SOCIAL STRUCTURE AND THE TRADITIONAL MEDICAL SYSTEM

IN THE PHILIPPINES

A Thesis

by

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ABSTRACT

Social Structure and the Traditional Medical System

In the Philippines. (December 1982)

Michael Lim Tan, D.V.M., University of the Philippines

Chairman of the Advisory Committee: Dr. Norman D. Thomas

The objective of this study is to identify and analyze the social factors related to the formation of the traditional medical system in the Philippines.

A synchronic analysis of the literature on various Filipino ethnic groups is used to characterize a Filipino traditional medical system. Filipino theories of illness causation are shown to be interrelated, developing around core concepts of "contagion" and "stress." Health is conceptualized as the function of an individual's "inner condition," and his relationships to nature and society or an "outer condition."

An analysis of healing and health-maintenance practices shows that these practices have social functions, reaffirming social relationships and mending disrupted ones. The statuses and roles of the health practitioners are correlated with social organization.

To further elucidate the relationship of the traditional medical system and social structure, Filipino theories of health and illness are described in relation to a socially determined Filipino worldview. This worldview is characterized as one which emphasizes harmony and functional unity between the individual and his social and natural milieu. This worldview structures the perceptions of health and illness; at the same time, concepts in traditional medicine are shown to be root metaphors by which the worldview is made comprehensible.

Since worldviews and traditional medicine cannot be accepted as
inherent cultural traits, a socio-historical survey is used to identify the role of social groups in the construction, selection, modification and rejection of traditional medical beliefs and practices. This formative process is shown to be functions of specific group interests. The ideological function of medicine is discussed in the context of contradictions in social relations. The traditional medical system therefore emerges as a field in which these contradictions are actually acted out, rather than just reflected.
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While the library research for this thesis did not start until last year, its groundwork was laid, in many ways, through my association with community based health programs in the Philippines over the last seven years. Many of the ideas in this thesis grew out of the collective experiences of many people in the field. I am grateful to the program staff and co-workers who were always ready to share their ideas, thus stimulating and sustaining my interest not only in traditional medicine but also in primary health care. I owe an even greater debt to villagers in many parts of the Philippines, whose wisdom taught me the virtue of listening to what they have often not been allowed to say.

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CHAPTER I

INTRODUCTION

1.1 Aim of the Study

My objective in this thesis is to describe and analyze the emerging Filipino traditional medical system. Specifically, I will investigate the hypothesis that traditional medical systems develop as a function of social relationships. Some background information on the Philippines may help to explain why I have chosen this particular topic and hypothesis.

The Philippines gained its independence in 1946, after a long colonial period that included three centuries under Spain and half a century under the Americans. As a Third World country, the Philippines is still going through the difficult process of economic and social development. Health indicators, usually an accurate barometer of social conditions, are generally dismal: about 80% of pre-school children have been found to be undernourished, and the country holds the dubious distinction of having the highest death rate for tuberculosis in the western Pacific region, as well as the highest death rates in the world for whooping cough, diphtheria and rabies. Communicable diseases, which ironically are preventable and curable, continue to account for almost half of the total deaths in the country each year (cf. Dougherty [1981]).

All too often, much of the blame for the country's poor health situation has been put on the largely rural population. Peasants have been depicted as lazy and ignorant, clinging stubbornly to "backward" traditional beliefs and practices.

It has only been in recent years that such attitudes have started to change. For instance, traditional midwives in the Philippines now receive training from health professionals and are mobilized for maternal and child care, as well as for family planning programs. In the 1970s, the World Health Organization endorsed traditional medical

The format and style of this thesis will be that of Anthropos.
systems as part of primary health care. This endorsement has helped to change attitudes and the Philippine government now calls for the integration of traditional medicine into the health care system.

Nevertheless, Filipino public and private organizations involved in health care continue to be ambivalent in dealing with traditional medicine. This ambivalence may be largely due to the fact that many professionals still find it difficult to understand the nature and dynamics of the Filipino traditional medical system.

Clearly, there is still a need to further analyze the Filipino traditional medical system, particularly as it relates to other aspects of Filipino culture and society. My thesis is therefore intended as a contribution to the ongoing efforts, by different agencies involved in health care, towards achieving a more holistic view of the Filipino traditional medical system.

1.2 A Review of the Literature

The difficulty professionals encounter in understanding traditional medical systems is ironic, considering the voluminous amount of literature that has been produced on the subject. Limiting themselves to materials on Africa and Latin America produced between 1950 and 1975, Harrison and Cosminsky (1976) were able to cite over a thousand entries in their annotated bibliography on traditional medicine. Likewise, Tiamson (1979) had 212 entries in his bibliography on traditional medicine in the Philippines. A critical review of the literature may help to explain why traditional medical systems still seem so incomprehensible.

Much of the literature in medical anthropology belongs to two categories identified by Foster (1975:427) as: (1) traditional or descriptive ethnographies and (2) culture and personality studies emphasizing psychological and psychiatric phenomena.

Two deficiencies are particularly significant in the above approaches to the study of traditional medical systems: (1) the generally ahistorical treatment of these systems and (2) the tendency to explain these systems solely in terms of culture.
The ahistorical approach is deficient because it depicts traditional medical systems as static, given entities, when in fact they are "generally highly adaptable behavioral arenas, at the same time both conservative and eclectic; always pragmatic" (Press 1980:49). This dynamism and the reasons for continual changes in traditional medical systems are easily obscured when these systems are wrenched out of their historical contexts.

Historical studies of traditional medical systems are rare, but those that do exist clearly demonstrate the value of using a historical approach. An example is the historical study of indigenous medical systems in Mesoamerica by Aguirre Beltran (1963), which offers valuable insights into the acculturative processes operating in traditional medical systems. Another example is the work of Hart (1969), who compared humoral pathologies (the "hot/cold syndrome") in the Philippines, Malaya and the New World, again contributing insights into the processes of change in medical systems.

The second deficiency in the state of medical anthropology today, that of the tendency to explain traditional medical systems solely in terms of culture, is exemplified by the following statement from the World Health Organization (1978b:9):

The essential differences among the various systems of medicine arise not from the differences in the goals or effects, but rather from the cultures of people who practice the different systems. . . Traditional medicine in some developing countries has tended to stagnate through not exploiting the rapid discoveries of science and technology for its own development.

The statement is tautological—traditional medical systems are stagnant because of the culture, and the culture is backward because it retains traditional practices.

I feel that such tautologies result from the failure to distinguish "medicine" and "medical system." Landy (1977:131) offers the following definitions:

A society's medicine consists in those culture practices, methods, techniques and substances, embedded in a matrix of values, traditions, beliefs and patterns of ecological adaptation, that provide the means for maintaining health and preventing or ameliorating disease and injury to its members. . . A society's medical system is the total organization of its social
structures, technologies and personnel that enable it to practice and maintain its medicine (as defined), and to change its medicine in response to varying intracultural and extracultural challenges.

Landy's distinction is instructive because it clarifies the different levels available for analysis. First of all, there is traditional medicine, which clearly falls in the realm of culture as a matrix of values, traditions and beliefs. At the same time, there is the traditional medical system, whose social nature is brought out in Landy's definition. Failure to recognize these two levels of analysis results in a closed hermeneutic approach which attempts to explain traditional medical systems in terms of culture alone. There is a need to recognize that "the conceptualizations of health and illness are themselves culture and aside from describing the features one must search for factors accounting for the forms and contents of this culture" (Unschuld 1970:526).

I feel that socio-political factors would be particularly relevant in terms of accounting for the forms and contents of traditional medicine. The relationship between social organization and culture has already been scrutinized by a number of philosophers, sociologists and anthropologists. In 1850, Marx wrote in the preface to his *Critique of Political Economy*:

In the social production of their life, men enter into definite relations that are indispensable and independent of their will, relations of production which correspond to a definite state of development of their material powers of production...The mode of production of material life conditions the social, political and intellectual life process in general. It is not the consciousness of men that determines their existence, but, on the contrary, their social existence determines their consciousness (1970:21).

Marx's statement has since been re-interpreted as economic determinism by dogmatic Marxists (and anti-Marxists). Yet, Marx did focus attention on the importance of the relationship between social organization and culture. His ideas continue to be recast by contemporary thinkers, whether Marxist, neo-Marxist or even non-Marxist. One only needs to refer to "cultural materialism" as advocated by Marvin Harris, whose works are frequent targets of Marxist critiques.
Harris (1979: 55-56) proposes that "the etic behavioral modes of production and reproduction probabilistically determine the etic behavioral domestic and political economy, which in turn probabilistically determine the behavioral and mental emic superstructures."

It is beyond the scope of this thesis to discuss and evaluate Marxism and cultural materialism. My interest is to explore the relationships between social organization and culture as they exist in traditional medicine and traditional medical systems.

A few studies have in fact focused on such relationships. Earlier works were, however, concentrated on the magico-religious aspects of traditional medicine, particularly sorcery and witchcraft. Following the traditions set by Durkheim (1915) and Malinowski (1948), several writers have advanced a functionalist interpretation of beliefs in sorcery and witchcraft, suggesting that such beliefs exist as mechanisms for social control (cf. Kluckhohn 1944; Whiting 1950; Lieban 1960, 1962a; Hallowell 1963). Such studies have led Paul (1963) to suggest that the most important latent function of indigenous concepts in traditional medicine is to provide sanction and support for moral and social systems.

A similar theory has been suggested by some scholars for healers and curing rituals. For instance, Vogt (1969) sees the Zinacantenco (Chiapas, Mexico) shaman as a mediator in social conflicts, with the curing techniques expressing and influencing social relationships among participants in the ritual. Turner (1964b, 1968) uses a similar interpretation for the diagnostic and curing rituals among the Ndembu of East Africa.

Like Turner, Douglas (1966, 1970b) focuses on the symbolism in religion and traditional medical systems to suggest that "the perception of symbols in general, as well as their interpretation, is socially determined" (Douglas 1970b:9). Along similar lines, Sontag (1977) was able to write an entire book focusing on the use of tuberculosis and cancer as "social metaphors."

In his study of the Gimi of New Guinea, Glick (1967) goes beyond the study of symbols to suggest that the processes of illness recognition, and illness itself, are governed by religious, economic
and political institutions, whose powers are in turn legitimized by the success of a diagnosis and the healing ritual.

Studies elucidating the relationships between traditional medical systems and social organization have generally concentrated on micro aspects, examining particular communities as they respond to contemporary changes in the economic, political and cultural spheres. Jamzen (1978) proposes that macro aspects be studied as well and presents a case study relating macro changes in the political system with the changing degrees of "corporateness" or official recognition of indigenous medical systems.

Likewise, an anthology edited by Ehrenreich (1978) examines the American medical system, with an analysis revolving around the thesis that medical systems function as social control and that these systems develop in correspondence to macro changes in American society.

Implicit in the studies cited above is the recognition of an "ideology" in medical systems, an ideology which finds expression in beliefs, symbolism and rituals related to health and illness. Moreover, the studies suggest that this ideology functions as a form of social control.

I feel that studies exploring the social factors related to traditional medical systems are important in explaining the dynamics of such systems. Foster (1953:217) had once observed that "Spanish-American folk medicine appears to be marked by a strongly eclectic nature which has permitted it to pick and choose almost at random the concepts and practices which it has incorporated." While I agree that traditional medical systems are highly eclectic, I feel that a study of these systems' historical background and socio-political context will show that the process of "picking and choosing" may not be as random as Foster thought it to be. I feel that the elements in traditional medical systems are "ordered" or "structured" and that this order is largely socially determined. Without discounting the role of sociopsychological variables at the level of the individual, or of the ecological context of health and disease, I hope to construct a model in this thesis to explain formative processes in traditional medical systems in the context of social structures and relationships.
1.3 Definitions of Terms

Before describing my methodology, I would like to clarify my use of major terms in this thesis, particularly because controversies over terminology are still widespread in medical anthropology.

1.3.1 "Medicine" and "Medical Systems"

I will be analyzing both "medicine" and "medical systems" as defined by Landy (see pages 3-4 in this thesis). To avoid redundancy, I will generally refer to "medical systems," except in cases where Landy's two levels of analysis need to be clarified. After all, my main objective is to describe and analyze the Filipino traditional medical system. Dunn (1976:135) has, in fact, proposed a definition of "medical system" as "the pattern of social institutions and cultural traditions that evolves from deliberate behavior to enhance health," a definition which clearly integrates Landy's separate definitions of "medicine" and "medical systems."

1.3.2 "Traditional" and "Western" Medicine

Foster and Anderson (1978:52) present a good summary of the controversies that continue to plague medical anthropology today:

In describing medical systems other than our own anthropologists show increasing embarrassment over the problem of terminology. All terms commonly used imply a qualitative gap between "modern" medicine and medicine that is the product of indigenous cultural developments, a dichotomy emphasized by contrastive terms such as "scientific" versus "primitive," "Western" versus "non-Western," and "modern" versus "traditional." Although...the qualitative gap exists, in an era of extreme cultural relativism many people are disturbed by terms that suggest evaluation. Earlier writers were not bothered by these problems. They were studying "primitive" peoples, so quite naturally they talked of "primitive medicine."...When, after World War II, studies of peasant communities became fashionable, following Redfield's early terminology these peoples often were described as possessing a "folk culture." Not surprisingly, their medical systems usually were described as "folk medicine," a practice that frequently causes confusion, since the popular medicine of technologically complex societies is also often called "folk."
To underscore the complexity of this terminological problem, I would point out that Press (1980:48) has suggested that the term "folk medicine" be limited to describing "systems or practices based upon paradigms which differ from those of a dominant medical system of the same community or society." At the same time, Press points out that with the above definition of "folk medicine," western biomedicine would in fact be "folk medicine" in tribal and peasant societies which already have locally dominant medical systems.

Since the polemics over terminology will undoubtedly continue for some time, I have chosen to use "traditional" and "western" because these two terms seem to be the most widely used, with a minimum of ethnocentric connotations.

Although it does imply unchanging and static qualities, the term "traditional medicine" is used by the World Health Organization and is defined as "the sum total of all knowledge and practice, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social imbalance and relying exclusively on practical experience and observation handed down from generation to generation" (1978b:8).

With reference to biomedicine, the World Health Organization uses both "western" and "modern" but the latter term may more objectionable because its antonym would be "primitive." Dunn (1976:135) has suggested the term "cosmopolitan" to refer to biomedicine while the term is certainly even more acceptable than "western." it still remains unfamiliar to many people outside of the social sciences.

1.3.3 "Filipino" Traditional Medical System

In speaking of a "Filipino traditional medical system," I do not imply the existence of a homogeneous system. The Filipino traditional medical system is, in fact, extremely heterogeneous not only because it is still an emerging and developing system but also because Filipino society is itself ethnically diverse.

Writers such as Leslie (1978) have emphasized that even "Indian" and "Chinese" traditional medical systems are actually pluralistic
systems, with "traditions" that can be divided into the "folk" and the "scholarly." The Philippine case is simpler since its traditional medical system did not develop a scholarly tradition as in China and India. The important point to consider is that amidst the considerable diversity to be found in Filipino traditional medical beliefs and practices, there are common themes which can be identified and described as characterizing a "Filipino" traditional medical system. It is precisely these themes that I seek to analyze.

1.3.4 "Culture" and "Society"

It is amazing how little agreement there is on the definitions of culture and society, anthropologists probably being more inclined towards defining culture to include what others would call society. Yet, I feel that for heuristic purposes, a distinction must be made between the two terms.

Drawing on the work of Parsons and Shils (1951), Geertz (1957b: 34) proposes definitions which I feel would serve the purposes of this thesis: "Culture is the fabric of meaning in terms of which human beings interpret and guide their action; social structure is the form that action takes, the actually existing network of social relations."

In addition, I would like to emphasize that I will be discussing both social and political organization, the latter as a more specific aspect of social organization. Elandier (1970:28-29) explains:

Social action is political when it seeks to control or influence decisions concerning public affairs, that is, policy. The content of these decisions varies according to the cultural contexts and the social units within which they are expressed, but the processes of which they are the culmination always operate within the framework of the competition between individuals and groups. All social units concerned with this competition have, by this very fact, a political character. (emphasis in original)

1.3.5 "Formative Processes"

A major focus of my thesis will be the formative processes in the Filipino traditional medical system. My concern is to analyze both Persistence and transformation. Estellie-Smith (1982:127) has pointed
out the need to analyze societies and cultures in terms of continuity, which she defines as a "synthetic phenomenon with the property of appearing flexible and adaptive under some conditions and persistent and self-replicating under others."

It would obviously be futile to attempt to establish the exact origins of particular beliefs and practices in the Filipino traditional medical system. I feel that a more relevant task would be an analysis of how and why these beliefs and practices have persisted or have been transformed. In addition, I feel it is important to analyze how these elements are inter-related as part of a traditional medical system, and how this system relates to social structures.

1.4 Methodological and Theoretical Considerations

1.4.1 General Methodology and Units of Analysis

With the above definitions of the major terms in this thesis, I can now explain my methodology. In so doing, I also hope to bring out my basic theoretical assumptions as they relate to the hypothesis of this thesis.

Briefly, my methodology consists of both synchronic and diachronic descriptions and analyses, with emphasis on the former. I intend to identify common elements among the traditional medical beliefs and practices of Filipino ethnic groups, in order to characterize a "Filipino traditional medical system." At the same time, I will also identify differences in these beliefs and practices, in order to establish whether or not these differences can be explained by variance in social structures. The diachronic analysis serves to further demonstrate, within a historical framework, the relationship between social changes and the formative processes of the Filipino Traditional medical system.

Obviously, it would be impossible to attempt a comparison of the more than 70 Filipino ethnolinguistic groups (cf. Appendix). Although I will be citing particular ethnic groups throughout the thesis, my general comparisons and analyses will revolve around three broad divisions: Christians, Muslims and pagans. These divisions are not based
so much on religion than on the distinct socio-historical backgrounds that can be identified for each of the three units.

The Christian groups constitute about 85% of the Philippines' total population and represent the most acculturated groups because of their early conquest by Spain. Settled in the lowlands, the majority of Filipino Christians are engaged in agriculture and fishing.

Filipino Muslim groups, which form about 5% of the country's total population, are concentrated mainly in the southern island of Mindanao, with similar subsistence modes as with the Christian groups. However, the Muslims have traditionally resisted colonization and even today are not under full control of the national government. Thus, the Muslims retain many social, political and cultural structures distinct from those of the Christian groups.

Finally, there are the numerous pagan groups, which together comprise about 10% of the national population. The pagan groups again represent populations which resisted colonization. They are found in the more remote inland (and often mountainous) regions of the Philippines. The pagan groups' modes of subsistence are varied and include the small gathering group of Tagada to hunting-gathering groups and tribes engaged in swidden horticulture and wet-rice cultivation.

My three main units of comparison will therefore be the Christian, Muslim and pagan groups. However, in the final analysis, it will still be the relationships within and among these groups that I will be focusing on, in order to present a comprehensive picture of the social factors relating to the Filipino traditional medical system.

With the above general description of my methodology, I will now give a more detailed explanation of the sequence of this thesis' discussions. The thesis can be broadly divided into four parts: (1) a structural description of the Filipino traditional medical system, (2) the relationship of health and illness theories to a Filipino worldview, (3) a socio-historical survey of the Filipino traditional medical system, and (4) synthesis and conclusions.
1.4.2 A Structural Description of the Filipino Traditional Medical System

Primarily using contemporary studies, I will present a structural description of the Filipino traditional medical system, concentrating first on the theories of illness causation and then on health practitioners and the methods used for health maintenance and healing. This description serves the following purposes.

First of all, the description delineates the “raw material” to be used for analysis in the thesis. There has been only one attempt to synthesize the published information on traditional medicine in the Philippines, this being the work of Cañeda. However, Cañeda focuses on concepts of illness and her work consists largely of the enumeration of supernatural beliefs and practices.¹

Thus, a second objective for my description of the Filipino traditional medical system is to show that the medical beliefs and practices among Filipino ethnic groups carry common themes that go beyond beliefs in the supernatural or rituals endlessly propitiating ancestors and spirits. I intend to demonstrate that there is structure, in the sense of interrelatedness, in these beliefs and practices. To demonstrate this structure, I will utilize what may seem to be excessively specific citations of beliefs and practices. Yet, I feel that this description of diversity serves to highlight the underlying order that can be found through deeper analysis. Moreover, this deep analysis itself cannot be conducted without considering the very specific nuances that form the context of these beliefs and practices.

In discussing Filipino theories of illness causation, I will therefore be emphasizing the manner in which these theories interdigitate to form a system that may not necessarily be completely coherent, but which nevertheless forms a distinct “base” for the Filipino traditional medical system. Moreover, I will show that this belief system embodies labels and attributes that are used to conceptualize not only health and illness but a whole array of environmental and social phenomena. In other words, I hope to demonstrate that there exists a complexity and order in traditional medicine that can be
operational only in the sense of socially shared meaning and inter-subjectivity.

Because my thesis' main objective is to analyze the social factors related to traditional medical systems, my framework for analyzing Filipino theories of illness causation will be based on perceived sources of the power to cause illness; that is, on the agents that bring illness. By further focusing on the perceived dynamics between these agents and the "victim," I hope to demonstrate that these perceptions correspond to the perceptions of the dynamics or relationships in the social and political spheres.

From the rather abstract level of illness causation theories, I will go on to describe health practitioners and the methods used in health maintenance and healing. More specifically, I will show how the statuses and roles of health practitioners, as well as the content of their practices (rituals in particular) are, to a large extent, rooted in social structures and relationships.

1.4.3 The Relationship between a Filipino Worldview and Theories of Health and Illness

After giving a structural description of the Filipino traditional medical system, I will conduct a deeper analysis of the relationship between the theories of health and illness and a "Filipino" worldview.

My analysis will be directed towards showing that traditional medicine exists in a reciprocal relationship with a worldview, reflecting that worldview and at the same time providing a source of root metaphors (cf. Ortner 1973) by which this worldview can be conceptualized and understood.

In essence, I will be analyzing culture as a socially constructed cognitive or ontological system. As part of culture, traditional medicine is vested with this cognitive function. Health and illness labels, ascriptions of the power to inflict illness or to heal, and even the human body, all function as social metaphors to describe and affirm social norms and values or the worldview.

At the same time, the perceptions of health and illness are
symbolism. As Harris (1979:165) has pointed out, "the 'structure' in structuralism... refers exclusively to the mental superstructure." Likewise, Augé (1979:32) observes that "a symbol's meaning is simply that part of the social order which it represents. This only explains how the social order functions, even if by way of the sacred representing it; the social order explains but may not itself be explained."^3

These critiques of subjectivism in structuralism take us back to the point I had brought out at the beginning of this chapter -- the problem of attempting to explain traditional medical systems solely in terms of culture. My investigation of the "social factors" relating to traditional medical systems would still be inadequate if I were to limit the analysis of such systems as reservoirs of social symbolism because in doing so, I would only be reiterating the reductionist view of a traditional medical system as nothing more than being a part of culture. And, as I pointed out earlier, to explain culture in terms of culture would be a tautological exercise.

My objections to functionalist interpretations are closely linked to my reservations about structuralism. Harris (1979:166-167) has in fact pointed out that "structuralism represents an attempt to explain the conscience collective in terms of a pan-human, neurologically based unconscious mental dialectic," the concept of conscience collective having come from Durkheim (1915:444). Durkheim and other functionalists have limited their interpretations of religions (and traditional medical systems) as mere representations of a cultural ethos, providing symbols to preserve social solidarity.

My survey and analysis will show that the formation of the Filipino traditional medical system is a function of contradictions or oppositional forces in Filipino society, and that the traditional medical system is itself a social arena where these contradictions are operational.

To elaborate, the functionalist view of "social control" overemphasizes an almost automatic and impersonal mechanism by which social stability is maintained. I feel it is more realistic to recognize that social control, particularly in the context of socially
stratified systems, is all too often a process of domination and appropriation, of particular social groups attempting or or reinforcing control over another group. Furthermore, social control can produce social tension, which is not only expressed symbolically but is also "acted out" in the traditional medical system.

Accordingly, I use a socio-historical survey to further clarify the notion of "social factors," not just as structures but of people interacting in "social fields." Grönhaug (1980:81) has explained the need to

...describe empirically some specific sub-populations that are dispersed in social space and interlinked in social organization... The idea is to look for the social dynamics that create direct and indirect links and repercussions within a population so that it emerges as an aggregate entity with attributes of scale and complexity....

These empirical systems vary from well-defined corporate groups, to mere aggregates of interrelated actors who themselves may be unaware of any social interlinking among themselves. The units differ in form and scale, but they display in common certain basic features allowing for an uniform terminology. I will call these units or systems of social inter-connexions "social fields."

In this thesis, I will emphasize social fields demarcated by kinship, ethnicity and class. In essence, I will be analyzing social praxis or the nature of relationships between colonizing powers and the colonized, among the Christians, Muslims and pagans, and even between the Filipino (men) and the Filipina (women), to show how these relationships, across time, are in fact part of the formative processes of the traditional medical system in the Philippines.

1.4.5 Synthesis and Conclusions

In the last part of this thesis, I will integrate the major findings of my study to propose a model explaining the social factors involved in the formation of the Filipino traditional medical system.

First, I will use the Philippine case to expand on Renfrew's (1978) discussion of innovation, which emphasizes the importance of a social matrix. My discussion of the social matrix will be based on Aguirre Beltran's (1979) definitions of "factors favoring change" and
"factors opposing change," which would correspond to my objective of explaining cultural and social continuity in terms of persistence and transformation. Since my interpretation of the social matrix is that of a field of social inter-actions, my focus on these "factors" will be on "social actors."

Obviously, the "factors" opposing and promoting change would exist in a dialectical relationship. In this context, I will examine this relationship in terms of ideology, which Geertz (1964:64) characterized as "maps of problematic social reality." I propose that this ideology exists in traditional medicine and that by examining the ideological dynamics in traditional medicine, it would be possible to understand better the formation of the traditional medical system itself. My discussion of ideology will therefore transcend abstract symbolism and concentrate on its roots in social and political action. In essence, I hope to show that the changes in the traditional medical system are not just reflections of, but significant components of, overall social change.

To end the thesis, I will briefly examine the implications of the present trends towards integrating traditional medical systems into national health care programs, referring back to the findings of this study.

1.5 An Overview of the Information Base

By way of concluding this introductory chapter, I would like to explain my sources of information and the limitations of this information base.

My main sources of information will be published ethnographic and historical documents. On a more limited scale, I will use dictionaries of different Filipino languages as sources of additional information on concepts of health and illness.

It should be recognized that, as with other parts of the world, there have been distinct periods in Philippine anthropology and sociology, each with varying paradigms and emphasis on research topics. The earliest ethnographers were the Spanish missionaries, who
generally emphasized the "heathen" and "primitive" aspects of the natives or indios. Nevertheless, their materials provide extensive information on the Philippines from the 16th to 19th centuries, the earlier accounts also providing valuable clues as to the nature of pre-Hispanic culture and society. Fortunately, Blair and Robertson (1903-1909) were able to edit and produce a 54-volume collection of translated documents from the Spanish period.

During the American colonial period, ethnographers focused on the non-Christian tribes (particularly in the Cordillera region of northern Luzon), collecting information to facilitate the extension of political control throughout the islands.

After independence in 1946, there was a shift of interest towards studying the Christian groups or more specifically, the peasantry, who were the main targets of "modernization" programs. Such studies have been conducted mainly by sociologists, with some participation from anthropologists. These studies have been noticeably limited to (1) culture and personality studies and (2) demographic studies emphasizing fertility patterns and population migrations. Both categories of studies are markedly oriented towards applications in population-control programs.

