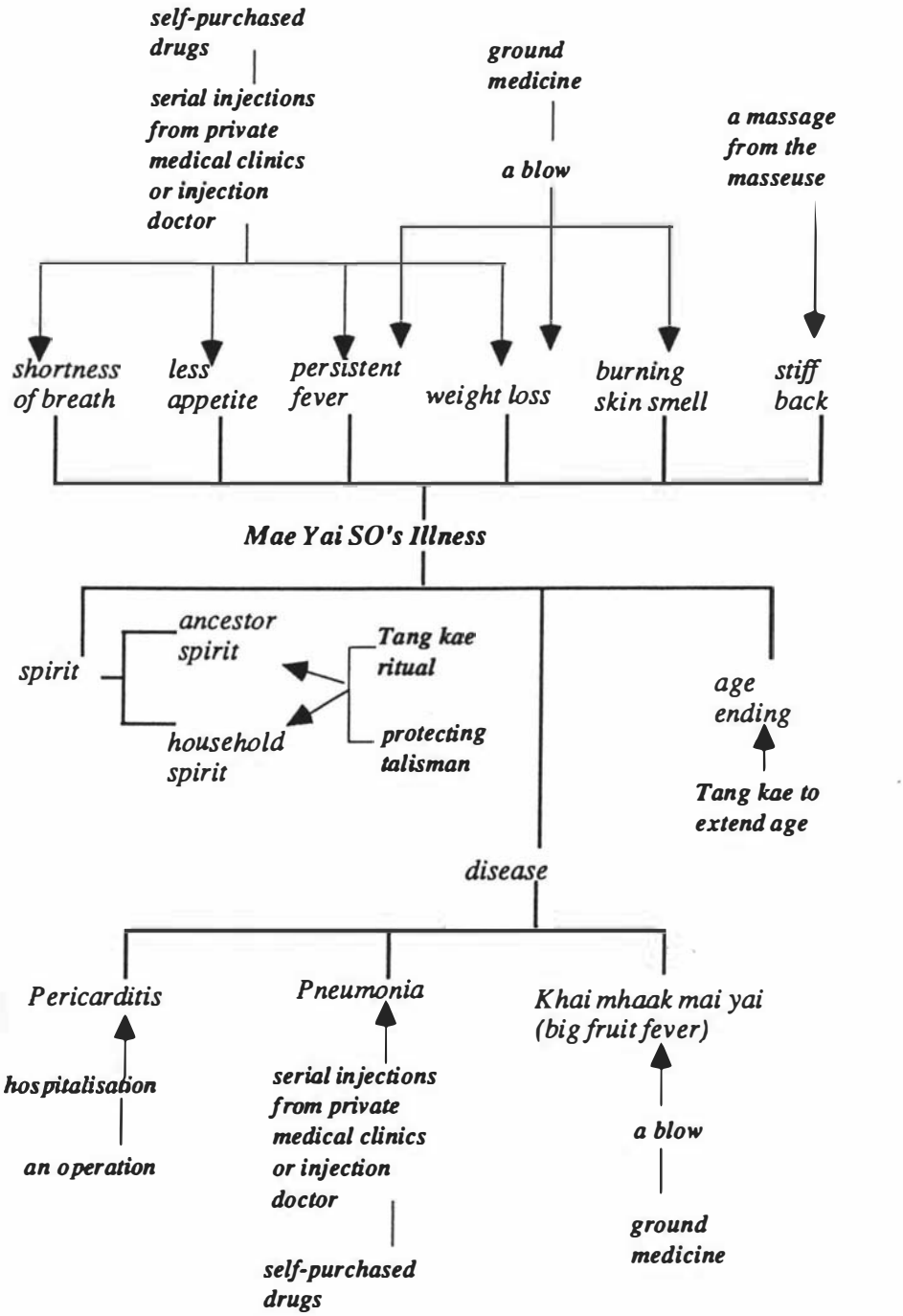
CASE # 6: Mae Yai P



APPENDIX 7

EXAMPLES OF BELIEVED MULTIPLE CAUSATIONS OF ILLNESS AND THEIR TREATMENT




self-purchased drugs
serial injections from private medical clinics or injection doctor
ground medicine
a blow
a massage from the masseuse
shortness of breath
less appetite
persistent fever
weight loss
burning skin smell
stiff back
Mae Yai SO's Illness
spirit
ancestor spirit
household spirit
Tang kae ritual
protecting talisman
age ending
Tang kae to extend age
disease
Pericarditis
hospitalisation
an operation
Pneumonia
serial injections from private medical clinics or injection doctor
self-purchased drugs
Khai mhaak mai yai (big fruit fever)
a blow
ground medicine