There are several implications arising from the above research pattern. First, we are dealing with data that is not always contemporaneous. Research on pagan groups tends to date back to the American colonial period while materials on Christian groups first appeared during the Spanish period and then again in the last 30 years. For the Muslim groups, the data has always been meager, a reflection of the fact that the Muslim areas were never under full control of the Manila government, whether in the colonial periods or under the present republic. The uneven distribution of research is further complicated by a dearth of longitudinal studies which would allow a more cogent analysis of cultural and social change.

Secondly, there are few studies that deal solely with traditional medical systems in the Philippines. In Tiamson's (1979) bibliography of medical anthropology in the Philippines, many of the entries actually refer to portions of general ethnographic surveys. References to
Traditional medicine are therefore found in chapters with headings like "magic and superstitions," "childbirth practices" or "illness and death."

Finally, we need to consider the ethnocentric biases found not only in the accounts by Spaniards and Americans but also in works by Christian Filipinos as well. There is a marked emphasis on naming the various mythological and supernatural beings and creatures that seem to dominate the Filipino milieu, while traditional medical practitioners are often described derisively, lumped under vague names like "witches," or "quack doctors."

Despite these limitations, I feel it is still possible, through cautious interpretation of the literature, to come up with a study as proposed for this thesis. In fact, the limitations and deficiencies of earlier studies have provided the impetus for recent revisionist studies in Philippine history, sociology and anthropology.

The scattered nature of references to traditional medicine, which I have referred to above, has also turned out to be advantageous since I was forced to read entire ethnographies, and this process was particularly useful in analyzing the relationship between traditional medicine and social structures.

Maretzki (1979) has pointed out the danger of relying on ethnographic studies as an indicator of the penetration of certain cultural behavior. In reviewing the literature, I have therefore tried to filter out references to what may have been some quaint practice that caught the fancy of the ethnographer. Since my study involved an extensive survey of the literature for groups throughout the Philippines, it was possible to establish a fair estimate of the distribution of practices and beliefs, based on the frequency of citations not just on a regional basis but also, in some instances, for a particular ethnic group (where several studies have been made).

At the same time, I recognize the problem of attempting to synthesize previous research to characterize a "Filipino" traditional medical system. Any macro study involves the risk of overlooking what may seem to be minor, but actually significant, details. More specifically, I would advise caution in the use of some of the tables I have
prepared for this thesis, summarizing the distribution of illness causation theories (page 66) and the types of health practitioners (pages 102-106) among Filipino ethnic groups. These tables summarize only the published references and should not be interpreted without reference to the text itself.
CHAPTER II

FILIPINO THEORIES OF ILLNESS CAUSATION

2.1 The Framework for Analysis

In this chapter, I will present an overview of the theories of illness causation among Filipino ethnic groups. The purpose of this structural description is to show how Filipinos perceive illness, an understanding of which is necessary before we can even start to analyze what is perceived (i.e., concepts of illness and health).

I have deliberately chosen to use the term "illness" as a unit of study, rather than "disease." A brief explanation should clarify the rationale for this choice.

Frale (1961:113) defines illness as "a single instance of 'being sick'" and disease as "a diagnostic category, a conceptual entity which classifies particular illnesses, symptoms or pathological components of illnesses or stages of illness."

Among others, Idle (1979:123) points out that "disease is an abstract biological-medical conception of pathological abnormalities in people's bodies" and, as such, "presents no data for sociological analysis; it reveals no social facts." On the other hand, Idle describes illness as "the human experiencing of disease...an explicit-ly social phenomenon with both an objective and a subjective reality."

It follows that for the purposes of this thesis, illness should be a basic unit for analysis since it "offers an additional opportunity to study how behavior is structured and organized by underlying cultural rules" (Fabrega 1974:3).

Various schemes have been suggested for the analysis of theories about illness causation. Rivers (1924:7-8) proposed that beliefs on illness causation (and, conversely, the healing practices) are essen-tially based on one of three "attitudes toward the world" or what others would refer to as worldview. Rivers' three categories are the magi-cal, the religious and the naturalistic. Magical beliefs are those which attribute illness to human manipulation of forces while religious beliefs attribute illness to supernatural forces. Naturalistic
theories view illness as being caused by natural processes. Rivers concentrated on magical and religious beliefs, declaring that "the third category [naturalistic theories] can hardly be said to exist [in 'primitive medicine']" (Rivers 1924:8).

Despite obvious deficiencies in Rivers' theories, his work is still considered significant today. The often-cited classification of medical systems proposed by Foster (1976) clearly carries Rivers' influence. Foster divides medical systems into the personalistic and the naturalistic, integrating Rivers' magical and religious categories under the term "personalistic." A similar scheme, using two main categories of "supernatural" and "natural," has recently been proposed by Murdock (1980) in his world survey of illness theories.

Originally, I had planned on using Foster's scheme with only two main divisions: personalistic and naturalistic. Personalistic theories attribute illness to the intervention of any sensate agent while naturalistic theories imply an "impersonal" system of illness causation; however, this division does not accommodate a third category of mystical beliefs, which is classed under "supernatural theories" by Murdock (1980). I feel that mystical theories need to be considered as a separate category of illness theories because they represent beliefs which are neither personalistic nor naturalistic, and yet may form an important basis for the last two categories.

I will therefore use a scheme that synthesizes those of Rivers, Foster and Murdock, a basic outline of which is presented below. Detailed definitions will be found in the discussion of each category later in this chapter.

I. Mystical Theories
   A. Cntagion
   B. Mystical Retribution
   C. Fate
   D. Soul Loss

II. Personalistic Theories
   A. Animistic
      1. Ghosts
      2. Supernatural Entities
   B. Magical
      1. Sorcerers
      2. Witches
In III. Naturalistic Theories
A. Natural Phenomena
B. Diet
C. Infections
D. Humoral Pathology
E. Organic Processes
F. Stress

I would like to emphasize that traditional illness theories are rarely moncausal and that the above categories of illness causation theories are not at all discrete. The purpose of classificatory schemes is purely heuristic. In this thesis, I use the classification system to discriminate or "decompose" the perceived sources of power to cause illness.

In relation to the above point, it would be useful to note the work of Glick (1967), who has stressed the need to recognize that there are three perceptual levels of causation in traditional illness theories: (a) efficient, (b) instrumental or immediate and (c) final or ultimate. I have chosen to emphasize efficient causes for the same reasons given by Glick (1967:35):

Illnesses are caused by agents who in some way bring their powers to bear against their victims. ... It is misleading to cite "disease object intrusion" as a cause of illness on a par with "sorcery." Sorcerers are efficient causes of disease -- agents whose actions are explainable. Disease objects are instrumental causes; sorcerers may employ them in producing illness, but it is sorcerers and their motives, not the objects they insert, that require ethnographic explanation. ... Gain an understanding of why they act, of what induces them to bring on illnesses, leads the ethnographer beyond the medical system proper and into the realm of ultimate causes -- kinship and political relations, property and inheritance disputes, jealousy, envy, rancor and spite. (emphasis in original)

As with Glick, my concern is not to identify and catalogue the names or types of illness-causing spirits, or the spells and charms used in sorcery. These practices and beliefs are cited only insofar as they provide us with information on social processes operating in traditional medical systems. In this chapter, an identification of perceived efficient causes of illness provides us with the springboard for an analysis of the ultimate, social causes.
2.2 Mystical Theories of Illness Causation

Murdock (1980:17) defines mystical theories as "any theory which accounts for the impairment of health as the automatic consequence of some act of experience of the victim mediated by some putative impersonal causal relationship rather than by the intervention of a human or supernatural being."

It should perhaps be clarified that Murdock emphasizes illness as an automatic consequence of an act or experience of the victim himself, in an impersonal causal relationship. Thus, although contagion involves "contact with some purportedly polluting object, substance or person," there is an absence of actual purposeful intervention by that "polluting" person. Contagion is therefore classified as a mystical theory by Murdock. His other categories are various ominous sensations and mystical retribution. I have excluded "ominous sensations" because the information from the Philippines does not indicate beliefs in omens or ominous sensations as actual causes of illness. On the other hand, I have added the category of "soul loss" under mystical theories. Thus, my four sub-categories of mystical theories are: contagion, fate, mystical retribution and soul loss.

The rationale for this classification should become clearer as I discuss these theories as they occur in the Philippines.

2.2.1 Contagion

Murdock (1980:18) defines contagion as "contact with some purportedly polluting object, substance or person." We are therefore dealing with two very closely related concepts: contagion and pollution.

In turn, I feel that traditional theories of contagion and pollution are based on what Maret (1909) has called animatism, or beliefs in a metaphysical life force such as the Polynesian mana. Such beliefs are widespread not just in the Philippines but throughout the world. A brief survey of animatism in the Philippines will help to explain this concept.  

Basically, Filipino ethnic groups seem to indicate a belief in
the distinction between "life-force" and "soul." Such a distinction appears to be more clearly articulated among the pagan groups. For instance, Frake (1964:117) says that the Subanun distinguish between gimud ("soul") and gina ("life stuff"). Garvan, who did his fieldwork among various Filipino Negrito groups in the early part of this century, noted that "there is everywhere a very clear distinction between the soul as a separable entity and the vital principal (sic), which is considered to be in the pulse, heart, blood and brain so that when a soul becomes separated from the body by death, it knows and feels and performs the operations which it had in life" (1964:216).

Among the Ilongots of northern Luzon, the term liger seems to come closest to meaning "life-stuff" (as opposed to gimau, or "heart.") which is used in a context closer to "soul"). Rosaldo (1980:37,44-53) says that liger suggests "energy, anger and passion" present in nature (including the red color of the sky at sunset, the wind and the rain), in the supernatural, in "potent and contagious plants" and in human beings.

Note that this vital principle is believed to be present not only in human beings but in anything that is animate and, occasionally, in the inanimate as well. Furthermore, concepts of this "life-stuff" always carry connotations of potency.

It should not be surprising, then, that the Christian Tagalogs have the concept of bisa, which Lecano (1973:51) describes as "psychic forces within the body" but also means "efficacy, effect, potency, result" (Panganiban 1972:169). The same word is used among the Malay (Gimlette and Thomson 1939:24) and by Muslim Filipino groups (Saber 1979:26) to mean "poison."

Significantly, this vital force is perceived as a potential cause of illness. Among the Ilongots, illness can result from contact with plants that have potent liger (Rosaldo 1980:37). Similarly, Fox (1952:306) cites a number of plants considered by the Pinatubo Negritos to have an inherent potency that would cause illness through mere contact.

By extension, a human being with a strong or potent life-force would be perceived as a cause of illness, even if that person does not.
have intentions of "causing" illness. This theory of illness causation is best exemplified by the widespread beliefs, among Christian groups, that illness variously known as usug and halis. The illness affects infants and is characterized by crying fits, abdominal pains and vomiting. This illness is believed to be caused inadvertently by male or female individuals with particularly strong "breath" (i.e., hisa).

To prevent this illness, a common practice (which I have seen even among Filipinos in the United States) is for a visitor to wet his finger with his saliva and to apply this to an infant he is meeting for the first time. (See Ilocano 1969:29; Concepcion 1971:49,108 for more detailed accounts of this belief.)

Among the Muslim Tausug, Bruno (1971:83) reports a similar belief in pasu simud ("hot breath"), an illness "induced by spoken words or human breath." It is interesting that in this case, the illness occurs as a result of the child being complimented. Thus, when a child with "nice features" is complimented by visitors, relatives quickly respond with the expression "pasu simud bi babu/kaka," ("may the 'hot breath' go to an aunt or elder cousin!).

Hart (1980:64) mentions the Visayan practice of saying "puera buyag" ("away with buyag") whenever one is complimented, again based on the belief that such compliments may result in an illness called buyag, which can affect adults and not just children.

It is interesting that the widespread Mediterranean and Latin American belief in the "evil eye" (mal de ojo) should not be common in the Philippines but that the underlying concepts for mal de ojo and illnesses such as usug should be so similar:

Throughout Spain and Spanish America it is thought that certain individuals, sometimes voluntarily but more often involuntarily, can injure others, especially children, by looking at them. Admiring a child is particularly apt to subject him to the "eye,"

Unintentional eyeing can be guarded against by the cautious admirer adding "God bless you," or some such phrase, and slapping or touching the child. (Foster 1953:207)

I would suggest that beliefs in illnesses such as mal de ojo, usug, pasu simud and buyag are based on the theory of a "life-force" which is given attributes of "strong" and "weak." Infants, whose life-force is still weak, are believed to be more susceptible to illnesses
Caused by someone with a strong life-force. Complimentary remarks may also cause illness because they are "strong" remarks; thus, even adults may be perceived to be susceptible to illnesses as a result of such remarks.

In the beliefs that regard compliments and flattering remarks as potential causes of illness, we begin to see the transition or extension of illness causation theories into the social sphere. It follows then that concepts of life-forces can be related to beliefs about mystical bonds existing between people, particularly consanguineal kin. We therefore find a variety of precautions taken against upsetting a pregnant woman, lest the unborn child be affected. As with other cultures, Filipinos attend to "pregnancy cravings" or idiosyncratic dietary preferences of a pregnant woman, in the belief that if these are not satisfied, the child will be born unhealthy (cf. Hart 1965:54-55).

Mystical bonds between parents and children are also implicated in lanti, an illness caused by fright, with close similarities to the well-documented Latin American susto (cf. Trotter 1982). The youngest child in a family is believed to be the most susceptible to lanti, the illness being attributed to the child's "fright" from witnessing a fight between his parents (Hart 1975). Nurge (1958:1162) reports a similar belief in a Leyte community, with an illness called calas wherein the child falls ill when the father is away from home, or if the father has been maritally unfaithful. Such beliefs clearly serve as forms of social control, but we also need to recognize the underlying beliefs in kinship ties as a "channel" for illness.

There are numerous citations of such "contagion" illnesses resulting from mystical kinship bonds. Jocano (1969:22-23,47) reports beliefs in a Christian Panay community about a pregnant woman's "morning sickness" being transferable to her husband. Jocano also cites a belief, which I know is not confined to Panay, about sickness not leaving a household until it has been "shared" by all its members.

I will now move on to a discussion of "pollution," which could be considered as another aspect of theories of contagion. "Pollution,"
Thus, if certain e are other groups, th the dead person tent state, would luck, success, abi-

may be brought e Sagada Bontoc as contagious, such h another man from and commit adultery

spread beliefs about desirable social extend to the idea ss not only upon y or even descend among the Muslim oe serious that e consequences, such e" may inflict not "descendants for

ion, I spoke of the iss by contagion sly, a person is weaker life-force. herent. However, social sphere. A lly "contagious"

tus" when he sets zada Bontoc percep-

tagion" is trans-

Visayan language.
the same word translates as "to be apart"; and in Tagalog itself, 
hiwa means "to slice" and hiwalay means "separate" (Panganiban 1972: 
486). Likewise, Rosaldo (1980:241) mentions that the Ilonggo berec 
means "to divide, to distribute, to contaminate, to revenge." We 
will see that this paradox can be resolved when we consider theories 
of mystical retribution, which is the next section in this chapter. 
I have discussed Filipino contagion theories rather lengthily because 
I feel such theories provide one of the key links in the whole struc-
ture of Filipino illness causation theories.

2.2.2 Mystical Retribution

Murdock (1980:18) explains mystical retribution as "acts in 
violation of some taboo or moral injunction when conceived as caus-
ing illness directly rather than through the mediation of some of-
fended or punitive supernatural being."

The literature is full of references to the taboos among Filipi-
no ethnic groups. In general, it is assumed that Filipinos believe 
a violation of taboo would result in illness and misfortune as "pu-
nishment" by a supernatural being. Such interpretations overlook 
theories of mystical retribution as defined by Murdock.

For instance, certain taboos are clearly based on principles 
of imitative magic, without any element of supernatural retribution. 
Among Tagalogs, a pregnant woman does not prepare new clothes for 
herself as this would seem like she is preparing for her death. At 
the same time, it is taboo for the pregnant woman's kin to do any 
kind of work that would involve digging, because this would be sug-
gestive of their preparing a grave for her (cf. Concepcion 1976:8).

Moving away from examples of imitative magic, note the follow-
ing observation by Garvan (1964:107–108) about the Pinatubo Negritos' 
sanctions against pre-marital sex:

This would be makalili, causes some indefinable bad influ-
ence. I could not... arrive at an intelligent understanding 
of this term (makalili), which, incidentally, is used with 
great frequency and applied to many actions, by these Negritos. 
It seems to connote some future condition of evil that would 
arise from a certain act but lays the infringer, from the mo-
ment of infraction, under a malign influence that may be noxious to others, thus differing from the term for taboo.

Apparently, it was difficult for Carvan to recognize a taboo that did not involve supernatural retribution. Thus, it is not surprising that Carvan did not seem to have seen the connection between the Pinatubo Negritos' makalili concept and that of "shame," which he himself had reported, in the same ethnography, with reference to sanctions against pre-marital sex among the Negritos of western Pampanga: "Such cases cause 'shame' (makakasikau) and may entail drought, smallpox, storms, and so forth" (Carvan 1964:102).

I have cited these passages to underscore the need to re-examine accounts about "primitive" concepts of taboo violations as a cause of illness. The concept of "sin" and "supernatural retribution" is probably associated more closely with western morality and Christianity. Writing on the pagan Nabaloi, Moss (1920:283) observed that their "spirit belief" had "very little connection with morality, although they could hardly be called an immoral people even from the standpoint of civilization" and that the Ibinaloi's "fate after death is not determined by his acts while alive."

This difference in "morality" explains quite clearly another belief among the Pinatubo Negrito. Writing a quarter of a century after Carvan's fieldwork, Fox (1952:3:9) noted that a Pinatubo Negrito who damaged another person's property felt obliged to indemnify the owner because failure to do so would result in the owner's becoming ill.

Even among Christian groups, we find evidence to suggest that perceptions of supernatural causes of illness may be over-emphasized. Writing on a community in Leyte, Nurje (1958:1165) observed that "no ailment was ever reported to be a visitation from God as a punishment for sin or as a trial of one's faith, ideas prominent in some Christian circles." Likewise, Schrest (1970:8) suggests that the notion of sin "does not seem especially salient in the Philippines and a disease theory based on such a concept might not be a very powerful one."

Mercado, a Catholic priest, says that the Filipino does not have
a "Western concept of moral conscience," and he attributes this to
the presence instead of the idea of "immanent justice" as retribu-
tion: "The sanction flows from within himself" (Mercado 1976:187).

Mercado also cites the Visayan Christian concept of gaba as a
good example of the Filipino concept of retribution. In the litera-
cure, gaba is often translated simply as a "curse from God" or as a
"divine retribution" resulting in illnesses.

However, Garcia (1976) conducted interviews to re-examine the
context in which gaba is used and concludes that "the gaba belief
system supports the idea that certain actions of a person will bring
about, as a natural consequence, punishment and suffering. Farmers,
for example, believe that if food is not shared during harvesting,
gaba will be incurred" (Garcia 1976:34-35, emphasis added).

While more extensive research needs to be done, I feel that
there is evidence to show that the theory of mystical retribution
does exist among Filipino ethnic groups, perhaps more significantly
among the pagan groups. More importantly, the notion of mystical
retribution may be closely related to a sense of social propriety.
The violation of social norms results in "shame," which can cause
illness not just to the transgressor but to his family and community,
or even to the transgressed party. Thus, turning again to the Ilon-
got, we find one explanation of how a person, set apart, actually
becomes "contagious": "Not to distribute or to share is 'acting out
and activating emergent lines of social cleavage, signaling the col-
lapse of a presumed field of equal and cooperating kin.' Excluded
and shamed, the person is torn with liget and wants a chance to be-
eret" (M. Rosaldo 1980:77). Liget, as we have seen earlier, is "ener-
gy, anger and passion" and beret is "to divide, to distribute, to
contaminate, to revenge."

The interfacing of the terms above should naturally be taken
in the particular context of Ilongot society. The factor of ven-
geance may not necessarily be present in other societies. What is
important to consider is that violations of a social code result in
social cleavage and that this cleavage is perceived as carrying the
potential for illness and misfortune, much like the dead who have
been cleft apart from the living. Moreover, it is the human act of transgression, and not a furious god, that is recognized as a disruptive and illness-inducing force. This, in essence, is mystical retribution, which relates closely to the next category of mystical theories, that of fate.

2.2.3 Fate

Murdock (1980:17) qualifies his inclusion of fate as a mystical theory only insofar as illness is ascribed to "astrological influences, individual predestination, or personified ill luck."

The Tagalog term for fate is palad, which also means the palm of the hand. Lieban (1966:174-175) mentions a Cebuano belief in buayahan, individuals who are believed to be fated for illness and death because of lines on the palm forming the mouth of a crocodile (buaya). Palm readers are found in both urban and rural areas and are consulted on matters of health. Some traditional health practitioners may use palm reading as a supplementary technique in their diagnosis of the patient.

However, Kroeber (1928:203) feels that palmistry may have been of relatively recent introduction in the Philippines, possibly accompanying Islam. He bases this on the fact that ethnographic references to palmistry seemed to be limited to tribal groups in Mindanao. Certainly, contemporary Filipino palm readers seem to draw more from "American" astrology (e.g., Jeanne Dixon) than anything else.

Early Spanish accounts do report the use of divination among the indios. The Boxer Codex of 1590 (Quirino and Garcia 1958) refers several times to different divination techniques, and includes an illustration of natives "reading" animal entrails (haruspication).

There is also some evidence that early Filipinos may have believed in reincarnation or the transmigration of souls (cf. Quirino and Garcia 1958:429), but it would be impossible to establish if such beliefs actually represent a concept of fate as an impersonal course of events rather than as a divinely pre-ordained path.

Among contemporary Filipinos, beliefs in reincarnation do not
appear to be widespread, except among members of various spiritist sects (espiritista), who also believe that illnesses may be the result of sins in the present and previous lives. However, these sects were first established in the Philippines only in the 1920s, using doctrines formulated by the 19th century French spiritist Allan Kardec (cf. Schlegel 1965; Velez 1978; Licauco 1981b:11-12).

And although Filipino languages contain a number of terms borrowed from Sanskrit religious terminology, the word karma is found only among the Ilokano, and is rarely used at that, with definitions of "soul, energy, strength, power or ghost" (Mercado 1976:186).

It is generally assumed, then, that the most common manifestation of fatalism in the Philippines is one that attributes human events to the "will of God." This view is supposedly exemplified by the bahala na attitude, bahala na being a common idiomatic expression. Conventional interpretation is that the word bahala refers to Bathala, an archaic name used by various Filipino groups for a supreme deity, with its etymology traced back to the Sanskrit bhattara or "lord." Mercado (1976:183), however, disputes this interpretation and argues that bahala may have been derived from the Sanskrit bhara, which means "load" and that the expression bahala na comes closer to meaning "be responsible for" or "assuming the load."

All this speculation about Filipino theories of fate and retribution may seem like a futile and pedantic exercise, but its importance emerges when one considers the many references in the literature to the Filipino peasant being passive or resistant to change because he is fatalistic, attributing everything to the "will of God." But, as Lieban (1966) has pointed out in his study of fatalism and illness among Cebuanos, "the will of God" may be used only to rationalize or explain "experienced incapacities"; in other words, such explanations may be used in retrospect and may not necessarily be part of cognitive factors that would discourage action.

It is clear that more research is needed to establish the context of attitudes and concepts such as bahala na and gaba. For instance, Jocano (1969:29) has referred to the Visayan 'abay as an
"inherent or psychic disposition to illness and ill luck." I suspect this concept can be related to theories and concepts of a person's "inherent" strength or weakness, as I had discussed earlier in this chapter.

Filipino Muslim concepts of fate are also poorly understood. Kiefer (1972:127-128) notes that the Tausug distinguish between two kinds of fate: the theological and the empirical. Theological fate, or kadal, is "permanently attached" to the soul and is divinely predetermined while empirical fate, sukud, comes closer to "luck" and is predictable through divination. Kiefer notes that the Tausug lifestyle derives meaning "from the ultimate fatefulness of the world: if it is predetermined that a man must die, then he might as well fashion his death as part of an adventure."

In the final analysis, whatever the nature of Filipino fatalism, one needs to examine the socio-economic and historical factors that have led to the development of such attitudes, rather than simply accepting them as a "giver" cultural trait.

2.2.4 Soul Loss

Soul loss theories comprise my last category of Filipino mystical theories of illness causation. Murdock (1980:29) notes that:

Most simpler religions postulate that every human being has an insubstantial double or soul which normally resides within his body but is capable of leaving temporarily to have the experiences perceived in dreams and which departs permanently at death to lead a differentiated afterlife. If death is the consequence of the soul's final departure, it is logical to conclude that a somewhat less prolonged absence may cause its owner to fall ill.

In discussing soul loss under mystical theories, I refer specifically to beliefs that the soul may wander off on its own, as opposed to "soul capture" resulting from "abductions" by supernatural beings or through sorcery.

Filipino beliefs in soul loss are clearly ancient. Referring to documents written by a Spanish bishop in the early 17th century, Best (1892:124) says that among early Filipinos, "it was also regarded as a great insult to step over a sleeping person, and they objected
to wakening one asleep. This seems to refer to the widespread belief of the soul leaving a sleeping body. Their worst curse was, 'May thou die sleeping.'"

Beliefs in soul loss continue to be widespread among Filipino pagan groups. And although such beliefs appear to be rare among the Christian groups, it is significant that they have instead a widespread belief in bangungot, literally translated as "nightmares." The belief is that certain people can die if they are not able to wake up during a bangungot attack. I will be discussing this syndrome in greater detail later in this thesis.

To understand Filipino beliefs about soul loss, we need to understand corresponding beliefs about the soul itself. Earlier, I mentioned that Filipinos distinguish between "soul" and "life stuff," the latter being a vital principle that seems to stay in the body and is responsible for corporeal existence in this world.

On the other hand, the soul is clearly conceptualized as a "companion." The Tagalog word for soul is kaluluwa, while in Cebuano, kaiuha means "twin" (Panganiban 1972:233). "Dua" itself means "two" in other Filipino languages. It should not be surprising then, to note that various Filipino groups believe that each individual has a putative "companion" animal. Jocano (1969:21) writes that in the Panay (Christian) community he studied, each child is believed to have a companion in the form of a gecko. If the gecko falls into a crevice, the child may die of hupa, or bad dreams. Similarly, Ewing (1960:132) said that the Firuray and Subanur (both pagan groups) believe that individuals have snake-siblings and that one's life span corresponds to that of the snake-sibling.

What is intriguing, however, is the apparent notion of the soul having a compulsion to wander off. The word kalag, which means "soul" among the Bikolanos and various Visayan groups, translates as "loose, untied, free" in northern Filipino languages like Kapampangan, Ilokano, Ivtan and Tagalog. In addition, kalag also means "compulsion" in Ilokano (cf. Panganiban 1972:222). Thus, the soul is regarded by Filipinos as not only carrying a degree of autonomy from the body, but a compulsion to wander off.
It should also be noted that several Filipino groups believe in multiple souls, such as the Bagobo concept of a "good" right-handed soul and an "evil" left-handed soul, the latter being the "wanderer" and a cause of illness (cf. Cole 1913:105; Benedict 1916:227-229; Kiefer 1972:129-130). It is tempting to draw Freudian interpretations of these beliefs in the sense that they may represent "conflict theories" of "good" and "bad" within the individual, the latter being associated with illness. At the same time, the ascription of illness to a soul's wandering could also be a symbolic representation of the danger in leaving the secure boundaries of a "social body." I will return to this theme in chapter four when I discuss the Filipino worldview.

What I would like to focus greater attention on is the notion that infants and children are considered more susceptible to soul loss (cf. Eggnan and Scott 1963:45-46). An explanation may again be found among the Ilongots, specifically in relation to their notion of beteng: "In certain contexts, heart [rinawa] is identified with beteng, one's 'shade' or 'shadow,' or the 'person' people see in vital eyes when one is living, which turns into a spirit that stays to haunt the living after the body dies. As beteng, hearts may leave their bodies during sleep..." (Rosaldo 1980:37). For the Ilongots, the danger of the beteng's departure is that it may become accustomed to the company of the dead ("the vanished beteng") and that this would cause "our living selves [to] withdraw and start to die"; however, Rosaldo continues, "most hearts know better; 'startled' (dikrat) by what is always a temptation, they will jump back into their bodies -- and so awakened, we survive."

The saving grace, then, is "knowledge," but this knowledge is apparently deficient among infants: "Beya, or 'knowledge,' is what gives form, sense -- and consequence -- to the motion of the heart... Thus, babies, lacking 'knowledge,' can lose their hearts through fear because they do not 'know' that they have fallen" (Rosaldo 1980:38).

What I am trying to point out is that Filipino conceptualizations of the soul may go beyond that of a "double." Rosaldo (1980:36) uses the following linguistic information provided by Howard Conklin:
names like engkantado ("to be enchanted"), duwende (dwarfs) and sirena (mermaids). Among Muslim groups, two terms of Arabic origin are often used: saltan and jin.

Environmental spirits are generally perceived as benevolent, unless provoked by an intrusion into their "territory." In fact, such spirits may be invoked in healing rituals and for the shamans, possession by such a "spirit guide" is often necessary.

There are certain spirits believed to be inherently malevolent. These include demons living in the underworld and souls of "evil persons." It is interesting that for groups which believe in multiple souls, there is the concept that the "evil soul" turns into a free roaming evil spirit after the death of the individual (Cole 1913: 105).

To summarize my discussion of animist theories, we see that the perceived power of ghosts and supernatural entities is related to concepts of how close such entities are to the human sphere. A supreme deity, perceived to be quite distant, only infrequently inflicts illness. Saints and the Virgin Mary, who were once human, are perceived to intervene more frequently in human affairs. Finally, spirits living in this world and the underworld, including ghosts, seem to be the ones most implicated in causing illness and as well as health.

2.3.2 Theories of Magical Causation

Murdock (1980:20-21) defines magical theories as those "which ascribe illness to the covert action of an envious, affronted or malicious human being who employs magical means to injure his victims."

The two sub-categories of magical theories are sorcery and witchcraft, a distinction between the two terms having been first proposed by Evans-Pritchard (1937:387): "the difference between a sorcerer and a witch is that the former uses the technique of magic and derives his power from medicines, while the latter acts without rites and spells and uses hereditary psycho-physcial powers to attain his ends." Murdock (1980:21) makes a similar distinction between the two terms, sorcery being accomplished with the aid of a specialized
magician or shaman and witchcraft being the "voluntary or involuntary aggressive action of a member of a special class of human beings believed to be endowed with a special power and propensity for evil."

The distinction between sorcery and witchcraft is not made in most of the earlier ethnographic literature so inferences have to be drawn from the context of these references.

2.3.2.1 Sorcery

Beliefs in sorcery are found throughout the Philippines. Among pagan groups, this is usually reported as the effort of a community to inflict illness on a common enemy, using communal rituals (cf. Moss 1920). Among Christians and Muslims, sorcery is often an individual affair, usually with revenge motives for cases ranging from being jilted in courtship to being deceived by a business partner. The aggrieved party consults known sorcerers and pays for such services. Such practitioners continue to be prevalent even in urban areas, as Lieban (1960, 1967) has so well documented for the southern city of Cebu.

The early Spanish missionaries were well aware of the existence of sorcery beliefs among Filipinos. Plasencia (1903:192-194) describes the mancocolam, hoclohan, manggagayoma, terms which are still in use among contemporary Filipinos almost four centuries after Plasencia's work. Similarly, a 17th century description of sorcery methods among Filipinos (Combes 1906:137) could well describe contemporary practices: the use of herbs and voodoo-like figurines, charms and incantations.

There are different terms used for particular types of sorcery, but the most common generic terms are kulam or gaway (Tagalog), tanem (Ilokano), barang (Visayan groups) and pantak (Muslim groups). Despite the differences in terms, the methods are strikingly similar not only for groups within the Philippines but also for those in the southeast Asian region. Thus, although a sorcerer from a Christian ethnic group may incorporate ritual paraphernalia associated with Catholicism, he still uses figurine representations of the victim
as a Malay sorcerer would use the polong or thumb-sized manikins (Skeat 1900:328-331; Provencher 1978:255).

Barang, a specific type of sorcery widespread among Filipino Christian groups, uses insect familiars to poison the victim. Descriptions of barang by Lieban (1960:129) and Jocano (1973:107) are similar to accounts of pelesit sorcery among the Malay (Skeat 1900:328-331) and ku sorcery among the Lu, an ethnic group living around the Burma-Thailand border areas (Lebar 1964:213). Feng and Shyrock (1935) say that ku sorcery is, in fact, an old and widespread belief among the Miao and Tai of south and southwest China. Significantly, the insects are used not only to harm the victim, but also represent the sorcerer's powers. Like the theory of "companion animals" (e.g., snake-siblings) for "normal" human beings, the life-span of the sorcerer corresponds to that of his insect familiars.

Other methods of sorcery may have empirical basis, particularly in the use of plant poisons. Galvez-Tan (1978), a physician who once worked in the eastern Visayas, was able to get specimens of plants allegedly used by hilo-an ("poisoners"), and chemical analysis showed that the plants contained high levels of amygdalin, a substance which produces cyanide on reaction with gastric acid.

Whatever the sorcery methods are, it is important to note that sorcerers are usually known and accepted in their communities. They are perceived as having legitimate roles and their practice is socially sanctioned. In fact, in a survey of Filipino college students, Ellwood (1977) found that the students supported the use of sorcery as legitimate means of "punishing criminals when courts failed or were slow to act."

2.3.2.2 Witchcraft

Beliefs in witchcraft seem to be limited to Filipino Christian and Muslim groups. These beliefs center around the aswang among Christians and the balbalan for Muslims. I will focus on the aswang belief since there is little information on the Muslims' beliefs in the balbalan (cf. Kiefer 1972:113-114).
The aswang belief is probably pan-Malayan. Ewing (1960:130) says that Filipino beliefs about both the aswang and the balbalan are similar to that of the burong of the Achenese and the penanggalan on the Malay peninsula. Linguistically, the Filipino aswang is probably closely related to the keswanga belief complex widespread in the Moluccan archipelago, the suanggi being "a witch born with malevolent powers" (Koentjaraningrat 1972:114).

Contemporary accounts of the aswang belief are similar for various Filipino ethnic groups (see Lynch 1949; Arens 1956e; Ewing 1960:130; Ramos 1968) and closely resemble early Spanish accounts of the asuang (Plasencia 1903:194; Quirino and Garcia 1958:405). Lynch's (1949:403) description of the aswang is representative: "a man or woman possessing preternatural powers of locomotion and metamorphosis and an inhuman appetite for the voided phlegm sputum of the deathly sick, as well as the flesh and blood of the newly dead."

A person becomes an aswang usually by inheritance. Visayan and Bicolano groups believe in both "walking" and "flying" witches and, in an amusing instance of "acculturation," the latter are sometimes referred to as "night pilots" (Arens 1956e:456).

Like sorcerers, certain individuals are publicly known (or rather, are publicly tagged) as aswang; however, they are greatly feared and may on occasion be the target of physical violence. Mas (1843) cites an extreme case involving a Filipino curate named Millares, who ordered 57 assassinations to save his ailing mother, who he believed was being bewitched. Millares was hanged in 1840.

Descriptions of the aswang given to Arens (1956e:462-465) indicate that suspected aswang are usually less sociable: "they cannot look you straight in the eye," "they are somewhat individualistic and have self-reliance," "they prefer not to seek advice from other people." Witches are perceived to "enjoy everything precious in life" and Arens cites a case where a big landowner in Biliran island, whose tenant had died from a dog bite on the landowner's premises. Eventually, this landowner had to build a high wall around his house because people started calling him an aswang.

Quite clearly, the aswang belief operates as a form of social
control. Lynch (1949:420) says that the aswang belief discourages asocial attitudes "such as secretiveness, solitariness, misanthropy and the like." Foster's (1965) "image of limited good" may also be operational, the aswang belief working as a leveling mechanism because of the risk of being accused of witchcraft once wealth or power is accumulated.

I believe, however, that both witchcraft and sorcery beliefs need to be examined in greater detail as they relate to forms of social organization. I will therefore refer again to these beliefs later in this thesis. For the purposes of this chapter's discussion, I would like to underscore the distinction made between sorcery and witchcraft, the former being a socially sanctioned practice and the latter, a proscribed one. Both labels attribute special powers (bisa) but the aswang's power is inherent, rather than acquired. The aswang has no way of redeeming himself and is permanently excommunicated, the stigma even passing on to his descendants. Obviously, the aswang does not exist in the sense of a ghoul that cannibalizes the sick and the dead. The label is a socially constructed one, serving a particular social purpose.

To end the discussion of personalistic theories, we see that these theories contrast with mystical theories in that illness is attributed to the intrusion or intervention of a sensate agent, human or supernatural. Such agents are, however, conceived in mystical terms: ghosts and supernatural beings are disembodied souls and sorcerers and witches possess special suprahuman powers. These agents inflict illness intentionally and are therefore more dangerous than the wandering souls of the living, or the visitor with a "hot breath."

We also need to note that the potency or pathogenicity of such forces is conceptualized within a framework of social relations. A supreme deity is not necessary perceived as being more powerful or threatening than a human sorcerer or witch. In fact, the more "earthly" an entity, the greater the danger that is perceived and the more rabid the labeling becomes, as we have seen in the case of the aswang.

In the next and final part of this chapter, I will be discussing naturalistic theories of illness causation. Again, I would emphasize
that these theories should not be seen as discrete from personalistic and mystical theories.

2.4 Naturalistic Theories of Illness Causation

Murdock (1980:9) defines naturalistic theories of illness causation as "any theory, scientific or popular, which accounts for the impairment of health as a physiological consequence of some experience of the victim in a manner that would appear reasonable to modern medical science." I feel that Murdock's definition presents problems because he uses "modern medical science" as a referent. Considering the rigidity of modern medical science, it is inevitable that many traditional medical theories would be relegated by Murdock to his category of "supernatural theories." Murdock himself grapples with what he calls a "category of theories of illness which occupy a sort of twilight zone between those of natural and supernatural causation," examples of which are those related to acupuncture, chiropractic, osteopathy and faith healing. Such practices may have some therapeutic effectiveness but are not accepted by medical scientists.

In this light, there are advantages in adopting a definition of naturalistic theories proposed by Foster (1976:775):

Naturalistic systems explain illness in impersonal, systemic terms. Disease is thought to stem, not from the machinations of an angry being, but rather from such natural forces or conditions as cold, heat, winds, dampness and, above all, from an upset in the balance of the basic body elements. (emphasis in original)

Foster's definition allows us to consider important traditional theories which are definitely not "supernatural" but which simply not have been evaluated or accepted by western medical science. Using Foster's definition and some of Murdock's sub-categories of naturalistic theories, I have identified the following naturalistic theories of illness causation among Filipino groups: natural phenomena, diet, infections, humoral pathology, organic processes and stress.

2.4.1 Natural Phenomena

Various natural phenomena are cited as causes of illness by Fili-
lpinos, but the contexts of these beliefs should be carefully considered. For instance, the belief in thunder and lightning as a cause of illness is widespread among Negrito groups not only in the Philippines but also in Malaysia as well (Fox 1952:338-339; Garvan 1964:203-205; Maceda 1964:115-119; Endicott 1979). Reports, however, vary as to the actual "chain of causation" in such beliefs. Many of the reports attribute the illness not to the natural phenomenon itself but to a thunder god, who punishes human beings for the violation of certain taboos.

On the other hand, Endicott (1979) suggests, from his analysis of this belief among the Batek Negrito of Malaysia, that there are actually two "systems of ideas" that are operational: a naturalistic and a mythological. The mythological system would attribute illness to a thunder god, an anthropomorphic personification of the natural phenomenon. At the same time, "retribution" from thunder results from the violation of taboos against the mixing of unlike categories in nature (e.g., imitating animals); thus, Endicott suggests that:

The naturalistic conception of thunder is that it is a normal meteorological phenomenon which is an integral part of the seasonal fruit cycle, but one which can get out of hand if man disrupts the orderly processes of nature by confusing the categories of the natural world. This system of explanation is complete in itself, without any necessary reference to anthropomorphic deities. (1979:35)

It is interesting that among Filipino groups, the Negritos in particular, it is this mixing of natural categories that is believed to bring about thunder and illness. Clearly, there is an overlapping of categories of illness causation which needs to be taken into consideration. The confusion over the interpretation of such beliefs only shows that ethnographic accounts have often been inadequate in giving the full context of these beliefs. To underscore this point, I would cite another variant of this "thunder belief," this time among the Chinese in the Philippines, who are always concerned about the effects of thunder and lightning on children. Here, the fear is that the child may have been "frightened" by the thunder and lightning and it is this fright, not some thunder deity, that is believed to be a potential cause of illness.
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Moving on to another natural phenomenon, there are widespread beliefs in the Philippines about winds (hangin in most Filipino languages) as a cause of illness. As with thunder and lightning, illness-causing winds may be perceived as being sent by supernatural or human entities. In fact, Hart (1979:64) says that in Samar, hangin is itself a name for illnesses involving any type of object intrusion caused by spirits or sorcerers.

On the other hand, the different Filipino ethnic groups also believe in "self-activated" winds as a cause of illness, somewhat similar to folk concepts, among western cultures, of a draft causing certain ailments. The following observation by Adams and Rubel (1967:34) for Mesoamerica could very well apply for the Philippines: "Aires, viento, and related forms are among the most elusive of illness concepts... Sometimes it merely strikes the body. In this sense the aire may be self-activated or it may be a vector used by a sprite, spirit or witch."

Filipino theories of illness-causing winds probably belong to a pan-Malayan complex since hangin (Malay angin) is always the term used, rather than the Spanish aire or viento. Some of these beliefs can be quite complex; for instance, Jocano (1973:45-48) describes a southern Tagalog community's division of winds according to direction, each causing particular illnesses.

In the above-cited description of illness-causing winds, each month is also attributed with a predominant wind direction. This brings us to beliefs related to seasonal changes and their effects on health. Again, some of these beliefs may have magical and religious referents, certain days being perceived as "sacred" and therefore particularly conducive to health or illness. For instance, Demetrio (1970) cites the many prescriptions and prohibitions related to days of the week, Friday being associated with the most restrictions on behavior (e.g., bathing on Friday would cause illness.) Fridays are considered "sacred" because it is believed that Christ died on this day.

Such beliefs are also strong among Filipino Muslims, to the point that the prognosis for an illness may be based on the day and month.
on which the illness first appeared (cf. Gomez 1917). Wulff (1964:67) and Bruno (1973:163) also cite the belief that the second month of the Islamic calendar (Safar) as being unlucky. Thus, throughout the Malay region, a ritual bath is taken on the last Wednesday of this month to remove and keep away sickness and misfortune.

On a more empirical level, the seasons may be associated with particular illnesses. Jocano (1973:46) provides a brief description of such beliefs among the southern Tagalogs:

When the temperature is relatively cool, sickness is not widespread, except for those diseases which are deep in the body and in an advanced stage, such as asthma, pilay lamig (muscular pain), and pasma (rheumatism, joint pains). Generally, there is a feeling of buoyancy and freshness. On the other hand, when the temperature becomes warm and humid, there is a general feeling of malaise and irritability even among healthy individuals.

In examining theories which attribute illness to natural phenomena, we find these theories relate to personalistic and mystical theories. Natural phenomena may be invested with attributes similar to those applied to the "life-force" in human beings and the supernatural. At the same time, we cannot discount the empirical bases of these concepts of natural phenomena as illness-causing agents. The rapid spread of certain illnesses, in the absence of visible human causative agents, could have led to speculation over the role that nature would take, even if merely as an instrumental cause (e.g., the "air" or "wind" carrying illnesses). Subjective perceptions of alterations in physical and mental states that accompany weather changes, as well as some crude form of observing the patterns of illness and death during the year, may have possibly contributed to the further development of these theories relating meteorological factors to health and illness.

2.4.2 Diet

Theories about dietary factors in health and illness represent another domain where empiricism could play a role. The aphorism "you are what you eat" is probably universal. Speculation on the relationship between diet and health is a theme that continues to pervade both traditional and western medical systems.
The literature on the Philippines is full of references to beliefs about the effects of diet on health. Here, I will attempt a broad classification and analysis.

First, we find injunctions based on religion. The Islamic prohibition of pork consumption is well known. Filipino Muslim groups observe this prohibition, together with other Islamic dietary injunctions. Bruno (1973:173) lists "forbidden elements" (haram) mentioned in the Koran: pork, dead meat (animals that died a natural death) and blood. Muslim precepts on diet are clearly based on concepts of the "pure" and the "impure," haram itself having connotations of "pollution."

Among pagan groups, there has been little documentation on religious beliefs related to food, other than references to the fear of consuming food that has been "sorcerized" by enemies (e.g., Barton 1946:142).

Among the Christians, religious dietary prohibitions are found among Catholics (abstinence from meat on Fridays during the Lenten season) and the Seventh Day Adventists (total abstinence from pork). We also find emphasis on the conservation of food, couched in religious terms. Cabocaje (1976:94) cites the saying "altar ang lamesa," "the dining table is an altar." Food is considered grasya or "grace from God," and wasting food is deemed serious enough to bring illness or misfortune. Such beliefs form the basis for folk practices such as not leaving a house when others are eating because this would be equivalent to "turning back" on divine grace.

A second category of Filipino food beliefs are those based on imitative magical principles, such as the avoidance by pregnant women of slippery foods (e.g., okra) in the belief that this would cause the uterus to slip (Nydegger and Nydegger 1966:814). Beliefs of this nature often date back to the pre-Hispanic period, such as the still widespread belief that a pregnant woman eating "twin bananas" (two bananas joined together) would result in the delivery of twins. This belief has been recorded in the Boxer Codex of 1590 (Quirino and Garcia 1958:442). It is interesting that so many of these magical beliefs relate to the diets of pregnant women and the effects of the mothers'
relate to the diets of pregnant women and the effects of the mothers' diet on their still unborn children.

A third category of food beliefs are those based on theories of humorai pathology. Food items are classified as "hot" or "cold" and these attributes are used as a guide to regulate food consumption. For instance, fruits are considered "cold" and are therefore avoided in the morning (the coldest part of the day) because this intensification of the cold condition could result in ailments like diarrhoea. Similarly, beans are considered "hot" and are implicated in a number of "hot diseases" such as skin disorders. [See Jocano (1973:49-52,59-62); Cabotaje (1976:123-124) and Ramos (1977) for detailed lists of these "hot" and "cold" foods.]

The hot/cold division of foods is extended to a belief that a mother should not breastfeed her child if she has been working hard or has been exposed to the sun because her milk would then be too "hot," turning salty and sour, and possibly causing illness to the child (Jocano 1969:35; Bruno 1973:98; Guthrie et al., 1980:41).

A fourth category of beliefs could be called quasi-scientific. An example is the avoidance of sour foods by lactating mothers, in the belief that sour foods would curdle the milk and harm the infant. On one hand, there is a valid recognition of the effects of maternal diet on the quality of breast milk; moreover, milk does get curdled by acidic ("sour") substances. It is clear, however, that the links in the causal chain are not quite accurate.

Another example of such beliefs is the avoidance of fruits with numerous small seeds, allegedly because this would cause appendicitis. There is again the correct recognition of appendicitis as a condition resulting from food being lodged in the appendix; however, the perceived role of the small seeds may not be as precise.

There are still many other aspects of beliefs about diet and health that could be covered. Some of these are obviously based on common sense, such as recognition that overeating can upset the stomach, or the precautions in giving young children foods which are perceived as being "hard to digest."

Other beliefs develop from cultural conditioning. The Ifugaos,
for instance, would not eat monkeys because they believed the monkey descended from man (Barton 1922:393). Food preferences are also clearly structured by cultural perceptions of "palatability." Rosaldo (1980:112) cites the case of an Ilongot who vomited after eating pork in a restaurant because he found the "soft" quality nauseating, in contrast to the meat of wild boars which he was used to eating.

Finally, we should note the many dietary restrictions and prescriptions for infants and children; menstruating, pregnant and lactating women; the ill; and those who have just recovered from illness. Hart (1965:42-47) gives a long list of foods prohibited during pregnancy and the post-natal period. These prohibitions are intended to protect the mother and the child during what is perceived as a crucial and life-threatening period. Similarly, Cabotaje (1976:123) lists foods which are classified as makabugat, or "causing relapse." Such foods are avoided by the sick and those who have just recovered from illness. Many of these beliefs are associated with concepts of hot and cold, but in other cases there is a recognition of foods that are sustansiya (nutritious), needed by people who are weakened or susceptible to illness.

We see then that food items first have to be labeled with certain qualities before their "effects" are inferred. I have referred above to the "hot" and "cold" labels. Other attributes, such as the "pure" and "impure" dichotomy, may be used in both religious and secular contexts. An example of a secular application is the widespread belief about colostrum being harmful to the child (Jocano 1969:31; Guthrie et al. 1980:40). This belief probably developed because colostrum has a dark yellow color which may be interpreted as "dirty" or "impure." Other qualities attributed to food may relate to actual physical characteristics such as "sticky," "slippery," "greasy" and "soft." Finally, there are organoleptic criteria: "sour," "salty," "astringent," "fragrant" or "malodorous." All these attributes are taken seriously; for instance, Guthrie et al. (1980:40) report mothers testing their own milk to determine if it was "too salty" or "too thin" for the infant.
2.4.3 Infections

By infections, I refer specifically to illnesses attributed to micro-organisms such as bacteria and viruses. The "germ theory" of disease emerged in the West only in the last century and was not introduced to the Philippines until the American occupation in this century.

I have mentioned that the contagious nature of illnesses is recognized even by simpler societies in the Philippines. However, this contagion is more often perceived as a function of mystical and personalistic forces, and natural phenomena such as winds.

The Tagalog term kagaw is now used in schools and in the mass media to refer to illness-causing micro-organisms. Similar terms have been reported from other ethnic groups, e.g. kaga-o among the Maranao (Saber 1979:26), kanam and kagao among the Maguindanao (Gomez 1917:264) and kamu among the Subanun (Fraze 1961:125). However, such terms actually refer to tiny insects, such as the scabies mite, which cause skin diseases. In fact, mikrobyo seems to be a more popular colloquial term used specifically for "germs."

From my own experiences with health development programs in rural areas, I feel that the concept of "germs" remains abstract for many Filipinos. For instance, in one southern Tagalog town not too far from Manila, I found villagers speaking of intestinal parasites (bulati) as "adult germs" (mikrobyong naging laki). The "germ theory" may be recognized, but not necessarily internalized, particularly in the sense of incorporating this theory as the basis for health-maintenance practices.

2.4.4 Humoral Pathology

I will give only a brief description of the theory of humoral pathology. The theory is believed to have originated among the Greeks, eventually diffusing to various parts of the world, and is sometimes known as "Galenic medicine," after the Greek physician Galen. In humoral pathology, illness is believed to be caused by a disturbance of the balance of forces within the body. In classical
Greek theory, these would be the four humors: black bile, yellow bile, phlegm and blood. Balance is determined by the distribution of various attributes of living matter: hot and cold, wet and dry. This distribution is, in turn, a function of the relative properties of four natural elements: earth, water, fire and air (cf. Foster and Anderson 1978:56-60).

In the Philippines, the theory of humoral pathology is represented by the hot/cold syndrome and exists mainly among Christian groups. Hart (1969) suggests that classical concepts of humoral pathology were diffused by the Arabs to Spain and to southeast Asia, Malaya in particular. The absence of the hot/cold syndrome as a theory of illness causation among Filipino Muslim groups leads Hart to suggest that this belief complex was introduced to the Philippines by the Spaniards, rather than by the Arabs.

The hot/cold syndrome forms the basis for the concept of pasma or pasmo, which is the same term used in Hispanic America. Frake (1961:125) loosely defines pasma as "exposure illness"; and in both the Philippines and Latin America, this illness is believed to be caused by an attack of "cold" on someone who is too "hot," or vice-versa (Adams and Rubel 1967:343). Thus, in the Philippines, someone who becomes "hot" from strenuous physical activity would be advised against bathing in cold water, lest he be affected by pasma. The same principle applies for the advice to menstruating ("hot") women against bathing.

It should be noted that both allopathic and homeopathic principles are invoked in the application of the hot/cold theory of illness. Mixing hot and cold is dangerous, but so is aggravating "hot" with more "hot"; thus, a woman who has just delivered a child is believed to be in a dangerously "hot" condition and would avoid "hot" foods that could only aggravate her condition.

Theories of humoral pathology are clearly associated with concepts of "balance" in nature. The need for balance of attributes in nature -- hot and cold, wet and dry -- are projected to the human body. Galdstone (1981a:7) in fact suggests that "one can recognize
an astute generalization derived from long agrarian experience" in Greek humoral pathology. In a still predominantly agrarian country like the Philippines, it is easy to understand why a theory of humoral pathology could become widespread. The term pasma, for instance, is recorded for all Christian groups, as well as for some pagan and Muslim groups which had not been in direct contact with Spain (cf. Gomez 1917:263; Fox 1952:332; Frake 1961:125).

2.4.5 Organic Processes

For want of a better term, I use "organic processes" to refer to emic perceptions of human physiology and metabolism which are implicated in health and illness. This "folk physiology" is, in turn, based on a "folk anatomy." Unfortunately, there is a dearth of materials dealing with this aspect of traditional medicine although its implications in public health are far-reaching. My discussion will be based mainly on an account by Jocano (1973:54-57), which concentrates on the hot/cold syndrome but which also deals with the folk image of the human body and its functions.

As in many cultures in other parts of the world, concepts of blood and the circulatory system seem to form a "core concept" in folk physiology, perhaps because blood is known to be distributed throughout the body and its loss is correlated with weakness and death.

I have already mentioned that the heart is used in a number of Austronesian languages to suggest a soul or "a locus of vitality and will" (M. Rosaldo 1980:36). Correspondingly, blood is perceived as a carrier of this vitality. In folk genetics, illnesses perceived to be hereditary are said to be passed on through the blood. Such illnesses include mental disorders, some skin ailments and tuberculosis (Jocano 1973:95). Sexual reproduction is itself conceptualized as a function of the blood. Thus, sterility may be attributed to incompatibility of a couple's blood. Jocano (1973:57) mentions a southern Tagalog belief that sterility results if both the husband and the wife have "cold" blood.
Not surprisingly, blood is given attributes other than "hot" and "cold." Jocano (1973:57) describes four classes of blood identified by his southern Tagalog informants: malapot (thick), malabnaw (thin), dilaw (yellowish) and buhay (literally, "alive," but translated by Jocano as "normal"). Blood is believed to thicken when "overexposed to heat or cold," causing illnesses like high blood pressure and heart illness because its viscosity results in sluggish circulation as well as a sticking to the walls of veins. People with insomnia, anemia and generally weak body resistance (sakitin, or "sickly") are said to have "thin" blood. Finally, yellowish blood is attributed to people with asthma, bile troubles, tuberculosis and malaria, perhaps because such diseases may contribute to hepatic and biliary dysfunction, resulting in the patient's having a yellow pallor.

Jocano says that other parts of the body are also given labels, mainly the "hot" and the "cold," and that particular illnesses are believed to be caused by an imbalance between external hot and cold influences on the corresponding anatomical part. Thus, the back (likod) is said to be especially sensitive to cold, rains and drafts, while the abdominal region (tiyan) and its contents (sikmura) are especially sensitive to "wind," exposure to which results in gas pains and flatulence.