APPENDIX 8
Table 5.3: Villagers' Classification of Diseases

Classification System	Seasonal variation	By Severity		By Methods of Therapy				As Inherited, Contagious or Non-communicable			For Special Groups of People			
Disease	seasonal	common	severe/ fatal	hospitali -sation	private medical clinics/ injection doctors	self-medicati-on	village healers	inherited	contagious Yes	No	children	women	general	elders
-kam rerd lae	-	-	X	-	-	X	X	-	-	X	X	-	-	-
-khai mhaak mai yai	-	-	X	-	-	X	X	-	-	X	-	-	X	-
-khai lyad oog	X	X	X	X	-	-	-	-	X	-	X	-	-	-
-disease of the abdomen	-	X	X	X	X	-	-	-	-	X	-	-	X	-
-disease of the appendix	-	X	-	X	-	-	-	-	-	X	-	-	X	-
-neuw	-	X	X	X	-	X	-	-	-	X	-	-	X	-
-disease of the stomach	-	X	-	-	X	-	X	-	-	X	-	-	X	-
-khai oog toom	X	X	-	-	X	X	X	-	X	-	X	-	-	-
-the slack womb	-	X	-	-	X	X	-	-	-	X	-	X	-	-
-diabetes	-	X	X	X	-	-	-	-	-	X	-	-	X	-
-disease of thyroid	-	X	X	-	X	-	-	-	-	X	-	-	X	-
-disease of dizziness	-	X	-	-	X	-	-	-	-	X	-	X	-	-
-nom long huu	-	-	X	-	-	-	X	-	-	X	-	X	-	-
-disease of the lung	-	X	-	-	X	-	-	-	X	-	-	-	X	-
-mass in the womb	-	X	X	-	-	-	-	X	-	-	-	X	-	-
-disease of the heart	-	X	-	-	X	-	-	-	-	X	-	-	X	-
-disease of the elders	-	X	-	-	X	-	-	-	-	-	-	-	-	X
-huert	-	X	X	-	-	X	-	-	-	X	-	-	X	-
-sang ta lium	-	X	-	-	-	X	-	-	X	-	-	-	X	-
-disease of blood pressure	-	X	X	X	-	-	-	-	-	X	-	-	X	-

GLOSSARY OF THAI AND ISAAN TERMS

THAI AND ISAAN TERMS	MEANINGS
Baan	a title for a village, Village life is the epitome of Thai tradition and society. A village will usually consist of about 100-150 households with an average of 500-700 inhabitants. Houses are usually built on either side of a road or track which goes through the village, the smallest administrative unit in Thailand. Several villages make up a subdistrict (*tambon*), which, in turn, makes up a district (*amphur*). A number of districts make up a province (*changwat*), the largest administrative area. The provincial town usually has the same name as the province.
bah	to be insane; also refers to a psychiatric patient who the villagers believe is impossible to cure.
baht	The basic unit of currency in Thailand. A *baht* is made up of 100 *satangs*. In 1991-92 (the fieldwork period of this study) the *baht* fluctuated between 24-25 to the US dollar and 13-14 to the NZ dollar.
boh mee haeng	literally translated as *having less energy*, refers to the non-severely ill situation
chao na	farmers, especially rice farmers; usually refers to the villagers in a rural area
jai	heart, mind
kaa thaa	incantations
kamnan	the head of the subdistrict (a tambon) elected by the villagers.
kan	bamboo pipe, a musical instrument producing an organ-like sound.
khoom	small groups of households within a large community, neighbourhood.
khon khaai yaa	the village drug vendors
khruu	a title of respect given to a teacher or a master; refers to the master healer who has disciples live in for a long period of time to learn about healing.