Another aspect of folk anatomy which has received little attention is the idea of "displaced organs" being a cause of illness. Foster (1953:210-211) says that this concept is found in both Spain and Hispanic America, and he names a variety of folk illnesses believed to be caused by such "displacements": espiñela, paletilla, calleiro, caida de la paletilla, caida de mollera, estiramiento de las venas and descuajamiento. All these illness names refer to particular anatomical parts, often characterized as "fallen."

None of the terms mentioned by Foster are recorded for the Philippines. However, Lieban (1976) devotes an entire paper to the Cebuano folk-illness called piang. Those unfamiliar with traditional medical terminology translate piang simply as a sprain or any dislocation in the skeleton-muscular system. In fact, the treatment for this ailment is massage by a manghihilot ("masseur" or bone-setter).
However, Lieban found that most *piang* patients (all of whom were children) actually had symptoms of respiratory disorders. Interviews with the traditional healers yielded the following information:

One *manghihilot* puts it, "It is *piang* when the bone is in trouble—curved, dislocated, twisted or broken." According to the etiology, these [respiratory] symptoms develop when the children fall, dislocating or bending the soft bones of the rib cage, with adverse effects on the lungs. (Lieban 1976: 290)

Lieban notes that this concept of *piang* results in a reliance on massage therapy, to normalize the position of the allegedly displaced bones. This delays treatment of the respiratory illness itself. Similar concerns have been expressed by Central American health workers over *caída de mollera* ("fallen fontanelle"), which is a childhood illness and is treated by "sucking up" the fontanelle. The problem is that the fallen fontanelle is actually the result of dehydration that accompanies severe diarrhea. Since the actual cause is not identified, treatment is delayed; often resulting in the child’s death (cf. Werner 1977:9).

Another example of the concept of "displaced organs" is that of the post-partum uterus. Throughout the Philippines, and in many other parts of the world, traditional midwives regularly massage the new mother’s abdominal region in order to "restore" the uterus to its original position. Failure to do so is believed to result in illness to the mother (Hart 1965:65-66).

"Roasting the mother" (steam baths) also has a similar objective of "fixing" or "restoring" the uterus. At the same time, the heat is supposed to alleviate the pains that follow childbirth. Frake and Frake (1957:211) note that among the Subanun, the birth pains are actually attributed to what is called *pengugapal*, or post-partum uterus:

The Subanun conceive of the *pengugapal* not as an anatomical organ related to the uterus or womb (*telibeta-anen*), but as a vaguely defined, mobile entity appearing after delivery and causing considerable pain (the after-pains). The application of heat relieves the pain, reduces the size of the *pengugapal*, and results in its eventual disappearance.

We find then that folk perceptions of anatomy and physiology
do exist and that even if they differ from "scientific" concepts, these folk concepts are important because they form the rationale for particular types of therapies or health-promoting activities. It would be worthwhile to give another example: the perceptions of the effects of accumulating metabolic products of the body. Jaspan (1969:25) notes among the Malay, "perspiration, which accumulates both whilst exerting oneself and in sleep, must be washed away to maintain health and to avoid polluting or contaminating others." Filipinos have similar concepts, a survey by Lynch and Himes (1967) showing that one commonly perceived cause of illness was "perspiration drying on the skin." These concepts have direct bearing on health-maintenance practices such as frequent bathing.4 

There are undoubtedly other aspects of folk anatomy and physiology which still need to be documented. One particular field which I feel needs to be studied further would be the importance attached to particular organs in terms of vital processes. For instance, among Filipinos, the liver seems to be perceived as particularly important considering that local supernatural spirits seem to have a culinary preference for this organ. On a more serious vein, it is significant that the liver constitutes a semantic reference point for the description of emotions. Wolff (1976:358) points out that a number of Tagalog terms referring to emotions use the suffix -hati, which in Malay means "liver." Examples are dalamhati (extreme sorrow), pighati (anguish) and luvalhati (loosely translated, "feeling glorious"). Other examples would undoubtedly yield similar examples. For instance, Schlegel (1970:32-33) says that among the Tiruray, fedew ("gall bladder") is used to refer to one's state of mind or rational feelings, as well as one's condition of desiring or intending. A person who is ill, lonely or angry says that he has tete fedew, a bad gall bladder.

In this discussion, I have tried to show that folk anatomy and physiology carry a mixture of concepts, some of which are "scientifically" sound, while others need to be further analyzed because of its metaphysical elements. All these concepts do function as the
Rationale for health maintenance and healing activities and therefore need to be better understood. Finally, concepts of the body and the attributes and labels used, may extend to, or are extensions of other concepts relating to emotions and feelings, natural and social phenomena. Again, I will discuss these aspects in greater detail later in the thesis.

2.4.6 Stress

Murdock (1980:9) defines stress as "exposure of the victim to either physical or psychic strain such as overexertion, prolonged hunger or thirst, debilitating extremes of heat or cold, worry, fear, or the emotional disturbances which constitute the province of modern psychiatry."

This rather broad category has generally been neglected in the ethnographic literature, perhaps because it seems so obvious that stress (particularly physical stress) would be easily recognized as a cause, or at least a contributory factor, to illness. Another reason for the neglect of this category may be the misconception that underdeveloped societies go through an idyllic, "stress-free" existence when compared with the rapid pace of life in the industrialized countries.

Occasional references are made in the literature to physical stress as a recognized cause of illness among Filipinos. This concept is often couched in terms of humoral pathology, e.g. physical effort increases the body's "heat" and the resulting imbalance of "hot" and "cold" may lead to illness. The concept of pasma sa kaon mentioned by Hart (1980:62) attributes illness to prolonged hunger. It is this same belief which forms the rationale for Filipino mothers breast-feeding their children "on demand" (Guthrie et al. 1980:39).

There are also few references to emotional stress as a perceived cause of illness, except for the complex of "fright illnesses." Lanti has been mentioned earlier. In addition, we find references to a startling or frightening experience as one of the possible causes of the kabuhi syndrome among Visayan groups (Lieban 1967:81; Demetrio
1970:441-442). Demetrio also mentions tu-ob, attributed again to fright. Wolff (1972:628) defines lubat as "illness caused by a frightening experience, especially contact with the dead." And Tison (1978:27) describes ugmad as an "emotional disturbance due to the fear of a person, object, animal or situation." All these illnesses are reported mainly from Visayan Christian groups.

Although much more work needs to be done in relation to emic perceptions of stress, I would suggest that such concepts are again closely related to concepts of balance. Even with the "fright illnesses," I feel that these illnesses are attributed not so much to fright itself than to experiences of a "startling" nature. A new and unfamiliar environment or experience disturbs the "natural" balance of a person's body and psyche, and it is this disturbance, and not an intrusive factor, that we would call stress. It should not be surprising then, to find a logical continuum between illnesses attributed to such startling experiences and those attributed to sudden changes in the environment (e.g., thunder, strong winds, heat, cold), or even to shifts in daily routines. Casiño (1976:116) mentions new immigrants to a Muslim Samal community coming down with an illness they called binahó (baba'o meaning "new"), which they explained as their bodies "not agreeing with spirits of the new place."

Both deprivation and excess of material and emotional needs enter into a "stressful" configuration. An example of the concept of deprivation would be the belief that unfulfilled "pregnancy cravings" would result in illness to both the mother and the child (Jocano 1969:20). At the same time, an excess in emotions, food or even aspirations are perceived as a source of stress and illness. Hart (1965:31) cites a belief in anger affecting pregnant women to the extent that the sex of the unborn child may be changed. On a more realistic level, Nurge (1958:1162) mentions an illness among children called bunog, believed to be the result of "excessive sternness" by the parents.

More insights into the nature of stress may yet come from the pagan groups, such as a Negrito conceptualization of the soul leaving
the body (and therefore leading to illness) "when oppressed with great emotion" (Garvan 1964:215). Likewise, the Ilongots have the concept of 'uget, or "bad feelings in the heart that discourage eating," as a cause of illness:

Similarly, 'uget applies to the sense of resignation and withdrawal that leads an angry or insulted person to 'hold on' to a disturbing grievance and refuse to speak his thoughts. And just as illness may affect our thoughts and leave us sullen and distracted, so a severe disruption -- occasioning fear, grief or anger -- may induce passivity and even illness because the heart cannot 'think through' what it should do. (Rosaldo 1980:41)

The Ilongot 'uget clearly demonstrates a complex web of interactions, a recognition of emotions working as "severe disruption," which could lead to illness. At this point, it would be appropriate to introduce the concept of susceptibility, which Najman (1980:235) defines as "some combination of situations, experiences and behaviors [that] either predispose or precipitate poor health and death in a number of small proportion of persons so exposed." Najman's definition is useful because it underscores susceptibility as a potential for illness brought about by a combination of different factors, and which draws different responses from those exposed to this multifactorial situation.

To elaborate, I have already mentioned that particular individuals are subjected to dietary precautions. Such individuals include children; pregnant, postpartum and lactating women; the sick, and the newly recovered. These individuals are perceived as being particularly vulnerable to illness or relapse for a variety of reasons which should be examined if we are to understand the Filipino notion of susceptibility.

Children, for instance, are perceived as being "weak," not only physically but also "spiritually" or "mystically." I have mentioned that Ilongots consider children to be particularly susceptible to soul loss because "they lack knowledge." Among Christian groups, the unbaptized child is also considered to be particularly weak in a mystical sense; Jocano (1969:15) cites a belief in Panay that unbaptized children (muritu) who die will become "dwellers of trees" (tomawi) that haunt the living.
It is interesting that children are considered weak even after baptism and that certain ailments are considered to be a "normal" part of the child's "growing up." Jocano (1969:36) says that "running nose and coughing" in children were not considered serious in his research community in Panay, and that hiccoughs were considered as a "sign of growing up." In other parts of the Philippines, I have often heard the term lagnat-laki, which translates literally as "fever of growing up," marking the time when a child's growth is most rapid. A variant of lagnat-laki are problems thought to be a normal part of teething (nangipingpin): fever, crying fits and digestive disturbances. In all these beliefs, there is an implicit recognition of certain ailments being inevitable because of the rapid changes in the child's physical state.

Correspondingly, the pregnant and post-partum mother is perceived as being susceptible to illness because of the changes brought about in her physical and metaphysical states. This notion of susceptibility may be expressed as beliefs about pregnant women being prone to attacks by supernatural beings or it may again be conceptualized as a dis-equilibrium in the hot/cold balance. Among Visayan groups, the fact that a woman has given birth to a child means that she has acquired a lifelong susceptibility to illness because of the irreversible changes in her body. The term bughat ("relapse") is used to refer to this susceptibility (cf. Lieban 1979:109 and Guthrie et al. 1980:39).

It may be worthwhile to conduct a study in the Philippines similar to that of Fabrega and Hunter (1978), where Chiapas peasants were asked to relate caracterés (personality) and sentimentos (emotions) to disease susceptibility and severity. While there was not always unanimous consensus on the correlations of particular emotions and personalities with diseases, Fabrega and Hunter (1978:8) conclude that "disease to Tenejapencos is associated with physical and anatomic changes, yet these changes are viewed as affected by and related 'cybernetically' to the individual's psychological disposition and how he conducts himself socially."

Jocano (1973:93) in fact mentions a southern Tagalog folk illness called sentido, headache believed to be caused by worry, eye strain
or attacks by supernatural spirits. Moreover, the Tagalog word ka-
ramdaman, derived from the root word damdamin ("emotions and feel-
ings"), is sometimes used as a synonym for illness (sakit, or "pain"
being the more commonly used term).

However, I feel that what needs to be further analyzed are not
eotions per se but emotions as part of social responses and how
these are perceived as contributing to susceptibility. Early in this
chapter, I had discussed the Filipino's notions of "contagion." A
person can pollute himself internally from a lack of knowledge ex-
pressed as uncontrolled wants. Oppressed by such wants, the soul
takes leave of the body and brings about illness. On the other hand,
the individual who allows himself to be oppressed by these emotions
behaves in a manner that is considered socially undesirable. He
therefore cuts himself off (hiwa) from the social body and becomes
contagious (hawa), a possible cause of illness to that body. This
would explain why "feelings" are considered "contagious," as in the
case of the Kalinga, who believe that excessive despondency following
the death of a loved one can bring on another death in the family
(Dozier 1966:114).

By describing Filipino theories of stress, I have in a sense
come full circle, linking two key theories: contagion and stress,
both implying disruptions in a body that lead to vulnerability and
susceptibility to illness.

2.5 An Analytical Summary

2.5.1 The Sources of Illness

I divided Filipino theories of illness-causation into three ma-
jor categories: mystical, personalistic and naturalistic. I based
this division on emic perceptions of the sources of power to cause
illness, rather than on the methods by which illness is inflicted.
Mystical theories attribute illness to the automatic consequence of
the victim's acts and behavior. Personalist theories attribute ill-
nesses to the active intervention of sensate agents such as
supernatural entities or malevolent human beings. Finally, naturalistic theories attribute illnesses to impersonal natural forces or conditions such as cold, heat, winds or an upset in the balance of the body's elements.

Table 1 (on the next page) summarizes the theories of illness causation reported in the literature for various Filipino ethnic groups. The table suggests that mystical and personalistic theories are reported among all groups -- Christian, Muslim and pagan. Naturalistic theories are reported more frequently from Christian groups. I would like to emphasize that the table demonstrates only the general pattern of distribution for illness-causation theories in the Philippines and that the absence of a citation in the literature does not necessarily mean that a particular theory is absent in an ethnic group. Moreover, the nature of the ethnographic reports does not allow a determination of the "depth" of these theories or the relative importance attached, by particular ethnic groups, for each of the illness-causation theories.

2.5.2 Mystical Theories: Life-Stuff and Souls

Mystical theories embody the concept of basic forces believed to be operational in illness and health. These forces are the "life-stuff" and the "soul," which are perceived in contrasting dichotomies of good and evil, strong and weak. "Good" is associated with health while "evil" is associated with illness. A "strong" person can make a "weak" person ill.

There is evidence to suggest that Filipinos recognize a "you-reap-what-you-sow" relationship in the concept of "immanent justice," where health and illness are natural consequences of "good" and "evil" behavior, rather than being rewards and punishments from a supernatural entity. Moreover, the concept of "contagion" expresses this impersonal causal relationship: "evil" behavior separates a person from society (or his soul from his body) and makes him "contagious," a potential source of illness.
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2.5.3 Personalistic Theories: Ghosts, Gods, Witches and Sorcerers

In personalistic theories, supernatural entities and human beings are again ascribed with attributes of "good" and "evil." However, the power to cause illness is perceived not only in terms of such attributes but also in terms of these entities' relationships to the human world. Environmental spirits existing in "this world" and spirits of deceased kin are more likely to cause illness than a remote supreme deity high up in the sky. At the same time, while these entities are almost part of the human world, they are considered "different" because of their transformed state (disembodied spirits) and are therefore possible sources of illness (as well as health). Thus, the Ilokano refer to malevolent beings as haan tao or "not-humans" and the Visayans refer to environmental spirits as dili ingon nato, the "not like us." These concepts are extended to sorcerers and witches, who can cause illness because they are "not like us."

2.5.4 Naturalistic Theories: Winds, Food and Germs

In naturalistic theories, natural phenomena and food items are again divided into categories, mainly using the hot/cold dichotomy. Corresponding attributes are supposed to be found in human beings and it is the inter-action of the attributes in nature (and diet), with those in human beings that determine health and illness. As in Mesoamerica, the hot/cold attributes are permanent qualities of things, but temporary or changing qualities for human beings (Adams and Rubel 1967:343).

Health is closely associated with the notion of balance and equilibrium, not only of hot and cold elements but in the sense of anatomical organs being in the right position, or blood being neither too thick or too thin, and even in having "balanced" emotions. Imbalance and disruptions find expression in theories of stress and susceptibility.
2.5.5 Inner and Outer Conditions

By way of integrating the above points, it may be useful to refer to Adams’ (1953) differentiation of "inner" and "outer" conditions in traditional theories of health and illness. The "inner" condition refers to situations that make an individual susceptible to illness while the outer condition refers to "the thing" that takes advantage of this susceptibility. In Filipino theories of illness causation, we find that the outer condition is the configuration of natural phenomena, diet, supernatural entities and "germs" which may inflict illness when the individual is susceptible. On the other hand, the inner condition or susceptibility is determined by innate mystical qualities (e.g., strength of life-stuff) as well as by attributes that change in conformity with events in the individual's life, his actions, his emotions and ultimately, his social behavior.

Filipino theories of illness causation are therefore non-discrete and can be understood only by recognizing that they are not only interrelated, but actually interdigitate. We find then that there is structure in this belief a system, a structure that builds around two "core concepts," that of contagion-as-susceptibility (inner condition) and that of stress (outer condition). These interrelationships are shown in the figure below:

FIG. 1 RELATIONSHIPS OF FILIPINO THEORIES OF ILLNESS CAUSATION

[Diagram showing relationships between various factors such as ghosts and supernatural entities, soul loss, natural phenomena, humoral pathology, stress, fate, mystical retribution, organic processes, infections, personalistic theories, mystical theories, and naturalistic theories]
It should be important to note that as a whole, Filipino theories of illness causation may still be based more heavily on mystical and personalistic concepts in the sense that a causative agent must ultimately be identified. For instance, "wind" alone is not necessarily a cause of illness. As I have shown in Figure 1 (page 66), natural phenomena may be perceived as a source of stress, which would have different effects on different people, depending on their susceptibility or their state of "contagion."

Covar (1975) uses the term anitismo to refer to a Filipino "base culture." I feel that this anitismo is constructed out of mystical and personalistic theories, a corpus of beliefs that shares its origins in a pan-Malayan complex but which has been modified by accretions from the distinctly Filipino historical experience.

2.5.6 The Function of Illness-Causation Theories

In this chapter, I have started to show that the theories of illness causation embody a system of labels and attributes by which Filipinos conceptualize not only health and illness, but also a variety of environmental and social phenomena. I will expand on this in the chapter on the Filipino worldview.

What I would stress at this point is that this system of labels and attributes can exist only in the context of socially shared meaning or intersubjectivity. Without this intersubjectivity, the labels would be meaningless and the traditional medical system would consist of nothing more than random beliefs and practices. In the next chapter, I will concentrate on traditional medical practices in the Philippines and I will show that these practices draws its structure from the order to be found in the belief system.
CHAPTER III
HEALTH MAINTENANCE AND HEALING:
PRACTITIONERS AND METHODS

3.1 The Framework for Analysis

With an overview established for Filipino theories of illness causation, I will now turn to the health practitioners and the methods used for health maintenance and healing. I deliberately use the term "practitioner" because my discussion will not be limited to healing or curing. The emphasis in the literature has been on traditional healers, resulting in the misconception that traditional medical systems carry few preventive and health-promoting methods.

In discussing health practitioners and their methods, I will actually be focusing on the traditional medical system, and not just traditional medicine. This involves a discussion of social organization. My discussion of health practitioners will therefore focus on status and role. Using definitions proposed by Linton (1936:17-18), status would refer to the "comparative prestige rank in a community," representing "a collection of rights and duties." Statuses are either ascribed (e.g., by inheritance) or achieved through individual effort. Roles, on the other hand, constitute the dynamic aspect of status, wherein the rights and duties of status are put into effect.

Correspondingly, my discussion of health maintenance and healing practices will focus on their social aspects rather than on the types of spells used or the inscriptions on amulets. By discussing the status and roles of Filipino traditional health practitioners and the social context of their methods and practices, I hope to bring out the dynamics involved in the traditional medical system.

As with the previous chapter, I will survey the different ethnic groups, comparing them under the main categories of Christians, Muslims and pagans in terms of magico-religious and empirical aspects of the traditional medical system. However, a fact that is significant in itself is that empirical practitioners and practices tend
to be quite similar among the Christians, Muslims and pagans, unlike the sharper differences to be found in the statuses and roles of magico-religious practitioners and the form and content of rituals. Thus, I will use the sub-headings "Christian," "Muslim" and "pagan" only in the discussion of magico-religious aspects.

Before starting the discussion itself, I would like to bring out a few important definitions. First of all, I would like to clarify the terms "magico-religious" and "empirical." I realize that the distinction between magic and religion is becoming less fashionable in anthropology. However, for the purposes of this thesis, the distinction still bears some relevance. Vivelo (1978:191) offers the following explanation:

Magic involves action that is based on the assumed ability of an individual or an object to produce desired effects in nature or in people. The effect is produced directly without the intervention of a third element. . . . But in religion the assumption is that only the deity produces the desired effect; human beings cannot directly do so. An appeal is therefore made to the supernatural to bring about the end that is desired.

The distinction will perhaps be more useful when I get to the socio-historical survey of Filipino traditional medicine. Thus, in this chapter, I will use the term "magico-religious" to refer to behavior that involves belief in the supernatural, in the sense of "something beyond the natural, material, visible world of human beings" which would include the "life-force," "souls" or supernatural entities (cf. Vivelo 1978:186).

On the other hand, by "empirical," I refer to beliefs and practices based on practical experience, although these may not necessarily be acceptable or considered rational in terms of western science.

In the section on magico-religious aspects of the Filipino traditional medicine, I will be referring to "priests" and "shamans." Lessa and Vogt (1979:301,303) make the following distinction:

A "shaman" is a ceremonial practitioner whose powers come from direct contact with the supernatural, by divine stroke, rather than from inheritance or memorized ritual; a "priest" is a ceremonial practitioner who often inherits his position and who learns a body of codified and standardized ritual knowledge
from older priests and later transmits it to successors. Another way of looking at the difference between shamans and priests is in terms of communication between supernaturals and men. Shamans are essentially mediums, for they are the mouth-pieces of spirit beings. Priests are intermediaries between people and the spirits to whom they wish to address themselves.

Controversy still surrounds the different definitions that have been proposed for the two types of practitioners. As we shall see for the Philippines, a problem is that their roles may not always be discrete. In certain societies, there will be only one type of religious practitioner; in others, the two may co-exist, sometimes in complementary roles and in other cases, in an antagonistic relationship. It is precisely this interplay of statuses and roles that presents material for analysis.

Again in relation to magico-religious aspects of traditional medical systems, we encounter different definitions and interpretations of the term "ritual." I use the term in the broadest sense, as Leach (1966) has proposed, to include ceremonies and etiquette, any repetitive and patterned category of behavior. While I will discuss rituals as magico-religious practices, I do not imply that they are completely devoid of secular and empirical content.

I have divided rituals into three categories: calendric, life-cycle and crisis. Calendric rituals are those held regularly, or at specific times during the year. These calendric rituals may overlap with life-cycle rituals, but I have separated them since they are discrete categories in terms of function. These life-cycle rituals are what van Gennep (1960) has called rites de passage, marking transitions from one status to another in the life cycle. Finally, there are the crisis rituals, which are unscheduled rituals held "when events fail to occur as anticipated" (Frake 1964:124). In the context of this thesis, the crisis ritual would refer mainly to a healing or curing ceremony.
3.2 Empirical Practitioners

3.2.1 Midwives

The World Health Organization refers to traditional midwives as traditional birth attendants; however, I will use the term “midwives” since it is more widely recognized. In the Philippines, traditional midwives are known by various names, including paraje and homadron (both Spanish terms) and bayet (“to massage”). The literature suggests that a separate midwife role appears more frequently among Muslim and Christian groups, rather than among pagans. This perhaps reflects the fact that childbirth among simpler societies is often an affair that involves only older womenkin.

The Filipino midwife is usually female, although among the Muslim Maranao, there is a distinction between female (pakday) and male (panggaway) midwives, the female being considered more important (Saber 1979:27). Acquisition of midwife status is always by apprenticeship; however, it is often passed along family lines in the sense that a midwife would be inclined to train her own daughter as a successor (Hart 1985:23-25).

Distinctions are made between traditional midwives and those who have received formal training in midwifery schools or colleges, with a license received after passing a government board examination. In the last 20 years, the Philippine government has also been involved in retraining traditional midwives with emphasis on the use of hygienic techniques. In terms of status, it is difficult to say which of these midwives are higher standing. Licensed midwives, as with other health professionals in the Philippines, still tend to cluster in cities and in town centers, making the traditional midwife the only source of maternal and child care for many villagers.

Fai and Polson (1979:198-200) point out that age may be a criterion by which people assess the midwife. Licensed midwives fresh out of school are usually very young (early 20s) and are often perceived as being unprepared for their work. In fact, Fai and Polson note that many of the younger licensed midwives are willing to play a secondary
role to the more experienced traditional midwives, sometimes even learning from them.

The role of the traditional midwife extends beyond the delivery of babies. Mothers consult the midwife early in pregnancy for advice on pre-natal care. The midwife also periodically examines the expectant mother. Massage may be attempted if the midwife feels that the infant is in breech position, hoping to bring it into a normal position. The midwife continues to care for the mother after the child is born, giving advice on post-natal care and performing the rituals associated with the post-partum period.

One other function of the midwife is her role in family planning. The midwife is supposed to be familiar with herbal preparations to help space childbirths. For instance, Bruno (1973:81) mentions that the new Tausug mother is given a decoction of sibukaw bark (Caesalpinia sappan L.) to delay the next pregnancy.

Some traditional midwives are also familiar with abortion methods, either through mechanical means (including massage) or the administration of herbal abortifacients.

3.2.2 Herbalists

Nimmo (1965:436) says that among the Muslim Bajau, the anambar or herbalist never calls on spirits for assistance. Surprisingly, this is the only reference I could find in the literature to Filipino traditional health practitioners specializing in medicinal plants alone, without any magical or religious trappings involved. Such terms as arbolaryo (Tagalog and a number of Christian Filipino languages) and pamamolong (Maranao) are frequently translated as "herbalists" but actually refer to practitioners who use medicinal plants together with seances, spells and prayers. They assume their statuses as shamans would, through dreams, illness and, occasionally, apprenticeship.

I suspect that the use of medicinal plants among Filipinos is still largely a "family affair," revolving around household remedies passed down through the generations, or through shared community
experiences. While conducting research on the utilization of medicina
tal plants among various Filipino communities, I generally found that
the most productive information-gathering sessions were those involving
meetings of housewives. The community herbalists were generally re-
luctant to give information and on the occasions where there was co-
operation, their information tended to overlap with that given by
housewives.

Many rural families also cultivate a few medicinal plants in
their backyards. In cities, overcrowded living conditions make it
difficult to have a garden of any kind; thus, in urban areas, herbal-
ists have often taken on the role of herbal vendor, plying their trade
in the town plaza, usually next to the Catholic church. Clients con-
sult these herbalists and buy the "prescriptions" on the spot.

3.2.3 Bone Setters

The tourist industry in the Philippines has given rather pejora-
tive connotations to the term "masseur" so "bone setter" is used here
to refer to traditional medical practitioners who specialize in the
use of massage therapy for a variety of ailments. Such practitioners
are usually called hilol ("to massage"), a term that is also used to
refer to midwives.

Bone setters seem to be limited to Christian groups, with such
practitioners found in both urban and rural areas. Despite their
fairly wide distribution, it is surprising that there are few referen-
ces on how bone-setters assume their status, or on the methods they
use for therapy. This again perhaps reflects a bias in ethnographic
research towards the exotic, considering that the hilol's methods car-
ry the least of magical and ritual aspects.

Jocano (1973:137-138) does cite one southern Tagalog hilol who
calls he received his healing power in a dream. Two other studies
(Nurge 1958:1161; Hart 1979:83), both referring to communities in the
eastern Visayas, mention that those born in a breech position are
perceived as being better qualified to become a hilol, presumably
on the reasoning that someone born in an "abnormal" position would
be able to manipulate displaced organs. In fact, the pilot's role is not so much to "massage" as to restore these "misplaced organs" to a normal position. Such organs include bones, veins and even nerves. It is also interesting that the pilot may be called in to extract fish bones stuck in the throat.

3.2.4 Other Empirical Practitioners

There is a marked increase in the degree of specialization among empirical practitioners in Christian groups. For instance, Hart (1979:77-80) found 32 different types of curers in one Samar barrio. These included "specialists" for "extracting foreign objects," "boils" and even "tooth extraction." For the lanto syndrome (fright illness) alone, Hart lists three different kinds of practitioners.

Again, there are still few studies on how such practitioners assume their status. We do know, however, that the sambahon, or a healer specializing in venomous bites, may get his power from a "snake-twin" (Hart 1979:82) or by having recovered from such bites (Surge 1958:1160). I would suspect that the more empirically-based the specialization is, the greater chance there would be that the practitioner acquires his status through apprenticeship to an older practitioner.

Mention should also be made of practitioners referred to in the early part of the century as mediquillo, or "little doctors," who may have acquired informal training with a health professional but have no real title. Robles (1969:230) says that the mediquillos were appointed and paid by the Spanish colonial government to serve in rural areas of the Philippines. The American colonial government did not support such practitioners although Bartlett (1940) used the term to refer to an herbalist among the Mangyan, a pagan tribal group. Jocano (1973:149-152) mentions the existence of medicos in a southern Tagalog community and describes them as "groups of local healers who have combined the traditional system and modern drugs in their healing practice." There can be no doubt that such practitioners continue to exist throughout the Philippines but such
practitioners would naturally be reluctant to speak about their practice because of legal implications in their use of "modern" practices such as injections.

A more legitimate institution that is emerging would be the paramedic or community health worker. In recent years, Filipino government and non-government agencies have been training villagers in basic health skills. In many cases, the trainees are traditional medical practitioners and there is tacit approval of their retaining some of their traditional therapeutic methods, particularly the use of medicinal plants.

### 3.3 Empirical Practices

#### 3.3.1 Diagnostic Methods

Although magico-religious techniques such as divination may be used in diagnosis, Filipino traditional health practitioners also use empirical methods to establish the nature and cause of illnesses. Jocano (1973:109-125) devotes an entire chapter of his book to the systems of diagnosis used in a southern Tagalog community. Many of the diagnostic criteria are familiar even to non-healers. These include an evaluation of skin color, perspiration, pain, facial expression, physical alertness and respiration.

Jocano (1973:115-125) describes pulse-taking, a diagnostic method which has also been reported for various Christian, Muslim and pagan groups (cf. Arens 1937a:127; Jocano 1968:210; Bruno 1973:21; Lieben 1976:291). The technique is based on the concept of the blood circulation being responsible for many of the vital functions of the body. The pulse is read not just for frequency, but also for regularity and amplitude. Points used for reading include the wrist and each of the fingers, each finger relating to particular parts of the body. Moreover, the pulse is read and compared for both the left and the right hands.

One neglected aspect of traditional diagnostic methods is the process of the healer's questioning of the patient and the family. A few writers (e.g., Donaldson and Day 1974; Guthrie and Szanton 1976)
have noted how the healers' questions often help to reveal physiological and psychological problems that are affecting not just the patient but also his family and friends. The healing process therefore involves all the parties concerned, and not just the "patient."

3.3.2 Dietary Practices

Corresponding to the recognition of diet's role in illness causation is the heavy emphasis placed on dietary restrictions and prescriptions as part of healing and health maintenance.

The use of dichotomies like hot/cold, pure/impure has been discussed and will not be repeated here. The important thing to remember is that these dichotomies do play an important role in determining the diet of both the healthy and the ill, as well as those perceived to be susceptible to illness.

Another noteworthy point is that many food items are perceived as "drugs." If "hot" foods are known to cause certain illnesses, then they are just as applicable as medicine for "cold" illnesses. Or, in an interesting application of allopathic principles, Cabotaje (1976: 100) mentions the belief in "hot" paursa food items such as mung beans, chickens, eggs and the alcoholic beverage tuba. In cases of measles, the early sign of high fever is believed to be harmful and will persist if the measles rashes do not emerge. In order to hasten the appearance of the rashes, the patient is given paursa foods, on the principle that these "hot" foods would activate the eruption of the rashes and therefore bring down the dangerously high fever.

3.3.3 Pharmacology

The close relationship between Filipino traditional medicine and the use of plants can be demonstrated by a simple linguistic survey. The Tagalog word for medicine is gamot, which translates as "roots of plants" in Bikol and Cebuano, and as "poison" in Kapampangan and Ilocano. Another word, bulong, means "medicine" in Hiligaynon but translates as "whisper" as well as "magical incantation" in Tagalog. Moving
northward among the Kapampangan, Ilokano and Pangasinan, bulong takes on the meaning of "leaf" (Panganiban 1972:193,425).

Traditional materia medica in the Philippines includes both flora and fauna although there has been practically no documentation on the animal products used. In terms of medicinal plants, the relative absence of specialized Filipino herbalists does not seem to have prevented the development of an extensive plant-based pharmacopoeia. A compilation by Quisumbing (1951) lists 858 Philippine medicinal plants and in a recent project to computerize available information on Filipino traditional medicine, we found 1297 Philippine plants cited in the literature as having medicinal uses (Tan 1979). For one ethnic group alone, the Pinatubo Negrito, Fox (1952) listed 168 plants being used for medicinal purposes, excluding those used in pregnancy and childbirth.

Some of the uses of these plants again have a strong magico-religious influence. Among Christian groups, Holy Week is believed to be a good time to collect the medicinal plants. The dosages of these plants may again carry religious symbolism, such as the preference for the numbers "three," "seven" and "twelve" (corresponding to the Holy Trinity, the universal "lucky seven" and the "twelve disciples of Christ").

The plants' efficacy may be perceived in terms of imitative magic, much like the "doctrine of signatures" in medieval European medicine. Thus, there is the widespread use of papaya (Carica papaya L.) to induce lactation, because of the white sap coming from the fruit. Among the Ilongot, Rosaldo (1972) describes the complex use of imitative magic principles such as using plants from an environment inhabited by the targeted spirit (e.g. arboreal orchids to represent spirits of high places).

Hart (1975:17) notes similar principles in the choice of medicinal plants in a Visayan Christian community, with plant names signifying its potency, e.g., aribangun, with bangun meaning "to rise." Even if the plant is not available, its name is still mentioned in the healing ritual.

Other magical uses of medicinal plants could be cited but the
examples I use here are meant only to emphasize that medicinal plants are labeled with particular qualities or attributes and these labels are used as a guide to determine the plants' uses. Just as the pharmacologist today classifies drug action according to the drug's chemistry, users of traditional materia medica have their criteria to determine the use and potency of their resources. Such criteria may be the same ones used to label human attributes; thus, with the Ilongots, a plant with strong life (p. 4) would be powerful, just like a person with potent life (Rosaido 1980:37).

Among Filipino Christian groups, I have mentioned the use of the hot/cold dichotomy for classifying food as well as drugs. Other qualities such as "astringent," "sour," "bitter" and "aromatic" are also used by Filipinos to evaluate a medicinal plant's uses. Traditional classification systems may be extended to "modern" drugs; Jocano (1973:54) mentions that his informants perceived such drugs (pámor botika) as "hot" and that the use of such drugs should always be accompanied by other types of medication to neutralize this "hot-ness." Such concepts have obvious implications for health programs.

The empirical basis of medicinal plant usage is often obscured by descriptions of its magical aspects. I have mentioned the importance of traditional concepts of anatomy and physiology in determining therapeutic practices. If there seem to be so many plants used as purgatives and diuretics, it is because of the folk theory that such medication would facilitate the elimination of substances or even forces (e.g., "heat") that are perceived to be causing the illness. A good example of the application of this principle is the widespread Filipino practice of administering the juice of the leaves of ampalaya (Momordica charantia L., bitter gourd) to the newborn, in the belief that this purges the infant of miconium. The miconium is thought to be "blood ingested while in the uterus" and is believed to be a potential cause of illness in the infant.

3.3.4 Physical Therapies

The most widely used traditional method of physical therapy in the Philippines is massage. This is used mainly to restore "displaced"
organs to a normal position. In cases of fractures and sprains, traditional practitioners may combine massage with medicinal plants as well as splints and bandages. In other cases, the perceived "displacement" may be explained as a "pinched nerve" (naiipit na ugar), a concept that may have been borrowed from chiropractic.

Massage may also be used to enhance blood circulation, based on the theory that certain illnesses may be due to poor circulation. In other cases, massage is used to alleviate pain, often with the use of counter-irritants (e.g., peppers or ginger macerated and mixed into a coconut oil base) which give heat to the afflicted portion of the body. There is also some very preliminary data suggesting that Filipino traditional practitioners use specific "massage points" with some correspondence to Chinese acupuncture points (Maraña-Tan, personal communication).

Another commonly used physical therapy would be baths. Other than the obvious function of hygiene, baths are also used in a semi-ritualistic function to bathe the sick and the post-partum mother. The bath water is always mixed with plants, usually of an aromatic nature.

There are also hot springs in different parts of the country, some of which date back to the Spanish era. It is not clear if the medicinal use of these springs was initiated indigenously or by the Spanish colonizers. The springs are still patronized today, but their medicinal use does not seem to be that popular.

Similar to the baths would be steaming and "fumigation" (cf. Arents 1957b). Steaming is used for respiratory ailments, with aromatic medicinal plants placed in hot water and having the patient inhale the steam to clear clogged respiratory passages. Another method is to have the patient's entire body wrapped in blankets and a basin of hot water, again with medicinal plants, is placed at his feet. The purpose here seems to be that of inducing the patient to perspire, in order to take out substances supposedly causing the patient's illness. "Fumigation" has a more ritualistic character, with medicinal plants burned to "smoke out" evil spirits or other illness-causing influences.
3.3.5 Contraception and Abortion

I have already mentioned that traditional midwives may be familiar with contraceptive and abortion methods. There is reason to believe that abortion is more widely practiced than people would publicly admit. Abortion is illegal and the Christian churches have maintained a steadfast anti-abortion stand. Yet, it is a known fact among residents of Manila that herbal abortifacients can be purchased from vendors next to the Catholic church in Quiapo, in the heart of the city.

Cascillo (1976:75-76) cites the results of a 1973 survey by the University of the Philippines' Population Institute, which showed that 19.8% of the respondents (married women over the age of 45) were aware of someone else who had terminated a pregnancy. Moreover, 15.9% of the respondents gave unconditional approval of such practices while another 21.5% gave conditional approval. Another 32.9% disapproved and 28.2% "did not know."

The Boxer Codex of 1590 reports that there were women who practiced abortion by using massage and certain herbs. The Codex explained that Bisayan women, especially those living in coastal settlements, were averse to having too many children because then they would be "like pigs" (Quirino and Garcia:1958:413). Another reason for these early forms of family planning is cited by the 16th century chronicler Loarca (1903:119), who writes that the early Filipinos were aware of the problem of having to divide property among too many children, which would mean that "they will all be poor, and that it is better to have one child and leave him wealthy."

Significantly, the literature suggests that abortion may be practiced more often today among Christian groups. One possible reason is that pagan groups may not perceive land pressure problems as being particularly acute. Moreover, among such impoverished groups with high infant mortality rates, child-bearing becomes a matter of economic necessity in terms of manpower and security in old age.

Ironically, Christianity itself may have encouraged abortion because of the stigma it places on illegitimate children. Garvan
(1929:112) noted that among the Manobo, it was Christian converts who practiced abortion "to avoid subsequent shame and trouble." (See Kasman 1962:306; Dozier 1966:88; Jocano 1974:294; Rubel, Weller-Fahy and Trosdale 1975:139-140 for contemporary accounts of abortion in the Philippines.)

3.3.6 Other Empirical Practices

Skin scarification has been reported to be used by several Negrito groups, mainly as treatment for rheumatism and chronic pains (Garvan 1964:25; Maceda 1964:29).

There are also various practices meant to "extract" illness-causing winds from the body. In ventosa (cupping), a glass or cup is used to "suck out" bad air (Galvez-Tan 1978:12; Tiston 1978:31). Two other procedures have similar functions of taking out this bad air: bantit, which involves a pinching of the skin, and calistis, where a coin dipped in coconut oil is used to scrape the skin (Tiston 1978:31). Ventosa, bantit and calistis have been documented only for the eastern Visayan Christian groups but I know that these practices also exist among other Filipino Christian groups.

Like many underdeveloped countries, the Philippines has its small enclave of the middle and upper classes who tend to be attuned to developments in the West. Thus, fads originating in the West, such as hydrotherapy (drinking large amounts of water), electro-therapy, scientology, all make their way into the Philippines but tend to ebb after a few years.

Acupuncture is probably the only therapeutic mode introduced in recent years and which continues to be used by many people in both rural and urban areas. Although the legal use of acupuncture is still limited to physicians (who tend to oppose the method), it is common knowledge that there are growing numbers of lay people who have learned to use this therapeutic mode, with varying degrees of competence.
3.4 Magico-Religious Practitioners

3.4.1 Pagan Groups

Male and female priests called babailan and cataloman are described in Spanish chroniclers dating back to the 16th century (e.g., Plasencia 1903:190-191; Quirino and Garcia 1958:420,430). Although the cataloman have since disappeared from the Philippines, almost all pagan groups in Mindanao continue to call their shamans baylan (or cognates like belian), a term also still currently used in parts of Indonesia. The names for shamans are more varied among pagan groups in the northern and central Philippines, but tend to include the root anito or "spirits."

For many of the pagan groups, the shaman is the only medical practitioner, her role being one that encompasses a wide range of activities that includes officiating at communal rituals not necessarily associated with healing. Because of imputed abilities for communication with the spirit world, the role of the pagan shaman is generally to facilitate relations with the supernatural and to coordinate ritual activities of the community.

Among pagan groups, a large number of health-maintenance and healing practices are in fact implemented at the level of the individual and the family; e.g., the preparation of charms and amulets; the use of spells; the more empirical practices related to diet, hygiene, home remedies; and finally, "socially proper" conduct, including the observance of taboos. As Jocano (1968:44) has observed for the Sulod:

Every family head is a potential baylan (shaman), mrtiku (herbalist) and partira (midwife). This potentiality is translated into action when a family moves away from the original settlement, in which case the family head has to meet the hazards of his new environment on its own terms and in accordance with his rudimentary knowledge of the traditional practice concerning the alleviation of pain, cure of sickness, or the solution of any problem at hand.

Among these simpler societies, the religious structures, if not the whole socio-political system, are in fact based on kinship. Thus, again turning to the Sulod as an example, Jocano (1968:41) notes the importance of the kamal'aman, or group of grandparents, who controls
religious activities, determines the range of kindred relations and establishes the right to succession in the custody of ritual paraphernalia.

In the context of these overlapping structures, it should not be surprising that among several Negrito groups, the "headman" is also often the shaman (cf. Maceda 1964:85). Among some of the groups in northern Luzon, rituals may be performed by "secular" individuals who hold high social status. Lambrecht (1959:198) says that the Gaddang maingal ("brave") officiates at certain rituals because he is seen as having the "strong soul-stuff" needed to deal with the carangat or spirits. These maingal are also believed to become "ghost-deities" after death, with the power to cause illness if customs are not followed (ibid.:204).

It is also significant to note that where a separation of religious roles has taken place, religious leadership seems to be initially vested in women. In his ethnographical study of northern Luzon, Keesing (1962a:51, 57, 187, 317) notes that in much of the area, female shamans (referred to as anitera by Spanish writers) seemed to exercise religious leadership in the past. Among contemporary northern Luzon groups that use dry agriculture, female shamans continue to hold high social status; but in areas that use wet terrace agriculture, male priesthoods have emerged to assume religious leadership, relegating the shamanic position (still predominantly female) to a lower status.

Inheritance of shaman status seems to be rare among the pagan groups. In most cases, there is an episode of shamanic illness (cf. Wood 1957:20 and Yengoyan 1975:55 for specific descriptions), where the person is called on by spirits to become a shaman. This is usually followed by a period of apprenticeship to an older shaman. Jocano (1958:419-421) describes seven steps of apprenticeship for the Sulod bailan, which includes a familiarization with rituals and medicinal plants, and a period of isolation for spirit communication.

3.4.2 Muslim Groups

Among Filipino Muslim groups, the imam and other religious
functionaries hold a pivotal role in the community by officiating at Islamic calendric and life-cycle rituals, some of which may be associated with health maintenance and healing.

At the same time, the imam may be called to perform certain shamanic rituals of pre-Islamic origin. Among the Yakan, the imam exists side by side with the bahasa (shaman) and the tabib (herbalist), with the imam occasionally being called in to perform agricultural rituals that are usually performed by the tabib (cf. Wulff 1967:365).

This may not really represent a contradiction since orthodox Islam does not recognize a formal priesthood with special privileges and powers (Wulff 1967:355; Kiefer 1972:118); thus, the Filipino imam is often only a part-time practitioner, much like the shaman. Kiefer (1972:118-119) also describes the rather light attitudes Filipino Muslims have about the imam, as well as the imam about themselves. In other words, there is less of an imputed "sacred" aura around the imam than one would find with the Christian clergy.

Nevertheless, folk Islam in the Philippines does have its peculiar blend of practices which may not always conform with orthodox Islam. The literature (e.g., Bruno 1973:12; Saber 1979:22-24) names a number of traditional medical practitioners who clearly use methods based on animism. Among the Tausug, there is the jinan (medium) and putikaan (diviner) while the Maranao have the pandarpan (medium), the pamaman-tok (counter-sorcerer) and the pamomolong, an herbalist who combines the use of plants with takaw (prayers and spells).

There is a dearth of literature on how Muslim traditional health practitioners acquire their status. In fact, I was able to find only one study, that of Dirampatan (1979), who says that the Maranao pamomolong cite the following methods for attaining their status: dreams, tutelage or apprenticeship, lineage or inheritance, spirit possession, and in one curious case, reincarnation. Typical shamanic illness episodes are also described as part of the "call" to become a shaman; but it is also interesting that several of the shamans "felt the urge to learn so that they may treat the members of their respective families who had been bed-ridden" (Dirampatan 1979:53).
3.4.3 Christian Groups

Among Filipino Catholics, the priest (pári, from the Spanish padre) is perceived as a distant authority figure. Jocano (1971:51) notes the prevalent belief that "knowledge of the powers surrounding the saints and how an individual can avail himself of these powers, belongs to the priests. . . to insult or harm a priest is [therefore] to endanger one's life." Unlike the Filipino Muslim imán, the Catholic priest is a full-time practitioner, often based in the town center and therefore removed from many of the daily activities of the Filipino peasant. However, I have included the priest in this discussion since he does officiate at major calendrical and life-cycle rituals and may, on occasion, be requested by families to offer special Masses for the sick.

The assumption of the status of priest involves long and scholarly training in seminaries. However, both orthodox and folk Catholicism still presuppose that there has to be a "spiritual calling" or vocation before anyone can attempt to enter the priesthood. Jocano (1965:99) cites the folk belief that "persons not called by God but who enter the seminary will be sickly and even die of tuberculosis." Jocano also cites "character traits" that are perceived to be indicative of a vocation: agi-agión (a little effeminate), shy, not talkative and of good memory.

As with Jocano, I feel that the priest is perceived merely as a custodian of knowledge about supernatural power without necessarily carrying such power. In contrast, the traditional shaman (tambalan in the Visayas and arbolaryo among the Tagalog) is seen as being vested with such power. Such practitioners are not allowed to accept outright payments; to do so would mean a loss of their healing power. On the other hand, the priest is entitled to accept payment, and often will have a scale of ceremonies and rituals (first class, second class, etc.) based on how much the client pays.

It should be noted that the tambalan and the arbolaryo do not limit their roles to shamanism. These healers often incorporate various healing methods, particularly the use of medicinal plants.
In fact, **tambal** means "to apply" or "to poultice" and **arbolaryo** is of Spanish derivation, meaning "herbalist."

The **tambalan** and the **arbolaryo** assume their status much like their pagan counterparts. A survey by Shakman (1969:284) of such healers from different parts of the Philippines showed the following methods by which their powers were supposedly acquired: ten from apprenticeship, four from "gift of prayer," three from being called and trained in a dream, three from "an unexplained residue of an extremely stressful situation" (possibly a shamanic illness episode). A similar survey by Galleon (1976) of 15 tambalan in Maasin, Leyte, yielded the following four methods of status acquisition: inheritance, dreams, training and "infused knowledge." (Also see Lieban 1962a, Arens 1957a.)

The "true" shaman is now slowly being replaced by a phenomenal institution: the faith healer. The emergence of the Filipino faith healer is fairly recent; in fact, there are no indigenous terms used for this type of practitioner. These faith healers are closely associated with the **espiritista** movement introduced into the Philippines during the 1920s. Like its counterpart in Latin America, the Filipino **espiritista** movement draws on doctrines formulated by the 19th century French spiritist Allan Kardec. The first and largest sect in this movement is the Union Espiritista Cristiana de Filipinas. Members of this movement claim their roots in Christianity, citing biblical passages that speak of spiritual healing. There are, however, distinct differences from contemporary Christian doctrine, notably the belief in reincarnation and "karmic" illness.

The **espiritistas** themselves make a distinction between "spirit healers" and "faith healers." One of their bishops explains that "a spirit healer is one, who, after being possessed by and with the aid of the Holy Spirit, effect cure on spiritual and physical ailments, while a faith healer is one who merely helps inspire others to have abiding faith in God's healing powers that they may be cured of their illnesses" (Sison 1975:305).

However, the distinction is rarely made by the general public and the term "faith healer" is used for anyone who claims to have
healing powers through God or the saints. Such healers use a variety of methods like the laying of hands on the patient and communal prayer, but they have received the widest publicity from their practice of "psychic surgery," where they use their hands to incise the afflicted portion of the body and then remove objects supposedly causing the affliction.

It is difficult to estimate how many faith healers there are in the Philippines today. Licauco (1981b:9) says that although there are many faith healers, the number of "psychic surgeons number less than 30. In another book, Licauco (1981a) provides detailed accounts about several of these psychic surgeons. Most of them come from families belonging to the espiritista movement, the first and oldest of them having started his practice in 1940. For those who were willing to talk of how they acquired their healing powers, most stated a serious illness during which they had apparitions. Two "psychic surgeons" apprenticed themselves to an older practitioner. All claim to heal under the guidance of the Holy Spirit as well as other spirit guides, one healer claiming to have as many as 11 of these guides.

Faith healers are based mainly in the cities and although they also claim they cannot receive payments, gifts or donations are accepted. With a clientele composed largely of upper- and middle-class Filipinos, as well as quite a number of foreigners, some faith healers have become extremely wealthy, one healer in fact purchasing an old Dominican monastery and converting it into a hotel to accommodate his many clients.

In contrast, the tambalan and the arbolaryo are generally restricted to their barrio or village. Hart (1980:65) noted that in his research community, none of the tambalan were prominent, most of them living in small huts and that "two of them drank excessively." Significantly, there are tambalan who practice in the cities and achieve fairly prominent status. Not surprisingly, these tambalan may adopt the title of faith healer and are consulted not just on matters of health but also for other sundry purposes like locating lost objects and resolving marriage problems.

Finally, mention should be made of the sorcerer (mangkukulam),
who practices in both rural and urban areas. As I mentioned earlier, the sorcerer's practice is socially sanctioned and the urban sorcerer may, in fact, acquire a large clientele much like the faith healer.

### 3.5 Rituals for Healing and the Maintenance of Health

#### 3.5.1 Pagan Groups

While the content of Filipino pagan rituals will vary from group to group, their forms tend to be quite similar. Generally, offerings and animal sacrifices are made to the supernatural, although these offerings may be distributed communally after the ritual. Divination is almost always an important part of these rituals. Finally, the officiating shaman uses singing and dancing particularly for purposes of communicating with the spirits. There is still controversy as to whether the Filipino pagan shaman actually enters into a trance state although there can be no doubt that some kind of altered state of consciousness is induced.

#### 3.5.1.1 Calendric Rituals

Pagan calendric rituals are usually scheduled around cycles associated with subsistence activities. Such rituals have very general functions, such as the assurance of a good harvest and the community's health and general welfare. In some cases, as in the Mamanua Negrito pagdiwatahan (diwata meaning "spirit"), parts of the ceremony may be used for curing the sick or even consecrating a new healer (cf. Maceda 1957, 1975).

#### 3.5.1.2 Life-Cycle Rituals

Pagan life-cycle rituals are generally held to mark a birth, marriage or death. Rites of initiation into adulthood do not seem to be widespread. A common theme linking these rituals is the aspect of dedicating the newborn, the newlywed and the dead to spirits, particularly ancestral spirits.

It is striking that many of these life-cycle rituals are actually
directed towards the protection of children, most probably a reflection of the high infant and child mortality rates. For instance, Jocano (1968:136) describes three Sulod rituals for the expectant mother, held at different stages of her pregnancy. The content of the rituals are clearly oriented towards the child's welfare more than the mother's.

After the child is born, he is offered or "dedicated" to the spirits and ancestors. Jocano (1968:140) describes the Sulod kamben, where spirits are asked to free the child from a variety of sicknesses ranging from malaria (takig) to "shortness of breath" (tang). When the child is older, the Sulod hold another ritual called the hagbay, where the child marks his "becoming a person" by being given a name (Jocano 1968:144).

Among the Kalingas, Dozier (1966:90-92, 265-276) describes a whole series of rituals called kontad, held at various stages during the child's first 18 months of life. These rituals also invoke the protection of ancestral spirits. So important are these rituals that a specific group of religious practitioners, the magkokontad, are responsible for officiating at such rituals.

Marriage among pagan groups may be marked by several rituals, including a preparatory phase involving the reading of auguries to determine if the couple is compatible. Favorable readings are followed by one or several days of feasting before the marriage ceremony itself. The rituals again invoke deities and ancestral spirits to assure the welfare of the couple.

Death rituals again mark a passage, and spirits are invoked for assistance in assuring safe passage of the deceased to an afterworld. However, one notes a degree of community "self-interest" in the descriptions of these rituals, closely associated with the fear that a turbulent or incomplete passage into the next world may result in the deceased returning to annoy the living. Moreover, a satisfactory completion of this transition means that the deceased would be in the position to assist the living.

It is noteworthy that among socially stratified groups, there are "rites of passage" that are overtly for the purpose of validating
social status based on material wealth. In such rituals, the number of sacrificial animals are in fact conspicuous displays of wealth. Among the Gaddang, Wallace (1970:107-111) enumerates and describes seven anuity rites which he compares to "climbing a [social] ladder: the agagaw (given whenever a new house is built), kuravit (the establishment of a new household), balog (given for a child at the age of nine or ten), the maka'wa and maka'lyu (sponsored by the household for someone who has reached the mid-20s and the mid-30s), the among (given "before old age") and the binantung (a sequel to the among). Each successive ritual "requires" a greater number of animals to be sacrificed and is therefore a way of affirming the status of an individual and his family. (Also see Dulawan 1967 for descriptions of the hagabi, an Ifugao "prestige ritual."

3.5.1.3 Crisis Rituals

We now turn to pagan crisis rituals, or specifically, healing rituals. As I mentioned earlier, portions of communal calendric rituals may be used for healing purposes. However, for the most part, crisis rituals are limited to kin group participation. Shamans use these rituals not only for healing but for diagnosis. Divinatory techniques (e.g., haruspication for Cordillera groups) may be used, but more frequently, the shaman "communicates" with her spirit guide for the diagnosis.

The healing ritual itself involves incantations, ritual gestures, massage, anointing with oils and the use of plants (more often as part of ritual gestures, rather than actual administration to the patient). The course of the ritual depends on the diagnosis. Where soul loss is implicated as the cause of illness, the shaman appeals to her spirit guide to help search for the errant entity. If illness is due to a breach of etiquette towards supernatural entities, offerings are made in propitiation, or at least a promise is made to hold another ritual (See Dozier 1966:175-178 for a good description of the Kalinga dawak, a healing ritual.)