lam	Northeastern traditional or folk singing and dancing.
liang khai	*nurturing fever*; refers to the belief that a private medical doctors or doctors at a hospital with a medical school, delay or prolong the cure for money or study purposes; a perception of the villagers when illness persisted despite treatments.
loak	disease
en kaeng	stiff tendon or ligaments, *en* or *sen* refers to tendon or ligaments; *kaeng* means hard or stiff.
beeb or chab en or sen	massage by pinching *en* or *sen*
en khaa	stiff legs
en lhaang	stiff back
en thong	stiff stomach
fii daat	plague
fii nai pord	refers to a disease with symptoms similar to that of tuberculosis.
fii pit fii ghan or bhen ghan	disease with symptoms similar to that of herpes zoster.
ghin pit	*wrong eating*; symptoms from wrong eating vary from common diarrhoea to death from the disease of the blood or the disease of dizziness; also similar to being allergic to food.
haa	cholera
huert	asthma
khai	fever
khai dok buab	fever of the flowers of the luffa; occurs when the luffa flowers.
khai dok kaae	fever of the flowers of the sesbania; occurs when the sesbania flowers.
khai hua lom	fever at the beginning of the new season when the wind changes its direction and its temperature.
khai kam rerd	febrile convulsion
khai lyad oog or khai thong kai	*khai lyad oog* is literally translated as bleeding fever while *khai thong kai* means distended abdomen fever; refers to a disease with symptoms similar to that of haemorrhagic fever, with bleeding and distended abdomen; occurs among children.

khai mhaak mai	fruit fever which comes with the fruit season.
khai mhaak mai yai	big fruit fever, a local disease with typical symptoms of persistent high fever, weight loss, burning skin, odour and shortness of breath.
khai oog toom	rash fever; symptoms are similar to measles or chickenpox in Western medicine
khai tam ruduu	fever of each season; children are likely to have this fever at the change of seasons.
khai whad yai	an influenza
kam rerd lae	blue convulsion; a disease with symptoms similar to pneumonia.
kam rerd	*convulsion;* assigned to a crying baby, and believed to be caused by the spirit called *the mother in the previous life* or *suang kaeng* (stubborn heart) in the mother or the father, or both.
kii mak mun	literally means intermittent defecating faeces or dysentery; refers to a local disease with a high fever, stomach pain, nausea and diarrhoea.
loak lyad	the blood disease among post-partum women, with symptoms of dizziness, paleness, tiredness, menorrhoea, leucorrhoea, faintness or dysmenorrhoea.
lom pit	*poisonous wind*
wannaloak	refers to tuberculosis
nuew	literally translated as *stone*; refers to those symptoms similar to that of renal calculi.
nom long huu	disease with symptoms similar to mastitis.
mhaad kao	leucorrhoea
sang	a disease in which a child loses weight; child must be very thin.
sang ta lium	a disease with symptoms similar to those of conjunctivitis.
thong sia or bhen taai or taai	diarrhoea
luang poh	a term of respect for an older monk, roughly equivalent to Reverend Father.
mae yai, mae	used as a title for elderly female villagers to show respect, examples are, Mae Yai SO, Mae PN.
mama	two-minute noodles with different flavours added.

maw	refers to a healer.
maw anamai	the health workers at local health care centres.
maw brahma	the healer who conducts the *Su-khwaan* ceremony.
maw chiid yaa	injection doctors
maw clinic	doctors at the private medical clinics
maw dharm	spirit healer
maw en	masseurs or masseuses
maw klang baan	the village healers
maw lam phii fah	the sky goddess dancer, a dancer who performs a healing ritual called the sky goddess dance.
maw nam man	the healer who uses the village medicine oil as his major healing method.
maw noi	refers to nurses and other health personnel, especially those at the hospital, but not the medical doctor.
maw pao	the blowing healer who uses a blow of his incantations, his main therapeutic method to aid recovery.
maw pra	the monk curer who performs healing rituals similar to those of the spirit healers.
maw song	the divining healer who divines for the causes of illness.
maw tam yae	the traditional birth attendant; usually an untrained person who has direct experience of giving birth - a mother or a grandmother.
maw yaa	medicine man
maw yai	refers to medical doctors, especially those at a hospital
mhaak	literally means *betel nuts*; refers to betel nut chewing among elderly female villagers.
Milo	chocolate drink; comes in a ready to drink medium; costs five bahts ($NZ 0.40)
nam klua	literally means *salt water*; refers to intravenous solutions.
nam klua pong	refers to the oral dehydration powder added to luke warm water to make a drink for the treatment of diarrhoea.