Again, it should be pointed out that not all healing rituals
involve propitiation of the supernatural. Rosaldo (1972:84-85) describes the Ilongot curing rituals, where spirits are threatened, rather than appeased. The Ilongots gather plants with names like "chase," "toothless," "thumbs" or "fingers," which are then rubbed and steamed, accompanied by the following spell:

Hey, all of you spirits, come listen now!
Here are your thighs, spirits;
May your thighs be twisted, spirit, if you do not make this child well.
Open his heart, spirit; make him light, spirit.
May he spin like an eel away from sickness.
May he be as clean as glass.
Here are your fingers, spirit; I steam your fingers, spirit.
They will be knotted, spirit.
Make him well now!

3.5.2 Muslim Groups

Filipino Muslim rituals are again similar in form. Calendric and life-cycle rituals are usually officiated by religious specialists (paki, of which the imam is one category) while crisis rituals are officiated by traditional practitioners using pre-Islamic forms.

3.5.2.1 Calendric Rituals

Filipino Muslim calendric rituals include the salat (five daily prayers), the juma'at (Friday prayers) and observation of Muslim holy days, including the month-long Ramadan (cf. Casiño 1976:104-105). Also of importance is the ritual bathing on the last Wednesday of the month of Sappal (Safar in Arabic), intended to wash away sins and illness. Among the Tausug, this ritual bathing is called panulak balah (Bruno 1973:163); while among the Samal, it is called tuak bala' (Casiño 1976:105). Both names translate as "pushing away evil." Casiño (1976:107-108) says that the Samal repeat the ritual for three Wednesdays during the month and that the ritual may be performed whenever disease occurs. Interestingly, Bruno (1973:163) points out that while this ritual bathing is performed throughout the Malay region, the practice is adat, or part of traditional custom law rather than being an Islamic practice.
Rituals of pre-Islamic origins are also still observed, mainly in connection with agriculture. Casiño (1976:108-111) describes the Samal gindawacan, performed at the start and end of rice planting. Casiño says that the Tausug have a similar ritual complex called talbih-an. Finally, I have referred to Yakan agricultural rituals which may be performed either by the Muslim imam or by the traditional herbalist or tabib (Wulff 1967:365).

3.5.2.2 Life-Cycle Rituals

Filipino Muslim life cycle rituals again pertain to birth, marriage and death. Childhood rituals include the paggunting ("to cut"), the pagrimbang ("to weigh") and circumcision (pag-islam for males and pagsumpat for females). Another ceremony, pag-cammat, marks graduation from a religious school. (See Wulff 1963; Bruno 1973:109-110; Casiño 1976:98 and Kiefer 1972:124-126 for descriptions of these rituals.)

Casiño (1976:103) has noted the strong communal aspect of Filipino Muslim rituals. The pagrimbang, for instance, is a community affair during which an amount of ritual goods equal to the weight of the child is given to participating paiki (religious functionaries) in a symbolic presentation of the child to the Islamic community.

3.5.2.3 Crisis Rituals

There is still a lack of documentation on Filipino Muslim healing and crisis rituals. An account by Ewing (1967:16-17) says that the Tausug will call in a "local medicine man" (man-u-bat) who uses herbs and prayers. If his treatment fails, a jihan (medium) is called and a seance arranged to establish the proper treatment for the illness. A putikaan (diviner) is called in as a last resort.

An earlier account by Gomez (1917) for the Maguindanao is more detailed but may be dated. Gomez reports several methods of divination used for diagnosis and prognosis, including tauacal (egg divination), "opening the Koran" (and noting the aual, the first consonant letter on the seventh line of the page on the right), and finally,
a study of the cutica (hour period), day of the week, month and tidal phase when the illness first appeared. These methods of divination are said to be performed by the pandita, an Islamic religious functionary. Actual treatment is administered by the tabib (herbalist) although the pandita again officiates if rituals are involved.

3.5.3 Christian Groups

The delineation between the roles of priests and shamans is sharper among Christian groups than with the Muslims and pagans. Priests officiate at calendric and life-cycle rituals while the cambalan, arbolaryo, faith healers and sorcerers are generally limited to the performance of crisis rituals. My discussion here will concentrate on Catholic practices since some 85% of Filipinos are Catholics.

3.5.3.1 Calendric Rituals

Calendric rituals are based on the Christian liturgical calendar and includes the Sunday Mass, particular holy days such as Christmas, as well as liturgical seasons such as Lent. These calendric rituals are generally commemorative in nature, revolving around events in the life of Christ and a remembrance of saints.

The fiesta is a town activity, extending from one to three days with religious processions, Masses, feasting and other cultural activities. These celebrations are scheduled around the feast day of a town's patron saint; and in many places, there is the belief that failure to hold the annual fiesta may result in illness or misfortune to the entire community.

Again, there are still "non-Christian" calendric rituals that continue to be performed in some areas. Arens (1956a,b,c,d) has described these clearly animist rituals among the Hiligaynon (Leyte and Samar), with specific rituals for rice, corn and sweet potato planting, as well as for fishing.
3.5.3.2 Life-Cycle Rituals

Life-cycle rituals are closely based on the system of Catholic sacraments, i.e. baptism (at birth), confirmation (around the time of puberty), matrimony, and extreme unction (before death). As "channels for divine grace," the sacraments are also often perceived as sources of strength and health. I have already mentioned the belief that baptism strengthens the infant. Correspondingly, extreme unction is believed to have potential curative powers, possibly rescuing the patient from death.

The life-cycle rituals also serve several social purposes. Since many families give parties to mark a baptism, confirmation and, naturally, a marriage, these occasions serve as family reunions. The parties also function as a display of the family's wealth and social status.

The sacraments of baptism, confirmation and matrimony also become opportunities for expanding "ritual kinship" since each of the sacraments involves sponsors (ninong and ninang, or godparents). Families become linked by this compadre (co-godparents) system, and such alliances are used for economic and political purposes (cf. Hart 1977).

It is interesting that although the sacraments are supposed to be administered only by the priest, folk adaptations have developed wherein lay persons may officiate. I refer here to the buhos tubig (pouring of water) for infants and children. The folk ritual is clearly patterned after baptism and may be performed out of the fear that the weak newborn child may die before being baptized by a priest and would therefore default on entering heaven. At the same time, the folk ritual is believed to protect the child from evil spirits (cf. Hart 1977:42-43).

However, there seems to be another purpose for this folk adaptation of baptism. Schen (1960) has described the Ilokano anak ti digos ("child of the bath") ritual, wherein the child is ritually adopted by "new parents" and assumes a new name temporarily. This ritual is performed for weak and sick children, with the hope that
the change in name (and "parents") would bring a corresponding change in the child's "luck" and health. This folk ritual therefore dovetails with the practice of symbolically "selling," "throwing away," or "giving away" a particularly frail or sickly child (cf. Cole 1922:166; Malay and Malay 1955:21-22; Demetro 1970:326; Galvez-Tan 1978:12-13), as well as the practice of the individuals having their names changed when they are ill (cf. Keesing 1962b:9; Garvan 1964:25,115; Dozier 1966:91; Casiño 1976:98). The fact that these practices are reported for Christian, Muslim and pagan groups suggests that their origins are quite ancient.

Returning to Filipino Christian groups, two other important "secular" life-cycle rituals should be mentioned: circumcision (patsutuli) and a complex of rituals for a woman who has just delivered a child.

Although circumcision is increasingly being performed on the newborn in hospitals, it is still practiced in rural areas as a way of initiating a boy into adulthood. The operation is performed by traditional healers or by community residents who have acquired the skill. The ritual has lost its religious trappings, but Jocano (1973:179) notes that:

Informants agree that circumcision is done for both medical and social reasons. Those who are not circumcised are teased about it. . . . Medically, some informants said, to be circumcised is to be clean (sic) and 'you're not easily susceptible to women's disease (sakit sa babae). ' The other belief is that the child will grow tall and stout when circumcised.

The other important secular life-cycle ritual is actually a complex of behavioral and dietary prescriptions and prohibitions for the new mother. This includes "mother roasting," which is also practiced in other parts of Southeast Asia and in Latin America (cf. Hart 1965). The ritual complex is believed to protect the mother from illness, as well as to alleviate post-partum pains and return her to a "normal" state. These rituals extend for a period of 40 days and may be a mixture of practices from the Malay bersalin (Manderson 1981) and the Spanish cuarentena (Foster 1960:119).
3.5.3.3 Crisis Rituals

Christian healing rituals again start with a diagnosis, the traditional healer asking the patient and the family a series of questions to establish the possible causes of illness. Divination is still used among Christian groups, the most popular ones being egg-rubbing (Arens 1957a:124; Galvez-Tan 1978:16) and the use of alum or tawas (Hart 1975:14). Both procedures involve the "reading" of forms in the egg-yolk or in the coagulation of alum and water to determine who or what caused the illness. Both practices may be of Hispanic origins (cf. Foster 1953:208-209 on the "egg cure" and Hart 1975:14 on the parallels between the Filipino tawas and the Hispanic-American piedra de alumbre), although the fact that Filipino Muslims also use egg divination may mean that the practice dates back before the Spaniards. Besides the use of eggs and alum in divination, seances may be used for the diagnosis, involving the shaman's invocation of his spirit guides for assistance.

The course of the ritual again depends on the diagnosis. Offerings may be made to offended spirits or ancestors; or, a promise may be made for future offerings. Such promises may be made contingent on the patient's recovery, in a kind of bargaining with the spirits. Such promises are taken seriously; for instance, Cabotaje (1976:106) describes the padug-an, involving the butchering of a pig or chicken on the birthday of children who are either pinangayo (granted as a result of novenas or special prayers) or alampuonon (health granted because of prayers). Failure to hold this padug-an is believed to result in the child's illness.

In cases where object intrusion is suspected (either from malevolent spirits or from sorcery), the healer attempts to "extract" the offending object, sometimes again using egg-rubbing (which supposedly transfers the intrusive object into the egg). Where sorcery is suspected, another sorcerer may be called in to counteract the magic. An extreme form of counter-sorcery is caning, which Nuñez (1905:315) described as paliz de padre y señor mio, where the victim is whipped and bathed in hot water, on the theory that it is the sorcerer or
an offending spirit that suffers from this punishment. The practice does not seem to be widely used today, although there are still occasional reports of small cults and sects which use the method as a form of exorcism, sometimes with fatal results.

Fumigation ceremonies have been well described in the literature (e.g., Arens 1957b; Nydegger and Nydegger 1966:84; Lieban 1967:84; Jocano 1968:211; Hart 1975). Demetrio (1970:442) suggests that the use of malodorous herbs in these rituals are intended "to give discomfort to the spirits and to make them leave the body of the victim." The descriptions of the rituals suggest that the use of incense may be an imitation of Catholic church ceremonies, but it is also possible that such practices are of pre-Hispanic origins.

It is significant that when fumigation ceremonies are used for "fright illnesses," it is essential that the person causing the fright should be present at the ritual. In addition, clothing or hair from this person may be incorporated in the preparations used for fumigation.

Christian healing rituals involve less of the frenzied dancing and singing associated with pagan rituals; however, vestiges of these old practices do remain. Galvez-Tan (1978:13) describes the sinulog in Samar, which involves dancing in front of the image of a patron saint on that saint's feast day, as a way of asking for favors including better health. More impressive are the childless women who make pilgrimages to Obando, a town in central Luzon, where they dance in front of the church to be barreness and infertility.

Prayers and incantations also remain an integral part of the Christian groups' rituals and the healer often has his secret incantations constructed out of pidgin Latin. These formulas may be written on paper and applied on the patient, often with the healer's saliva added (see Jocano 1973:198-211 for samples of these formulas).

Rituals conducted by faith healers essentially follow the patterns described above. The faith healer invokes his or her spirit guide and then proceeds to make the diagnosis. While the diagnostic methods are completely mystical, faith healers may explain these methods in "modern" terms. For instance, some healers will claim to take
"spiritual X-rays," putting a piece of paper on the patient's body and then "reading" it later. The healing methods include psychic surgery, magnetic healing (laying of the hands), and symbolic "injections" where the healer supposedly transfers part of his spiritual energies to the patient. (See Licaeco 1981b for detailed accounts of the faith healers' practices.)

3.6 Summary and Analysis

3.6.1 Traditional Medicine and the Traditional Medical System

In the previous chapter, I described Filipino theories of illness causation or the belief system which forms traditional medicine. In this chapter, I have described the health practitioners and their practices to complete my description of the traditional medical system in the Philippines.

It should not be surprising to find correspondence between the belief system and the methods used in health-maintenance and healing. In this chapter, we see the same accretion or superimposition of mystical, personalistic and naturalistic theories found in the theories of illness causation.

Thus, on one hand, we find practices of obviously ancient origins persisting almost unchanged. An example is the use of "spirit rafts," where offerings are put on a little boat and sent to drift down the river, supposedly to bring our spirits and illnesses. This practice has been reported for Filipino pagan, Muslim and Christian groups (cf. Venturello 1907:527; Malay and Malay 1955:80-81; Kasman 1962:329; Bello 1967:430-432; Sather 1975:11; Casiano 1976:108) and is clearly a pan-Malayan practice (cf. Skeat 1900:433-436).

Where changes have occurred, it is still possible to find continuity in the basic categories of practitioners and their techniques. The Christian faith healer traces back to the pagan bailan. "Psychic surgery" is an extension of older magical forms of object extraction,
and a "spiritual X-ray" is a "modernized" version of reading animal entrails and egg divination. The spirit guides remain but the faith healer now invokes Catholic saints, or even secular figures like deceased physicians and Jose Rizal, the Filipino national hero who, incidentally, was also a physician.

3.6.2 Status and Role of the Health Practitioner

Later in this thesis, I will use a socio-historical survey to explain the persistence and transformation of the elements in the Filipino traditional medical system. In this chapter, my main purpose was to identify the social factors relating to the health practitioners and their methods.

I have prepared a table which summarizes the types of health practitioners among various Filipino-ethnic groups (pp. 102-106). The table allows us to analyze differences among the ethnic groups in terms of statuses and roles of health practitioners.

First, there is a marked increase in specialization of roles that corresponds to increasing social complexity. Thus, the Tasaday, a small gathering group in southern Mindanao, is not even listed in the table because they do not have any health practitioner. Among the Negrito hunting-gathering groups, we find the emergence of a shaman, who also takes on the role of "priest" in the sense that he officiates at religious functions. In such groups, the shaman occupies relatively high social status. In fact, among groups where there is social stratification, such as with the Gaddang, there may be an overlapping of secular and religious leadership roles.

The shaman's status is devalued in societies where a priesthood has emerged, either indigenously or through the imposition of a world religion like Islam and Christianity. Major calendric and life-cycle rituals become the domain of the priest, and the shaman is limited to crisis rituals. Among the Christian groups, we do not find any health practitioner who also officiates at major religious ceremonies.
### Table II

**Traditional Health Practitioners Among Various Filipino Ethnic Groups**

#### A. Christian Groups

<table>
<thead>
<tr>
<th>Local Name of Practitioner</th>
<th>Role(s)</th>
<th>Status Acquisition</th>
<th>Inheritance</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arbularyo</td>
<td></td>
<td><strong>+</strong></td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Mang'uluup</td>
<td></td>
<td><strong>+</strong></td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Manghibilot</td>
<td></td>
<td><strong>+</strong></td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Magpapaaanak/hilot</td>
<td></td>
<td><strong>+</strong></td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Mangagaway</td>
<td></td>
<td><strong>+</strong></td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Medico</td>
<td></td>
<td><strong>+</strong></td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Mambubuga</td>
<td></td>
<td><strong>+</strong></td>
<td>&quot;Inherent power&quot;</td>
<td></td>
</tr>
<tr>
<td>Tiga-alis ng tibo</td>
<td></td>
<td><strong>+</strong></td>
<td>Breech birth</td>
<td></td>
</tr>
<tr>
<td>Tiga-gamot ng taga</td>
<td></td>
<td><strong>+</strong></td>
<td>&quot;Acquired from husband&quot;</td>
<td></td>
</tr>
<tr>
<td>Tiga-gamot ng sakit ng ngipin</td>
<td></td>
<td><strong>+</strong></td>
<td>Dentistry</td>
<td></td>
</tr>
<tr>
<td>No local name given</td>
<td></td>
<td>Circumcision</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Tagalog** (Jocano 1973)
### TABLE II (continued)

#### A. Christian Groups

<table>
<thead>
<tr>
<th>Local Name of Practitioner</th>
<th>Role(s)</th>
<th>Status Acquisition</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEYTE</strong> (Nurge 1958)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partira</td>
<td></td>
<td>Experience</td>
<td>*</td>
</tr>
<tr>
<td>Hilot</td>
<td></td>
<td></td>
<td>**</td>
</tr>
<tr>
<td>Parasona</td>
<td></td>
<td>Curing of venomous bites</td>
<td></td>
</tr>
<tr>
<td>Haplasan</td>
<td></td>
<td>Ritual anointment</td>
<td>**</td>
</tr>
<tr>
<td>Tambahlan</td>
<td></td>
<td></td>
<td>**</td>
</tr>
<tr>
<td>Daotan, palakodan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SAMAR</strong> (Hart 1980)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tambahlan/paragbulong</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partera</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunahan</td>
<td></td>
<td>Having a &quot;snake twin&quot;</td>
<td></td>
</tr>
<tr>
<td>Parangkito</td>
<td></td>
<td>Extraction of teeth</td>
<td>**</td>
</tr>
<tr>
<td>Parahilot</td>
<td></td>
<td></td>
<td>**</td>
</tr>
<tr>
<td>Parahaplas</td>
<td></td>
<td>Ritual anointment</td>
<td></td>
</tr>
<tr>
<td>Patatusod</td>
<td></td>
<td>Treatment of lami (fright illness)</td>
<td>**</td>
</tr>
<tr>
<td>Paralo-or.</td>
<td></td>
<td></td>
<td>**</td>
</tr>
<tr>
<td>Parabirik</td>
<td></td>
<td>Treatment of boils and carbuncles</td>
<td>**</td>
</tr>
<tr>
<td>Parabadak</td>
<td></td>
<td></td>
<td>**</td>
</tr>
<tr>
<td>Paragabat</td>
<td></td>
<td>Extraction of intrusive objects from the body</td>
<td>**</td>
</tr>
</tbody>
</table>

- **Male**: M
- **Female**: F
<table>
<thead>
<tr>
<th>LOCAL NAME OF PRACTITIONER</th>
<th>ROLE(S)</th>
<th>STATUS ACQUISITION</th>
<th>SEX</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OFFICIAL AT PUBLIC RITUALS</td>
<td>DIVINATION</td>
<td>MEDIUM</td>
</tr>
<tr>
<td>TAUSUG (Bruno 1973)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Panday</td>
<td>*</td>
<td>**</td>
<td></td>
</tr>
<tr>
<td>Mangungubat</td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extraction of intrusive objects from the body</td>
<td></td>
</tr>
<tr>
<td>Manunutul</td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Mananawal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Magpuputika</td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tinan</td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>MARANAO (Saber 1979; Dirampatan 1979)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pandarapa'an</td>
<td>*</td>
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<tr>
<td>Pamamantok</td>
<td></td>
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<tr>
<td>Pamonolong</td>
<td></td>
<td>*</td>
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<tr>
<td>Pandai</td>
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<tr>
<td>Panggaway</td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>YAKAN (Wullff 1967)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Tabib</td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Bahasa</td>
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### TABLE II (continued)

**C. Pagan Groups**

<table>
<thead>
<tr>
<th>LOCAL NAME OF PRACTITIONER</th>
<th>ROLE(S)</th>
<th>STATUS ACQUISITION</th>
<th>SEX</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OFFICIATE AT PUBLIC RITUALS</td>
<td>DIVINATION</td>
<td>MEDIUM (SHAMAN)</td>
</tr>
<tr>
<td>GADDANG (Wallace 1970)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maingal/mingal</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Makamong</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Mabayan</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>IFUGAO (Dumia 1979)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hobabaki</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hanah-o</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TSNEG (Vanoverbergh 1953)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anitowan/dorarakit</td>
<td></td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>No local name given</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KALINGA (Dozier 1966)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandadawak/</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>manganito (north)</td>
<td></td>
<td></td>
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<tr>
<td>mangalisig (south)</td>
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<tr>
<td>Hangkokontad</td>
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<tr>
<td>Mandadagop</td>
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<tr>
<td>No local name</td>
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</table>
TABLE II (continued)

C. Pagan Groups

<table>
<thead>
<tr>
<th>LOCAL NAME OF PRACTITIONER</th>
<th>ROLE(S)</th>
<th>SEX</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>OFFICIATE AT PUBLIC RITUALS</td>
<td>DIVINATION</td>
</tr>
<tr>
<td>MANGANITO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PINATUBO NEGRILO (Fox 1952)</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>MAMANUA NEGRILO (Maceda 1964)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sukdan</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Tambayon</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>SUBANUN (Frake 1964)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belian</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>TIRURAY (Moore 1975)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belian</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Getuan</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>MANDAYA (Yengoyan 1975)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ballyan</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>SULOD (Jocano 1968)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mirku</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Baylan</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Manunghiwit</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Partira</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BATAK (Warren 1975)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three types of Babayan:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Babay:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tulay</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Marnumulay</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Kapunglaw</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>
If we were to compare Table I (page 66) and Table II (pages 102-106), we would correlate the emergence of specialized roles with the growing differentiation of illness theories. Christian groups seem to have the most types of illness theories and would therefore have a greater variety of practitioners; however, the increasing differentiation of illness theories is itself a function of social complexity and so I will analyze this in greater detail in the socio-historical survey.

One striking point that could be discussed here is the role of sorcerers. Table II reveals that with the exception of the Sulod, none of the other pagan groups seem to have a separate sorcerer role, or for that matter, any shamans assuming this role. Sorcery is definitely recognized among pagan groups but such beliefs do not seem to be as important as they are among the Christian groups. Dozier noted an absence of sorcery (and witchcraft) beliefs among the Kalinga and offers the following explanation:

The Kalinga vent their hostilities on the enemy, or did until recently, while most of their fears and anxieties are bound up with supernaturals. Intra-group wrongs and offenses are immediately challenged and brought up openly before regional leaders and resolved as kindred or kindred segment responsibilities. These factors undoubtedly explain why witchcraft, which is born out of fear, distrust and suspicion of closely interacting individuals (often near relatives), has not been a problem among the Kalinga. (1966:189)

Swanson (1960) has in fact interpreted the frequency of witchcraft accusations as indicative of a serious lack of legitimate means of social control. More specifically, Whiting (1950) and Murdock (1980:67-68) have used cross-cultural surveys to suggest that sorcery is more prevalent in societies that rely mainly on coordinate control (e.g., peer group pressure) while witchcraft beliefs prevail in societies with superordinate controls (e.g., a judiciary, police force). Murdock (1980:70) also observes that the "medicine man" in simpler societies is "primarily a healer rather than a sorcerer."

It is interesting that among Filipino Christian groups, we find the co-existence of sorcery and witchcraft beliefs. The persistence of witchcraft beliefs could be associated with social stratification (Murdock 1980:68) and the presence of superordinate controls. At
the same time, these superordinate controls are still weak, which would explain the continuing prevalence of sorcery beliefs (and a lucrative practice for self-styled sorcerers). Lieban (1960, 1965) has studied Cebuano sorcery quite comprehensively, in an urban setting. In a breakdown of 22 sorcery cases, Lieban noted that 12 involved disputes over land ownership and the other 10 were concerned with theft, vandalism, political competition, difficulties of a shopkeeper with customers and suppliers, adultery and a rejected suitor in courtship (Lieban 1960:140). Lieban suggests that the sorcerer becomes a "supralegal agent of righteous vengeance" in a situation where public perceptions of legal institutions may be characterized, as in the case of Cebu, as "outright cynicism." Thus, modernization and urbanization, in the context of fragmented state control, may actually contribute to an increased prevalence of sorcery beliefs.

3.6.3 Legitimization of Healer Status and the Signification of the Healing Role

In terms of legitimization of the healer status, we find constancy among all the Filipino ethnic groups. For magico-religious practitioners, legitimation often comes from deep religious experiences during serious illness ("shamanic illness"). With empirical practitioners, legitimation is more often achieved through apprenticeship to an older, more experienced healer.

Landy (1977:418) notes that for a person to become a shaman, the critical factor is possession of "some exceptional quality to set them apart from the average community member." Because many shamans throughout the world assume their status after some intense emotional and physical experience, the literature has tended to emphasize the presence of psychiatric symptoms such as neuroses (e.g., Devereux 1961), with the suggestion that the shamanic role is created as one way for "primitive" societies to offer a collective solution to their mentally ill members, by providing them with a useful role in which disturbed behavior is considered appropriate (cf. Kiev 1964).

Other researchers such as Schweder (1979) suggest that shamans
may in fact possess distinctive cognitive capacities. Schweder's study was specifically on Zinacanteco shamans, and the exceptional cognitive capacities found were: high avoidance of bafflement, a highly productive and generative response pattern, and an "inner-directed" or self-centered style of classification.

Schweder does admit that the special qualities of the Zinacanteco shamans may have developed out of their role experiences, rather than being qualities that pre-existed before they became shamans. In an earlier study also focusing on the Zinacanteco shamans, Fabrega and Silver (1970) did find the shamans exhibiting higher scores in a number of measures of a projective test (the Holtzman Inkblot Technique). These measures included anxiety, hostility and pathognomonic verbalization; however, Fabrega and Silver suggest that the higher scores on these measures result from the shamans' long-term involvements in the problems of their patients, rather than being evidence of the shaman's having an actual psychopathological personality.

This lengthy reference to the studies on Zinacanteco shamans was meant as an introduction to a point I want to emphasize: whatever the "personality" of the shaman may be, the fact is that he is often effective in his curing rituals and this effectiveness is highly dependent on the shaman's (and other traditional health practitioners') abilities to relate to the patient's problems. In a sense, the legitimation of the shaman's role extends into his practice, and an important aspect of this legitimation is his ability to use signs and symbols. Lieban (1977:61) explains these two aspects of the healing process: symbols and symbolic acts represent and invoke power while signs reveal its presence and its effects.3

It is not within the scope of my thesis to examine the symbolism involved in traditional healing. However, we should be aware that there is an array of symbols used by traditional health practitioners to validate their access to healing power. The symbol may be a special amulet supposedly received from a spirit guide, statues and pictures of saints, or even a piece of clothing -- if nurses have their caps, shamans among the Kalinga and various eastern Mindanao tribes have their turbans (cf. Dozier 1966:174; Cole 1913).
Such symbols may represent healing power but ultimately, these symbols' "therapeutic efficiency depends on the mananambal's ability to activate this power for the benefit of the patient" (Lieban 1977: 61). To "activate" this power, the practitioner needs to signify his abilities through role performance. Here, the healer must indicate the sources of his power. One way is the induction of an altered state of consciousness purportedly for spirit communication. Ritual gestures, such as the healer's use of his saliva, or blowing, signify the transference of the healing power to cure the patient. An aura of secrecy and sanctity is created through prayers, incantations, chanting and even the use of percussion musical instruments (Needham 1967). And if pre-Hispanic traditional healers recognized the value of using "the language of Borney [Borneo]" (Quirino and Garcia 1958:435), we find today's Muslim practitioners using Arabic while the Christians use Latin in their incantations.

Ultimately, the most important aspect of the practitioner's role performance is his ability to sense the anxieties and expectations of the patient and the family. Lieban (1977:61) says that an additional aspect of signification is the practitioner's "indicating successful results of his healing rituals." To be able to do this, the practitioner must create a self-validating explanation for the illness and its possible sequelae.

This need for signification helps to explain the eclecticism of the traditional health practitioner. The role changes actually found among these practitioners actually represent adaptive mechanisms, based on the practitioner's sensitivity to current social perceptions, needs and expectations. Moss (1920:285), for instance, observed that in Ibinaloi divination, "if the person who must bear the expense is poor, the mambunong [shaman] never sees signs which indicate any of the expensive rituals." Correspondingly, today's Filipino faith healer utilizes a mimicry of "modern medicine," aware that "injections," however symbolic, do carry great import for a "modern" clientele.
3.6.4 Rituals as Ratification of the Social Order

I will now discuss the functions of rituals. A missionary and anthropologist who has worked for many years among the Cordillera tribal groups, Scott (1960b:18) offers the following insights on rituals:

To try to separate Igorot worship into rites that ask for something and rites that give thanks for something is to force it into categories which never occurs to the Igorot mind — as they seem not to have occurred to the Hebrew mind of the Psalmists either, incidentally. To dismiss the same ceremonies as mere placations of greedy frightening deities is both to distort them and to miss the point.

Scott argues that the main objective of such rituals is the "sanctification" of material. I would expand on this to speak of sanctification in Durkheimian terms of ratifying or validating the social order.

For instance, the sponsorship or rituals, whether a Christian fiesta or an Igorot cañao, is itself a status-validating act. The types of offerings made, the length of the rituals and even the reputation of the person officiating at the ritual — all these serve to convey a message on the sponsors' social status.

The ritual content also provides an opportunity to ratify or acknowledge the powers that be, powers that bring fortune and health. These powers must be present, physically or symbolically, at the rituals; thus, ancestral spirits are invoked, sometimes through the recitation of origin myths and genealogies as a way of acknowledging the ties that bind the dead to the living.

Life-cycle rituals are particularly important in this ratification process. The newborn child, the adolescent approaching adulthood, the newly wed couple, the dying — all acknowledge, through these life-cycle rituals, their solidarity with their community and their gods.

Among the Kalinga, Dozier (1966:92,188,265) describes the series of formal or ceremonial visits made by a family and their newborn child to their relatives, such visits functioning "to impress upon the child at an early age the host of bilateral relatives who are concerned with his well-being."
Turner (1964a) also notes the importance of a "liminal period" in the rites of passage, a period of seclusion where "the communica-
tion of sacra both teaches the neophytes how to think with a
degree of abstraction about their cultural milieu and gives them the ultimate
standards of reference." Manderson (1981:511) has suggested that the
post-partum rituals for Malay mothers, including a 42-day period of
physical confinement, restrictions on bathing and diet, and "thunder
roasting" may serve to help the woman to be conscious of her mother-
becoming."

If the maintenance of health and good fortune consists in helen-
dric and life-cycle rituals that celebrate existing power relation-
ships, then crisis and healing rituals are meant to reestablish a balance
in the relationships that are perceived to have been disturbed. Bruns
(1973:79) describes the Tausug pagkiperat performed when a woman is
having difficult labor, based on the belief that the relation of the
child's ("who is without sin") not wanting to enter the world if
there are standing grudges among family members or friends. The pag-
kiperat is an impromptu attempt to resolve these grudges, allowing the
child that he can be born.

Prayers and food offerings are therefore less prophylactic than
restorative, an attempt to bridge the gap that has emerged between the
Filipino and his gods, between the child and his parents. In a
sense, the forgotten "good" spirits are "called back" to reestablish the
community, while the malevolent spirits are expelled or "sent away" to
leave (e.g., through spirit rafts).

Ritual concerns are therefore often more "this-world" than one
would suspect. The communal nature of many of these rituals presents
an opportunity for participants to situate themselves in the ritual
matrix. Absence at these rituals may bring ostracism and even accusa-
tions of witchcraft or sorcery (Jocano 1968:221).

The rituals are also situationers wherein existing social relation-
ships may be evaluated in terms of the real and the ideal. Miss
(1920) presents detailed transcriptions of Ibinalod healing rituals.
In these rituals, the mambunong (shaman) actually recites in verse,
many of which clearly function as "morality tales." The emergence of
particular illnesses in this world are recailed as the result of social transgressions, usually disrupted kinship or friendship relations.

Even a spirit communication may turn out to be a social commentary, as the following account of a southern Mindanao spiritist healing seance shows:

A typical spirit-communication begins with an exhortation to accept responsibility; the Christian should conduct himself so as to be a credit to his religion and to his patron saint. The spirit then goes on to specific problems: the looseness of today's youth...the foolishness of spending money on foreign-made rather than local products...the graft and corruption of officials in Manila. (Schlegel 1965:207)

Finally, we need to consider the often-cited supportive aspects of traditional healing rituals. The presence of kin and friends at these rituals assures the patient that he "belongs" and that something is being done. Jocano (1958:433) describes a Sulod healing ritual where the shaman addresses the patient, "You will not be overpowered anymore, you will be free from the evil spirit because we have paid them more than enough. You will not surrender to them anymore."

The term "faith healing," now used by many Filipinos as a synonym for "traditional medicine," carries significant implications. Faith implies an unconditional trust, not so much on the healer, but on the existing natural and social order. The patient's recovery hinges on his faith in the power of this social order, and if recovery is not brought about, the self-validating system has its explanations: the rituals may have been incorrect or insufficient because of a lack of faith on the part of the patient, his family or friends.

3.6.5 Rituals as Techniques

There is the tendency to look at rituals as unchanging, corresponding to the view that a culture is static, constantly repeating and reinforcing itself. It would be more accurate to look at rituals and symbols as "creative instruments of a particular social structure" (Douglas 1970a:307), a "social stock" from which its members can draw on, not just to validate the existing order, but to possibly express the desire for change. In fact, Frake (1964:127) points out that
religious behavior is a technique for getting things done: "one can accomplish an end by inducing others to act in his behalf."

The most striking example I could find to explain rituals as techniques is an account by Elkins (1964) on the Manobo anit taboo. Like the Negritos, the Manobo believe that thunder and storms can be caused by a mixing of natural categories; e.g., incest or the imitation of animals. Yet, the Manobo may intentionally violate this anit taboo:

In order to facilitate a wild pig hunt, one may initiate a controlled violation of anit. A person takes a leech, places it on a chip of wood in the creek, and says to it, "Paddle! You are floating away!" This is anit since the leech has neither the faculty of speech nor the ability to paddle. Soon it begins to rain, and the wind begins to blow. The wild pigs seek refuge in the tall grass and being reluctant to brave the elements are more easily tracked and speared. (Elkins 1964:187)

Among the Tausug, I have mentioned that oath-taking is considered a very serious matter, the violation of which can result in illness, misfortune or death to the transgressor and his descendants. Yet, Kiefer (1968:231-232) notes that oath-taking may be used "to force another to do something he may not wish to do, as when a woman swears not to live with her husband any longer, thus forcing him either to divorce her or to risk contamination of himself and his children with her curse."

Even kinship ties may be "changed" ritually, examples of which I have given earlier; e.g., name-changing and "giving away" a child in ritual adoption. Barton (1946:164-166) also mentions the Ifugao pongo rites used to circumvent incest taboos. The rites involve a mock fight to allow the parties (second or third cousins) to marry, based on the principle that "if we fight we are not kindred and may be married."

Rituals serve human purposes and are therefore as flexible as human needs. Likewise, health-maintenance and healing methods are constantly going through modifications because of changing needs. The fact that many of these methods are implemented at the level of the individual and the family also contributes to greater variance in these practices. Dozier (1966:551) has pointed out that even traditional practitioners must constantly introduce variety in their
practices "to set themselves apart." Analyzing the autobiography of a Kwakiutl Indian shaman, Levi-Strauss (1963:183) observed that "Quesalid did not become a great shaman because he cured his patients; he cured his patients because he had become a great shaman."

Nevertheless, there are limits to the flexibility in traditional medical systems. Again we turn to Douglas (1970a:307), who emphasizes that even the charismatic shaman, as bricoleur, must still be able to fit together "bits and pieces of the local stock of symbols into... a desirable social configuration." In the next chapter, I will be focusing on the underlying worldview that contributes to the recognition of this "desirable social configuration."
CHAPTER IV
THE RELATIONSHIP BETWEEN A FILIPINO WORLDVIEW
AND THEORIES OF HEALTH AND ILLNESS

4.1 The Framework for Analysis

Forty years ago, Ackerknecht (1942) decried what he felt was the "highly unreal picture of primitive medicine" that was emerging from the literature:

It is an almost hopeless task to try to understand and evaluate the medicine of one primitive tribe while disregarding its cultural background or to explain the general phenomenon of primitive medicine by purely enumerating that in the medical field primitives use spells, prayer, blood-letting, drugs, medicine men, twins, toads, human fat and spittle, etc. For instance the statement "All forms of ancient and primitive medicine are identical" (Garrison) may perhaps be correct, but it is certainly rather meaningless. It ends where the problem begins. What counts are not the forms, but the place medicine occupies in the life of a tribe or people, the spirit which pervades its practice, the way in which it merges with other traits from different fields of experience. (Ackerknecht 1942:546-547)

After surveying the literature on a wide variety of tribal groups, Ackerknecht (1942:572-574) concludes that there is not just one "primitive medicine," and that the differences are not so much in the elements than in the "medical 'pattern' which they build up and which is conditioned fundamentally by their cultural pattern."

Ackerknecht's "cultural pattern" actually referred to the world-view of a particular society, or in Ackerknecht's own words, "the spirit which pervades its practice [of medicine]." Other anthropologists have followed him in asserting, as Pelligrino (1963:10) does, that "Every culture has developed a system of medicine which bears an indissoluble and reciprocal relationship to the prevailing world view."

In the previous two chapters, I have attempted to draw out the themes that recur in the traditional medical systems of the different Filipino ethnic groups. I feel that there are enough common themes present to characterize a "Filipino" traditional medical system,
incipient as it may be. In this chapter, I will focus on traditional medicine or the matrix of theories concerning health and illness, which I will relate to a Filipino worldview.

I propose that traditional medicine, as part of culture, exists in a reciprocal relationship with worldview. On one hand, traditional medicine is a source of root metaphors, which Ortner (1973) defines as categories by which the order of the world is conceptualized. At the same time, the perceptions of health and illness are themselves structured by the worldview; the concepts of "self," and of cosmology, of time, space and causality, all the components of the worldview shape the way health and illness are perceived.

By identifying and explaining the worldview that forms the basis for traditional medicine, I hope to better explain Filipino traditional medicine; i.e., why health and illness are perceived in terms of "soul loss," "contagion" and other theories I brought out in the second chapter of this thesis.

At the same time, I would point out that the worldview is itself socially determined; therefore in demonstrating that this worldview forms the basis for traditional medicine, I would in essence be showing that traditional medicine is socially determined. I would, however, emphasize that this relationship is reciprocal in the sense that traditional medicine does not simply reflect this socially determined worldview, but also provides metaphors by which that worldview can be understood.

Again, a definition of "worldview" may serve to clarify the direction of my discussion. Geertz (1957a:421-422) differentiates "ethos" and "worldview" in the following discussion:

The moral (and aesthetic) aspects of a given culture, the evaluative elements, have commonly been summed up in the term "ethos," while the cognitive, existential aspects have been designated by the term "world view." A people's ethos is the tone, character, and quality of their life, its moral and aesthetic style and mood; it is the underlying attitude toward themselves and their world that life reflects. Their worldview is their picture of the way things in sheer actuality are, their concept of nature, of self, of society. It contains their most comprehensive ideas of order.
I feel that while the distinction is well made and should be kept in mind, it would suit the objectives of my paper to just use the term "worldview" to include ethos as well. Therefore in this paper, I will use worldview to refer to a society's concept of order, with both cognitive (what the world is) and evaluative (what it should be) aspects. I have chosen this alternative because I feel it would be almost impossible to discuss concepts of "good" and "evil" or "right" and "wrong," apart from the concepts of self, nature and society since all these concepts are in fact almost inextricably related.

The next question that should emerge would be, "Is there a Filipino worldview?" There has been one attempt to characterize such a Filipino worldview. I refer here to Mercado's (1976) Elements of Filipino Philosophy. Mercado combines "metalinguistic analysis," as well as a review of the literature on Filipino psychology to come up with what he admits is an initial and preliminary description of the Filipino worldview. Briefly, Mercado proposes the following elements in that worldview:

1. The Filipino individual views himself in terms of loob ("interior dimension") in a wholistic, non-compartmentalized sense. "Mind," "soul," "body" and "life-force" are constituted as one interior dimension which functions under principles of harmony.

2. In terms of his relationship to other people, the Filipino thinks in terms of sakop. Sakop means a group that may be based on kinship, ethnicity, regionalism or religion. This sakop is maintained by attempts to keep harmony (smooth interpersonal relationships) among its members. As a member of one sakop or another, the Filipino thinks collectively; thus, the occasional baffled reactions by westerners over the Filipino's preference for the pronoun "we" and a reciprocal reaction from Filipinos over the westerners' preference for "I".

3. In terms of his relationship to the supernatural, the Filipino does not make a distinction between the "sacred" and the "profane." "The Filipino tries to be in communion with God through the
spirits and his departed ancestors" (Mercado 1976:192). In terms of morality, the Filipino believes in the "innate goodness of man" and a philosophy of retribution wherein sanction flows from within himself.

4. In terms of "the Filipino and the world of things," Mercado characterizes Filipino concepts of space, time and causality as being non-linear or cyclical. Filipino languages tend to emphasize mode over tense; the aspect of "finished/unfinished" is used, rather than a clear delineation of past, present and future. Filipino languages are also said to be non-specific in terms of spatial concepts, with only one preposition, sa, to mean "in," "at" and "to."

By way of synthesis, Mercado suggests that the Filipino worldview is essentially similar to other Asian worldviews in its being non-dualistic. In terms of the thinking process, this means a lack of emphasis on either the subject (idealism) or the object (materialism). Filipino thinking is therefore intuitive and inductive, working from "concrete incarnational symbols," which means symbols are perceived as part of reality, rather than just signifying reality.

I basically agree with much (but not all) of Mercado's analysis and feel it would be needless to attempt my own analysis of Filipino worldview. Mercado's objective was to systematically describe this worldview, but he does little in trying to identify historical and social factors that relate to this worldview. Therefore, in using his work as a base for my present analysis, I hope to expand and test the validity of some of his proposals by examining his characterization of the Filipino worldview in relation to traditional medicine, and in the next chapter, to cover the socio-historical factors that enter into the formation of this worldview.

4.2 The Concept of "Loob" and the Individual

Mercado points out that the word loob (buot in Cebuano and nakem in Ilokano) is difficult to define and translate. "Internal dimension" is only a gloss that does not quite capture the full meaning of the word. However, it epitomizes the Filipino concept of the
individual as a wholistic being where "body," "mind," "soul" and "life-stuff" function as one.

In this context, it should be easy to comprehend why "soul loss" would be perceived as a cause of illness. If the individual can function only as a whole, the "loss" of his soul would logically lead to illness.

A similar but more complex interpretation of soul-loss theories has been brought out by Endicott (1970) and Benjamin (1979) in their analysis of Malay mystical beliefs. Endicott and Benjamin propose that in Malay religion, there may be a dual concept of "essence": the incorporeal, manifested as spirits, and the corporeal, in which case it forms the "soul." The soul is therefore a bounded spirit. When it escapes the bounds of matter, a dynamic imbalance is introduced, with connotations of power, danger and illness.¹

The concept of multiple souls is also worth investigating. Since a corollary to this concept is that of an "evil soul" being more prone to wandering off, it could be suggested that these concepts are, in a sense, prototypes of today's conflict theories, suggesting that within each person there is a conflict between what he wants to do and what he knows he should not do. I have also mentioned that in southern Philippine languages, the term for soul is kalas, which means "loose, untied or free" in northern Philippine languages. It is also interesting that the term semangat, used by the Malay and some Filipino Muslim groups to mean "soul," has been suggested as being derived from the Malay sangat, "excessive" or bangar, "sudden, quick" (Skeat 1900:47). Beliefs about the soul therefore suggest a recognition of "compulsive tendencies" in the individual to deviate from the norm (expressed as soul wandering), a compulsion which is depicted as dangerous.

The Filipino belief in bangunor or nightmares finds a place in this discussion. The word itself (used in both Tagalog and Visayan languages) is derived from bangon, "to rise" and ungol, "to moan." The belief is widespread among Christian groups and is explained as a terrifying nightmare during which the victim finds difficulty in
waking up. The affliction is believed to be sometimes fatal if the victim is not able to come out of the nightmare.

**Bangungot** was first reported in the medical literature in 1917 and has been the subject of medical investigations by Santa Cruz (1951), Melasco (1957) and Aponte (1960). The victims studied were all males, middle-aged and generally from lower economic classes, including Filipinos not only in their home country but in Guam and Hawaii as well. Because the nightmares are sometimes attributed to a person going to bed after an excessively heavy meal, the medical studies have tried to implicate the high-salt Filipino diet as a cause of the syndrome. However, the studies have been far from conclusive, as the following report shows:

> It is readily apparent that these peculiar, deadly dreams of the Filipinos are not merely ordinary examples of food poisoning---if they were, they would not so selectively affect male individuals of a particular race in a rather limited age group. Also, the same food which has caused the death of one man has consistently failed to produce even the slightest adverse effect in many others who have simultaneously participated in the culinary episode. (Aponte 1960:1262)

Interest in the **bangungot** syndrome has recently been revived with the rash of reports about sudden deaths among southeast Asian refugees (mostly Laotian) in the United States, under circumstances similar to the Filipino syndrome. Researchers at the U.S. Centers for Disease Control (1981) have been unable to establish the exact cause of death, other than physiological cardiac failure.

Surprisingly, despite the widespread distribution of this belief among Filipino Christian groups, there has been practically no documentation of **bangungot** by social scientists. Jocano (1973:96) only makes a passing reference to the syndrome in his book on traditional medicine in a southern Tagalog town, and he associates this belief with that of soul loss.2

It is interesting that **bangungot** and soul loss actually involve diametrically opposed "cures": in **bangungot**, the person should be awakened from his sleep while in soul loss, the person should not be awakened. Yet, I would tentatively suggest that the two beliefs are similar symbolic representations of the danger of an individual
losing control over "himself" or his alter ego. For instance, in bangungot, my informants (Filipinos in the Philippines and here in the States, including one student who claims he occasionally has these nightmares) say that the victim must try his best "to move a finger or a toe" during the attack, strongly suggesting the element of a person trying to regain control over himself. A Filipina psychiatrist has, in fact, observed that many of her patients express their malaise as "Nawala ako sa sarili ko," which literally translates into "I lost myself" (Lapuz 1973:28). While the phenomenon of depersonalization is certainly not limited to Filipinos, it does take on added significance in the context of beliefs in soul loss and bangungot.

In addition to soul loss and bangungot theories, another field worth exploring is the Filipino's use of anatomical parts to express emotions, feelings and social relations. I have mentioned (page 59) the Tagalogs' use of the suffix -hati (Malay for liver) to refer to certain emotions, and the Tiruray's use of the gall bladder (fedew) to express anger and general malaise. Mercado (1976:68) cites other Filipino usages of anatomical parts to refer to emotions: again, the liver, for fear and elation; the male genitals, for courage or the lack thereof; and the blood, for a variety of emotions, as well as for the description of social compatibility. Mercado also points out that the term kapatid or siblings, means "cut from the same intestines," and that a married couple is referred to as kabiyk ng puso (halves of a heart).

In fact, Filipino kinship terms draw heavily on anatomical names. Rosaldo (1980:242) says that the Ilongot kibetrangan, which means any wide net of relations such as kinfolk, is derived from betrang or "body." In Tagalog, great-grandchildren and great-great-grandchildren are distinguished respectively as apo sa tuhud (grandchild on the knee") and apo sa talampakan ("grandchild on the sole of the foot").

An even more elaborate use of the human body as a model for kinship terms is described by Jocano (1968:72-73) for the Sulod. Jocano
explains that the term for ego's own generation is *linangaen*, derived from the root word *langaen*, or "one arm's length." Again, the terms used to differentiate grandchildren involve anatomical names: *lawas* (body) for grandchildren, *sabak* (lap) for great-grandchildren; *ruhud* (knee) for great-great-grandchildren and *'ingay'* *'ingay* (feet) for great-great-great-grandchildren.

Clearly, more research can be conducted to unearth other examples to show that the body is indeed "both symbol source and symbolized, a thing classified and a classifier of things, signifier and signified" (Ellen 1977:362). For instance, Polunin (1977:94) points out that "measures taken with therapeutic intent may call attention to the existence of a morbid state, particularly where external measures are applied," which would explain the frequent use of external poultices in traditional medical systems. Although not specifically on the Philippines, the following anecdote from Jaspars (1969:17) is worth quoting to emphasize the point I have been trying to make:

In Cambodia, where herbal ingredients are not always easily obtained in cities and towns and because other materials are more readily at hand, I was interested, a little amused and on reflection much impressed with the idea of a strip of surgical plaster or white sellotape being placed diagonally across the forehead or temple. Thus everyone knows—in the nicest and most effortless way—that Sahachivin Kim Chon, for example, has a nasty headache, cold, or hangover, and wants to be left in peace.

4.3 The Concept of "Sakop"

The concept of sakop epitomizes Filipino social philosophy, the term sakop being used to refer to any social group. Sakop is an extension of the individual: he exists as part of a group, whether a family, community or ethnic group.

A more literal translation of sakop is "to include," however, this concept of inclusion in a group also implies the exclusion of "others." In other words, one side of sakop is the communalism of in-group relationships but the obverse side can be a sharp sectarianism or parochialism which labels not just "outsiders" but anyone
"different from us" to be dangerous. These concepts of inclusion and exclusion figure prominently in theories of health and illness.

In chapter two, I have already pointed out how close in-group bonds may be perceived and how these bonds may be perceived as "channels" for illness; e.g., lanti or fright illness when a child sees his parents fighting, descendants "paying with illness for the sins of their forebears, the detrimental effects on the unborn child when the mother's pregnancy cravings are not satisfied, and the transference of a woman's morning sickness to her husband.

These illness causation theories do not implicate kin groups alone; for instance, the particular type of fright illness described as umad by Arens (1957b:69) is said to occur when a person has had a frightening experience, but did not warn others thereby transferring this fright to them. One is therefore obliged, after experiencing fear or fright, to greet friends with "May you not be afraid of the thing I was afraid of today."

In the cases cited above, illness is a function of the close bonds of sakop. Members of a sakop "share" their illnesses just as they would material possessions. It has even been suggested that in societies where such closely knit groups are operational, the shaman allows himself to be "possessed" by the same spirit inflicting illness on the patient, thus reinforcing his social ties with the patient. Likewise, the illness episode where a person receives a call to become a shaman may reflect these tight social bonds in the sense that one does not treat illness unless he has himself been ill (cf. Jansen 1978: 123). In other words, the concept of "sharing" an illness serves to signify and ratify the sakop or in-group ties.

At the same time, the maintenance of the sakop's communal health is equated to the preservation of harmonious in-group relationships. Paradoxically, people who disrupt this harmony again become sources of illness because they have "excluded" themselves from the sakop. Among the Ilongots, liget may be used not only to refer to the "life-stuff" but also to "the weight of grief or envy and the dizziness when one tries to stand during illness." This liget is dangerous because it cuts off the individual from those around him. The individual
himself becomes susceptible to illness; but at the same time, the sheer force of his grief and envy becomes oppressive to those around him (cf. Rosaldo 1980:48-49). Thus, if the Kalingas warn about excessive dependency bringing death to the family (Dozier 1966:114), Ilongot mothers likewise have lullabies that plead crying infants to take pity because the tears, suggesting frustration, can reflect illness to other members of the household (Rosaldo 1980:64).

The concept of sakop, as it is used in theories of illness, may also be extended as a metaphor for a society's views of "personhood." I have pointed out in chapter two that many Filipino groups consider the child to be susceptible to illness because he still lacks knowledge. Wolff (1976:361) has pointed out that the Tagalog pagkatao or "realization, comprehension" has a cognate in the Malay taho, "to know." Tao itself means "human being" in most Filipino languages; thus, to be a "human being" is "to know" and this knowledge is acquired through socialization. Children still lack this knowledge and are therefore not yet "human." Rosaldo (1980:64) also points out that the Ilongots treat the ill like children because the ill are perceived as also lacking in knowledge. One recalls Geertz's (1957a:424) observation that "In Java...small children, simpletons, boors, the insane, and the flagrantly immoral are all said to be 'not yet Javanese,' and, not yet Javanese, not yet human."

Moving on to another level of analysis, the concept of sakop is used to define sharp and impenetrable social boundaries. The notions of witchcraft demonstrate this clearly. Persons prone to accusations of witchcraft are those who are asocial, or even just "independent," a trait which may be perceived as a deviation in a society which so strongly emphasizes interdependence. As Kluckhohn (1944) described so well, the Navaho witch is given attributes in terms of everything a Navaho should not be.

The distinction between witches and sorcerers is again useful here. The Filipino sorcerer is socially acceptable because he causes illness as punishment for social deviation. On the other hand, the witch is the social deviant, and is described as being inherently malevolent, attacking women and children without provocation. Not
surprisingly, illness caused by one sorcerer can usually be cured by
the same or another sorcerer within the community, often contingent
on the patient's making amends for his transgressions. On the other
hand, witchcraft attacks are almost always fatal. Only "preventive"
measures can be taken, such as the use of protective amulets and
avoiding the company of the suspected witch. For all purposes, the
person tagged as a witch has been effectively cast out of society.

I would like to point out, however, that the fear of strangers
and "outsiders" may be based on a very real concern over the threat
of epidemic illnesses. It is not surprising to find many "primitive"
forms of quarantine such as the use, among northern Luzon groups, of
bamboo stakes in front of a house where a woman has just given birth.
Similarly, among Muslim groups, white banners are placed on top of the
houses of the sick. Ostensibly, these markers are meant to keep away
evil spirits, but in reality they probably do more good by discouraging
too many human visitors.

Among the Mangyan (Veith 1945) and Palawan groups (Venturello
1970:533,552), leaves, stakes and rags are put on the roads leading to
villages where there is illness, again to keep away visitors. Ven-
turello (1907:546) also records an interrogation process used by the
Palawan Queney on strangers. Much like immigration officers in many
countries, the Queney ask the strangers who they are, where they come
from and why they are visiting, ending with the important question,
"Have you catarrh or any other sickness?" Those honest enough to ad-
mit they carry sickness are then "immediately expelled from those
parts, and are told with warning that in the future they should re-
frain from making another visit."

4.4 Man and the Supernatural

Filipino concepts about the relationship between man and the su-
pernatural seem to be expressed clearly in animist theories of health
and illness. Man fulfills ritual obligations and observes taboos, thereby assuring good fortune for himself, his family and his commu-

ity. Conversely, illness is inflicted by the supernatural for non-
fulfillment of ritual obligations and for taboo violations.
Such an explanation would, however, be too simplistic. It is clear that gods exist because men believe in them. Gods must therefore be incarnate, embodying anthropomorphic concepts to which men can relate.

I have suggested that the Filipino's supernatural beings may be perceived as having the power to bring health or inflict illness because they are disembodied spirits. If the temporarily wandering soul of a human being can cause illness, then a permanently incorporeal spirit would be so much more powerful; however, this does not explain perceived differences in the potency of different supernatural entities. I have therefore suggested that one factor used to discriminate the potency of these entities may be that of "space." Earth-bound or terrestrial beings are implicated more frequently in illness than celestial beings. This has its own logic: after all, encounters with celestial beings would be less frequent than with those on earth, especially if the terrestrial spirits inhabit rocks, rivers, mountains and other natural formations.