nam man	medicine oil
nhaad	Blumea leaves, laid underneath the patient for *roasting*.
non or don	mounds
nong	ponds, swamps or lakes
pel	the hour between 11.00 and noon when the Buddhist monks have their last meal of the day. Usually there is a beating drum at the beginning of the period to remind the villagers to take food to the temple. The villagers always relate their activities to this hour, especially those whose life does not rely on the clock.
phaak khaa	Acacia leaves which have a strong smell forbidden to post-partum women
poh yai, poh	title of respect for elderly male villagers, for example, Poh Yai LN, Poh PM and Poh Yai PL
phii	spirits
phii chuea	the spirit of the ancestor
phii fah	the sky goddess
phii na	the rice field spirits
phii pa	the forest spirits
phii pu ta	the village spirit
phii pob	the witch-like spirit
prasat	a square vessel made of the outer layers of the banana plant stitched into shape by bamboo skewers; an essential offering to the village spirit.
puai	severely ill
puai yuen	persistently severely ill
puai laay or bhen haeng	fatally ill
rai	a unit of measurement of land, one *rai* is approximately 1,600 m^2 or 0.4 acre.
sala	a hall; a wayside shelter; a hall for sermons in a monastery.
sa mai mai	modern, new era
san pu ta	the village spirit's shrine
Sak suang	the healing ritual for *the stubborn heart*

sponsor	the electrolyte drink added to sugar which was advertised as a way to increase energy, especially for people who work hard.
suang kaeng	*suang* refers to heart, *kaeng* means strong or stubborn, *suang kaeng* is literally translated as *stubborn heart*, believed to be a cause of *kam rerd* among children.
Su-khwaan	*khwaan* referred to *the essence of life*. *Su-khwaan* is the ritual which brings the essence of life back to its place in the body, and involves the binding of the wrists with holy threads made of cotton.
tambon	subdistrict
Tang kae	*the performance to correct* for illness believed to be caused by reasons other than disease.
Tao cham	a position from which a person is believed to be able to communicate with the village spirit.
tao kae	a rich man; usually refers to Chinese merchants engaged in small business.
ubosot	a sacred place in the Buddhist temple where Buddha statues are kept, where monks pray and where all important religious ceremonies take place.
wai	a traditional sign to pay respect, to worship or to make a pilgrimage; done also to greet or salute by bringing the hands together to the middle of the face, the forehead.
yaa	medicines
yaa chiid	injections
yaa chiid kao sen	intravenous injections
yaa chood	medicine set
yaa chood maw nuad	the medicine set to replace a massage
yaa fahrang	refers to the Western medicine sold at pharmacies, stores or the hospital and private medical clinics; also called *yaa tam ran* which is literally translated as *the medicines in the shops*, factory made medicines.
yaa kam yen	literally means *cool medicine*; refers to the village medicine prescribed and prepared by the medicine man, given to post-partum women after giving birth at a hospital; believed to increase blood to replace blood loss during delivery, and to clean and dry up the womb.

Yaa NOXA	10 mg Piroxicam
Yaa Pii-NO	5 mg Prednisolone
Yaa Pen	500,000 IU Pennicillin G Potassium
Yaa Hiro	250 mg Tetracycline HCL
Yaa Vikooldeg	81 mg Acetylsalicylic Acid, for young children with fever or upset stomach.
Yaa Tanjai	500 mg Aspirin
Yaa Bura	325 mg Aspirin
yaa haak mai	the village medicines consist of parts of trees, prescribed and prepared by the village medicine man.
yaa haeng	strong and powerful medicines, usually refers to injections.
yaa klang baan	village medicines, self-gathered herbs, prescribed and prepared by the village medicine man, home remedies.
yaa lyad	one kind of medicine prescribed and prepared by the village medicine man to cure the blood disease or *loak lyad*.
yaa phon	ground medicine; each medicinal part is grated on a flat stone, resulting in a fine powder. Water is dripped slowly onto the stone, and the powder, dissolved, is given to the patient as a potion.
yaa tom or yaa moh	pot medicine, is prepared by boiling the medicinal parts in a pot of water for a period until a typical colour and smell appears. The patient will be urged to drink the medicine until it is finished.
yaa sod	vaginal tɐbˡets
yang fai	*roasting*, usually given to a motor vehicle accident victim immediately after the accident or returning home from hospital. Believed to produce a fast recovery and a definite cure for wounds and contusions.
yuu fai	*staying by a fire*: for post-partum women, as it is believed to dry up the womb and push the womb back to its usual position.

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1 The word Thai indicates that the article or book is written in Thai. No English translation is available.

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