Mercado (1976:163) suggests that the Filipino concept of cyclical space results in an absence of discrimination between "this world" and the "other world." Specifically, he suggests that heaven (and hell) only represent another state of being, rather than another "place." Existence in the next world is therefore perceived as a continuation of this life. This notion of a continuum between the affairs of this world and the next finds expression in the perception of certain spirits -- ancestors, the saints and the Virgin Mary -- as continuing their intervention in human affairs as they had done during their existence on earth.

Another aspect that needs to be examined is the use of the supernatural as metaphors for social relations. A good example would be the widespread belief among Christian groups in the engkantado. The engkantado is generally described as having Caucasian features, sometimes "like Spanish friars" and other times as Americans (Nydegger and Nydegger 1966:771). They are said to be extremely wealthy and may even send their children to Europe and America to study. Contact with these beings results in being "enchanted" (thus, engkantado), with
subsequent illness which can be cured by the mananambal or local shaman. Lieban (1962b:309) interprets this belief as a form of social control:

This pattern of thought and behavior associated with beliefs about ingkantos and their influence appears to support social equilibrium in the community by dramatizing and reinforcing the idea that it is dangerous to covet alluring, but basically unattainable, wealth and power outside the barrios. In this way, the value of accepting the limitations of barrio life and one's part in it is emphasized. Furthermore, if someone has a relationship with a dazzling ingkanto and becomes ill, it is the mananambal, a symbol of barrio service and self-sufficiency, who restores the victim to health and reality.

Lieban's analysis again closely resembles Foster's (1965) image of limited good, a leveling mechanism that is supposed to exist in peasant societies where excessive wealth is depicted as dangerous. I would, however, propose that the engkantado represents more than just "unattainable wealth and power outside the barrios." In the context of a long and harsh colonial occupation in the Philippines, I feel that the description of the engkantado as a Caucasian is not accidental. Note that in Mesoamerica, again with a history of Spanish colonization, there is also a widespread belief in a "sentient being...characterized by its dwarflike stature, light-colored skin, sometimes bearded and blond, and generally with Spanish-American, Mexicanoid or Ladino appearance" (Adams and Rubel 1967:337). I suggest then that the engkantado belief functions as a metaphor for the relationship between the colonizers and the colonized. Contact with the colonizer, represented by the engkantado, is understandably depicted as dangerous and a source of illness.

It is striking that the pagan Gaddang offer a similar case for analysis. Lambrecht (1955:47,62) notes that a sacrificial ritual has to be performed whenever a Gaddang has dreams involving contact with the pina'ching (ghost deities), as well as with "merchants and strangers." Again, the belief can be better understood if we consider that tribal Filipino groups such as the Gaddang are often exploited by lowland Christians ("strangers") and middlemen ("merchants).

The point I am trying to make is that the concepts of the supernatural are often structured by experiences in the social sphere. As
one last example of this relationship, I would like to point out the curious confluence of Filipino Christian and Muslim beliefs about "infidel spirits." Kiefer (1972:113) notes that the Tausugs believe in jin Islam (Muslim spirits) and jin kapil ("infidel" spirits), a division which has also been reported among the Malay and the Javanese (Skeat 1900:96). Not surprisingly, the "Muslim" spirits are the good spirits and the "infidel" or kapil spirits are the evil ones who bring illness. On the other hand, the Filipino Christian groups have a malevolent supernatural being called the kapre, which are depicted as dark giants. Panganiban (1972:253) says that kapre is derived from cafre, which the Spaniards used to refer to Muslim infidels, although the Spaniards themselves borrowed the term from the Arabs, who used the term Kafir to refer to the Christian infidels. The antagonistic Christian-Muslim relationship therefore finds common, yet contrasting, expression in the use of the Arabic term for infidel, and are now used to describe "evil spirits."

4.5 Man and the Environment

Mercado again characterizes the Filipino concept of man's relationship to the environment as "non-dualistic"; however, he is vague in his characterization of this non-dualism, noting that "The rural Filipino believes that spirits live in certain places such as trees and particular places. This belief accounts for the non-homogenous space" (1976:126).

I feel that it may be the concept of non-homogenous space that partially accounts for animist beliefs, rather than the other way around. This animism can be described as being pantheistic, but only in the sense that all animate and inanimate things are attributed with particular powers which may inter-act to produce health and illness. Thus, the toxicity of certain plants or the venomous bites of animals are attributed to these entities having some kind of potent force, whether the Ilongot liget or the Muslim groups' bisa. At the same time, the force found in these objects may be perceived as sources of the power to heal, or at least to repel illness; thus, we have the
widespread use of "magical stones," amulets and charms to prevent illness (cf. Campbell 1968; Rahmann 1974; Baumgartner 1975). Likewise, natural phenomena may also be perceived as having this force, as we have seen in the notion of self-activated winds (hangin) being a cause of illness.

An analysis of the beliefs in environmental spirits would be useful. I feel that the "environmental spirits" are in fact key symbols which mediate the Filipino's conceptualization of man's relationship to the environment. This relationship may be built on an empirical basis, considering the intimate relationship between man and his subsistence source: the peasant and the land, the hunter and the forest, the fisherman and the sea. The belief that environmental spirits inflict illness on those who intrude into their territories has therefore been interpreted by Reichel-Domatoff (1976) as a mechanism for environmental conservation. Although such theories may be criticized as being based on post facto observation, there is no doubt that the simpler societies do have strong "ecological sense" and that the beliefs in environmental spirits may function as a form of conservation of natural resources.

The beliefs in environmental spirits could, however, be examined from another angle. It is interesting that the territories of the environmental spirits are often characterized as being extraordinary by virtue of size (e.g., large rocks), shape (various Ficus trees like the balete in the Philippines, with its gnarled aboveground roots), or simply because the area is dark and isolated. Again, there may be empirical basis for projecting these dark, forbidding places as being dangerous (i.e., inhabited by illness-causing spirits); however, it is also striking that there should be such close symbolic associations among the concepts of illness, spirits and the unfamiliar. The Bikol hilang, which means sickness (Mintz 1971:180) may be related two Cebuano terms: hilan, which has been defined as "for an uncultivated, unpopulated area to be disease-infected or infested with supernatural beings"; and hilang, defined as "for things to be in a row or woven further apart than they should be" (Wolff 1972:322).

What therefore emerges is an association of "illness" with "what
should not be," or "what is not natural," with nature (and "environmental spirits") providing a rich source of symbols for this association.

This theme of "what should be" can again be discerned in the taboos, particularly in relation to avoiding the "wrath" of thunder and storms. These taboos are strikingly similar for different Filipino ethnic groups, such as the prohibition on playing or talking with animals, which has been reported for various Negrito groups (Maceda 1964:115-119), the Manobo (Elkins 1964) and the Tiruray (Moore 1975). Other variants exist, such as the taboo on mixing different fruits and vegetables in one basket, reported for the Pinatubo Negrito by Fox (1952:338-340); but in all cases, the principle invoked is the danger of mixing things which do not "naturally" belong together. I have mentioned earlier that Endicott (1979) proposes that the thunder beliefs are not a method of "social control" but that these beliefs develop as a logical proposition that confusion of the natural order (e.g., talking with animals) results in a disruption of natural phenomena in the form of lightning and thunder. I feel that this interpretation corresponds more closely to the Filipino concept of "non-dualism," in the sense that man's actions form a continuum with natural phenomena; thus, Rosaldo (1980:49) says that among the Ilongots, children who play loudly during a storm are scolded for "agitating the wind."

The concept of an intimate, if not unitary, relationship between man and the environment would logically lead to a corollary theory that man is a microcosm of the environment or even the universe. The forces in nature and the dynamics of these forces would be conceptualized as being operational in man as well.

The hot/cold dichotomy used in humoral pathology is an excellent example of this concept. "Hot" and "cold" are attributes found in nature but are projected as attributes in the human body. A balanced interaction of these elements in nature is necessary for a bountiful agricultural harvest and so the same balance in the human body would be conducive to good health. Moreover, man's "hot" and "cold" attributes are seen as interacting with similar attributes in nature.
What is intriguing, however, is a suggestion made by Messer (1981) after comparing the use of the hot/cold dichotomy in a Mexican community (Mitla, Oaxaca) with data on the usage of this dichotomy in other parts of Latin America and Asia. Very tentatively, Messer suggests that in Latin America, the hot/cold dichotomy is a major idiom for the discussion of qualities of food and their beneficial or harmful effects on the body. In contrast, Asians use the hot/cold dichotomy only as one of a number of concepts for discussing health, humors and foods. More importantly, the hot/cold dichotomy seems to be a major idiom in Asia for discussing moral, social and ritual states as well.

An examination of the data on the Philippines yields some support for Messer's hypothesis. Among the southern Tagalogs, Jocano (1973:48) mentions the concept of singaw ng lupa ("vapor of the earth") as a factor in health and illness, a "hot" vapor being a cause of illness. In another work, Jocano (1969:34) refers to a similar concept, usbong ka lupa, in a Panay community. What is interesting is that the hot and cold characterization of this "vapor" is used as an idiom in fields other than health. Productive agricultural fields are said to have a "cold" vapor while those that are "hot" will be unproductive, no matter how much fertilizer is added. The hot/cold differentiation of the land's vapor is also used to describe "luck." Lots with cool vapor are lucky while hot ones are unfavorable; thus, there is a widespread Filipino practice of burying coins and other brass items underneath the foundation posts of a house, these "cool" items supposedly being useful to neutralize the unfavorable effects of the "hot" vapor (cf. Cabotaje 1976:79-80).

I find this striking because Bruno (1973:12) reports that among the Muslim Tausug, a mangingita (diviner) is consulted about a good day for starting the construction of a new house, a lucky day being called mahaggot (cool) while an unlucky one is mapasu (hot). Thus, although the Tausugs do not seem to use the hot/cold dichotomy as a theory of illness causation, the dichotomy does exist for describing "luck." Moreover, I have mentioned that the Tausugs do use the term pasu simud as a quality of certain individuals who can inadvertently
inflict illness on an infant by mere contact (Bruno 1973:85). Not surprisingly, pasu simud means "hot breath."

Again, among the Negritos, who apparently do not use theories of humoral pathology, we have the following account from Garvan (1964:28), "A man may be sick and desire a change of place, thinks that such and such a place is good, believes that the present site is 'hot' or 'cold' or 'bad' and so, off goes the group." Garvan (1964:76) later clarifies the Negrito notion of a "hot" site as one in which people have stayed too long, which Garvan cites as the reason for the Negritos being "disinclined towards tilling the soil."

All this information therefore suggests that the hot/cold dichotomy may have first emerged as concepts pertaining to nature, which were gradually extended into other fields not necessarily relating to theories of health and illness. However, the fact that these concepts exist meant a kind of "pre-adaptation," at least among Filipinos, for accepting the hot/cold dichotomy as part of the theory of humoral pathology.

4.6 The Concept of Time

Mercado says that the Filipino marks time in terms of "consciousness," in the Hebrew tradition, rather than in terms of distinct linear segments. I think it would be worthwhile to cite, as Mercado does, the results of a Filipina sociologist's interviews with villagers in a southern Tagalog area (Feliciano 1965):

What time do you turn on your radio in the morning?
When the clocks crow for the second time at dawn.

How far is the center from your house?
One cigarette.

When did you last see a movie in town?
That time when the eldest daughter of the barrio captain got married.

Can you recall when this barrio was split into two barrios?
That was the time when the price of rice went down to 75 centavos a ganta.

The examples above clearly demonstrate the fact that the Filipino marks time in relation to his experiences, with almost existential
underpinnings. As an old Negrito patriarch put it, "What is the use of knowing how many years I have lived? Ten or twenty years -- it's all the same, the years have gone by" (Garvan 1964:196-197).

In terms of health and illness, we can find good examples of how this non-linear time is expressed. A good place to start is the concept of health itself. In Tagalog, Bikol and Kapampangan, the word used most frequently for health is kalusugan, which translates as "able-bodied." However, the root word lusog is defined by Panganiban (1972:670) as "full development, progressiveness." My own interpretation of the word is that it comes closer to "vigor in growth and developmental processes." There is a dynamic aspect here, a reference to maturative processes. As Jocano (1973:71) points out, malusog is sometimes contrasted to payat ("thin"), rather than to a term for illness itself. To be payat is not to have attained the full potential of physical development. The thin person is therefore not malusog; however, he is not ill either. Unexpectedly, but not surprisingly, when I asked one Filipina mother in College Station to translate "The child is healthy," her first answer was "Mataba ang bata" ("The child is stout."); yet, the term mataba would never be used to refer to an adult as being healthy.

Such perceptions of health and illness may account for the proflific number of disease names among Filipinos. For instance, Pal and Polson (1973:203-204) noted that in the Visayan city of Dumaguete, informants said that kuyap (pulsations in the diaphragm, accompanied by nausea) in a pregnant woman does not mean that she is sick because this is a normal part of pregnancy. If it occurs in a male, kuyap is abnormal, but the man is only nagkaluya ("not so ill that he has to lie down"). If these symptoms persist in the male for one or two weeks, with prolonged vomiting and difficulty in breathing, then the condition is now called kabuhi and kabuhi is considered sakit (illness).

A passage from Frake (1961:126) on the Subarun's use of prodromal criteria in the diagnostic process again illustrates the Filipino perceptions of time:
One cannot have *begwak* 'deep ulcer' unless one has previously, as part of the same 'illness,' had *nuka* 'eruption,' *beldut* 'sore,' and *baga* 'ulcer,' in that order. 'Eruption' (*nuka*), on the other hand, need have no prodrome, though it sometimes begins as 'rash' (*pugu*). The latter disease is always spontaneous.

The rather heavy reliance on prodromal criteria leads to a relative absence of the recognition of acute illnesses. There is an assumption that a whole series of symptoms or even "minor illnesses" must first appear before the outbreak of a "major illness." An account by Nurge (1958:1159) shows this clearly:

No matter what the ailment, it will be considered slight when it is first noticed. A mother rarely seeks aid or gives treatment on the initial appearance of symptoms. The gravity of the sickness will impress itself only as the patient suffers more and more. If one mentions pain or great itching, that is one stage of malaise. If the irritation continues over a considerable time, the length of time is in itself unimportant, but if the duration is coupled with increasing intensity, the sickness assumes greater gravity in the minds of patient and family. If the patient takes to his bed instead of continuing with his daily routine, this is another distinct stage of severity. The surest indicator of severity of suffering (and automatically more serious illness) comes when the patient cries.

It may be added that Nurge also writes about the shock and dismay of a mother when her child dies barely a day after she had "realized" the child was ill. Filipino health professionals working in rural areas would substantiate this observation: for many Filipinos, an acute fatal illness is difficult to conceptualize. If and when it happens, as in an epidemic, it can only be explained as a severe punishment for grave and communal moral transgression, or as an act of "sabotage" by an enemy (e.g., the Americans were widely suspected to have "caused" the 1902 cholera epidemic by poisoning the wells).

The concept of susceptibility also demonstrates non-linear concepts in time. As I discussed earlier, a person's susceptibility is in constant flux and is partially determined by the stage he has reached in his life. The child is particularly susceptible to illness, the unbaptized more so than the baptized. Even a physiological process like teething accounts for a change in the child's susceptibility, with the belief that during teething, the child is prone to
diarrhea and fever. Among males, circumcision changes his state: he not only becomes a "man" but he will be stronger and healthier. Likewise, I have cited the belief in a lifelong susceptibility to illness acquired by a woman once she has delivered a child.

4.7 The Concept of Space

Mercado again characterizes the Filipino concept of space as non-linear and cyclical. He bases this primarily on linguistic evidence, mainly the absence of specific prepositions for space in Filipino languages.

I feel that Mercado's discussion of Filipino spatial perceptions tends to be weak. While specific prepositions for space are absent, Mercado seems to have overlooked other instances where Philippine languages offer very specific terms to describe spatial relationships. One example that comes to mind easily is the distinctions made for the Tagalog terms dito, diyan and doon. Dito means "here," or more specifically, "close to both the speaker and the person spoken to." Doon means "there, far away from both the speaker and the person spoken to" while diyan means "there, near the person spoken to."

I would agree with Mercado in saying that Filipino spatial concepts are non-linear, that is, the spatial dimension may be compared with a spiral, rather than a line. And, as with time, space is defined in experiential terms. This will perhaps become clearer as I discuss Filipino spatial concepts as they relate to health and illness concepts.

Among all Filipino languages, sakit is the generic term for illness and disease. Sakit also means pain, reflecting the importance of this symptom in recognizing illness. The use of the term sakit is also found among the Malay, Gimlette and Thomson (1939:205) defining sakit as "sick, diseased, ill, to be in pain, to ache, to be hurt, to be ill!" in their dictionary of Malay medicine.

In generating the names of illnesses, sakit is often combined with the specific afflicted anatomical site; e.g., sakit ng tiyan (stomach ache) and sakit ng ulo (headache). The symptom of pain is
itself subjected to fine distinctions. Jocano (1973:75) lists three
types of pain recognized by the Tagalogs:

**Hapdi** is excruciating pain, usually associated with fresh wounds
and sudden emotional crises; **kirot** is pulsating pain, attributed
to muscle pains and nagging sentiments over unfulfilled wants;
and **antak** is a stinging pain characteristic of internal dis-
orders like stomachache, chest cramps, cerebro-vascular hemor-
rhage, and other similar sufferings.

Again, it is significant that pain is used to describe both physical
and emotional conditions.

However, my main concern here is to identify the spatial dimen-
sions used in health and illness. The distinctions made for dif-
ferent types of pain are very specific, as we have seen above. Again
turning to Jocano (1973:85), we find that the Tagalog **sugat** (wound)
is differentiated into big, crosswise cuts (**taga**), small, lengthwise
cuts (**hiwa**), deep puncture wounds (**saksak**), intermediate puncture
wounds (**tusok**), shallow puncture wounds (**tinik**), small but deep bites
(**kagat**), and small, shallow scratches (**kamot**).

Contrastive categories among the Subanun are even more complex.
Frake (1961:127-128) discusses several dimensions used to specify
the loci of symptoms: depth, spread, location on the body and even
visibility (e.g., "hidden ringworm" vs. "exposed ringworm"). These
criteria may be used in combination with each other, as well as with
other categories such as etiology, prodrome and pathogenicity.

We see then that Filipino spatial concepts can be very specific,
perhaps even more so than in western cultures, considering the dif-
ficulty in defining many of the Filipino terms for space. I suspect
such specificity is found in many traditional medical systems, where
the definitions of illnesses must ultimately relate to subjective
perceptions or symptoms.

A final, but significant aspect of the Filipino spatial concepts
is that attributes like hot and cold, strong and weak, good and evil,
are also "assigned" loci in space. From an etic perspective, these
attributes are representational symbols, detached from reality. From
an emic viewpoint, these symbols are "incarnational," part of the
reality they signify. Mercado (1976:83) calls these symbols endoctic
(from the Greek "endechis", "announcement") or participational. This participational aspect is clear in the theories of contagion, where social behavior and moral states are perceived as contagious. It is also clear in the many instances of magical beliefs which I have cited, such as the notion that a mixing of vegetables and fruits (a confounding of natural categories) would result in thunder (a disruption of processes in natural phenomena).

4.8 The Concept of Causality

Mercado (1976:192) suggests that "the principle of harmony-with-nature...leads consequently to a non-linear concept of time, space, and of causality" and that this harmony-with-nature orientation "results in causality resting on synchronistic principle" (ibid.:137).

I think it would be simpler to just say that like many other cultures, knowledge is empirical for the Filipino. As Erasmus (1952) observed, folk beliefs and knowledge are largely the result of induction. In turn, induction is mainly "frequency interpretation," an observation of phenomena and an attempt to correlate these phenomena in a causal relationship. Another term that could be used is "syntagmatic association," where causality is determined by proximity in space and in experience. For example, tuberculosis is often perceived in the Philippines as being caused by a long-standing cough. Coughing and tuberculosis are in fact related, but the actual course of the disease starts with an infection of an individual with low susceptibility. Tuberculosis then leads to the cough. Since the initial phases of tuberculosis are often asymptomatic, it would be natural for people to assume that it was the cough (actually a symptom) that "causes" the disease. Another example would be the common problem cited in Guthrie et al. (1980:39), where mothers and medical personnel will terminate breastfeeding if the baby has diarrhea. Empirically, the baby is not getting any food other than breast milk; therefore, the diarrhea must be due to breastfeeding. Overlooked would be problems of sanitation and hygiene.

This brings us to the inductive process itself, which is said
to characterize "Filipino" thinking. This process must obviously be based on Filipino cognitive orientations of time and space. Since such orientations are non-linear, we would expect the cause and effect relationships to be more complex. To elaborate, a linear perspective would mean that time and space are perceived as fixed points on a line; therefore, events can be plotted as a single point with the two coordinates of space and time. However, when temporal and spatial dimensions are cyclical, these events cannot be "pinpointed"; they may, in fact, represent ranges at different levels.

This becomes very clear in illness causation theories. Hart (1979:76) tabulated various illnesses and their perceived causes in a barrio in Samar, showing the multiple levels of causation that were operational. For instance, epilepsy (buntag) is believed to be due to poor blood circulation, inheritance, environmental spirits or sorcery. Insanity is attributed to failure to care for oneself during menstruation, environmental spirits, St. Anthony or inheritance. Tuberculosis is described as a typical ailment of a tabardillo, a person who misses meals, eats irregularly or neglects a cold. Tuberculosis may also be inherited. Finally, a person is believed to be predisposed to asthma if, as a newborn child, phlegm is not removed from his lungs. Such infants will always have colds and cough, which eventually develop into asthma.

It becomes clear then that illness is perceived as a condition, which results from a conjunction of many factors in time and in space. Himes' (1971:28) study of Tagalog concepts of illness causation leads him to conclude that:

"Low resistance" in the West is caused by lack of sleep, improper or irregular eating habits, excessive use of alcoholic beverages, and the like. The Westerner, it appears to me, is as much predisposed to illness under these conditions as is the Filipino to those singled out as disease causes: hunger plus getting rained on, fatigue plus exposure to dew, just having awakened plus getting wet, and so on. The difference between the two is one of emphasis and not one of kind. In the West, it is believed that low resistance, together with coming in contact with whatever happened to be going around —flu, cold, or whatever—will lead to illness. The Filipino emphasizes not the germs plus row resistance but rather the correct timing
(tiyempo-tiyempo) of the two most important elements in the development of low resistance — internal predisposition and external mitigating circumstances.

Heggenhougen (1980a:239) puts it more succinctly when he observes that "most Malaysians are quite cognizant of the germ theory of disease, but understanding 'how' an illness occurs still does not explain 'why' this illness should happen to this particular person at this particular time."

In this context, the Filipino's use of both traditional and "western" healers becomes imperative because the physician may be able to "fight" the germs, but not the other perceived or suspected causes. There is a degree of uncertainty in folk diagnosis because of this multi-causal concept of illness, which in turn is based on the Filipino's concepts of time and space. Furthermore, a worldview which sees the individual, the family, the community, the natural environment and the supernatural as part of a functional whole means that the causes of health and illness would have to be dependent on an infinite number of permutations in the relationships between the different parts of this whole.

To use a hypothetical case, a 60 year-old woman who comes down with illness would be offered any number of theories on how her illness came about. It could have been "germs" or something she ate. Or she may have taken a cold bath when she was tired. The patient herself may wonder if the illness is the result of her having lost her temper the previous week. Or, she may even trace the illness as bughat (relapse) from the last child she had 30 years earlier.

4.9 Summary and Analysis

In this chapter, I have tried to show the relationship between the theories of health and illness, and a socially constructed worldview. I proposed that this relationship was reciprocal: traditional medicine providing root metaphors by which the worldview could be conceptualized and the worldview itself structuring the way health and illness are perceived.
4.9.1 Health and Illness as Metaphors

In proposing that health and illness theories provide root metaphors by which the worldview is conceptualized, I am actually proposing that "health" and "illness" are themselves social metaphors. The concepts of health and illness reflect the current paradigms in society about "proper" behavior and values. Sontag (1977) has in fact written an entire book focusing on tuberculosis and cancer to support the thesis of "illness as metaphor." The following passage is particularly cogent:

Like Freud's scarcity-economics theory of "instincts," the fantasies about TB which arose in the last century (and lasted well into ours) echo the attitudes of early capitalist accumulation. One has a limited amount of energy, which must be properly spent. (Having an orgasm, in nineteenth-century English slang, was not "coming" but "spending.") Energy, like savings, can be depleted, can run out or be used up, through reckless expenditure. The body will start "consuming" itself, the patient will "waste away."
The language used to describe cancer evokes a different economic catastrophe: that of unregulated, abnormal, incoherent growth. The tumor has energy, not the patient; "it" is out of control. Cancer cells, according to the textbook account, are cells that have shed the mechanism which "restrains" growth. Early capitalism assumes the necessity of regulated spending, saving, accounting, discipline – an economy that depends on the rational limitation of desire. TB is described in images that sum up the negative behavior of nineteenth-century homo economicus: consumption; wasting; squandering of vitality. Advanced capitalism requires expansion, speculation, the creation of new needs (the problem of satisfaction and dissatisfaction); buying on credit; mobility – an economy that depends on the irrational indulgence of desire. Cancer is described in images that sum up the negative behavior of twentieth-century homo economicus: abnormal growth; repression of energy, that is, refusal to consume or spend. (1977:62-63)

On a less eloquent scale, I have tried to show how Filipino concepts and theories of illness likewise reflect what is considered to be "negative." Thus, soul loss and bangungot (nightmare syndrome) are metaphors for the lack of self-control and engkantado illness is, literally, becoming "enchanted" either by unattainable wealth and power, or by a colonizing power. Likewise, the self-reliant villager is tagged as an aswang or witch in a society that emphasizes
inter-dependence. In fact, while going through dictionaries for the Isneg (Vanoverbergh 1972) and the Manobo (Elkins 1968), I was struck by the large number of illness-causing spirits who "attack" only when the person is alone.

But it is not just illness that is used as social metaphor. Even the human body becomes a source of symbols, a semantic reference point for the description of emotions as well as social structures. Thus, as in other languages, the "head" (ulo) denotes leadership, the Tagalog term for president being pangulo while his closest adviser is his kanang-kamay (right hand).

Even the "aesthetic" aspects of the worldview are reflected in the terminology of medical systems. The "healthy" (malusog) child is a "stout" (mataba) child in a country where malnutrition is one of the leading causes of death in infants and children.

It should be noted, too, that the overlapping of traditional medicine and religion results in a "sharing" of the metaphors. So, if the supernatural is perceived as the "unexplainable," it may be used to "explain" illnesses whose cause cannot be determined. The following anecdote from Kiefer (1972:115) should explain: "One man put it quite succinctly when I asked him if leprosy was caused by a saytan [spirits]: 'I suppose it is, because we do not know the cause.'"

4.9.2 The Effect of the Worldview

On the Conceptualization of Health and Illness

I have suggested that the worldview and traditional medicine (i.e., as theories of health and illness) are part of culture. More specifically, the worldview and traditional medicine are parts of a socially determined cognitive system. However, the worldview is a broader system that allows for the conceptualization of self, society, nature and the supernatural. It therefore encompasses traditional medicine and in a sense structures the way health and illness are theorized and conceptualized.

I have used Mercado's (1976) description of the Filipino
worldview, which is characterized as "non-dualist." I would, however, clarify that the Filipino worldview is non-dualist only insofar as it perceives man, society, nature and the gods as being functionally wholistic, this functional unity expressed in terms of harmony. At the same time, I have shown that distinctions are made for these phenomenological categories, in terms of assigned attributes such as hot and cold, good and evil. It is only through these attributes that a concept of "harmony" can be operational since harmony implies a relationship between and among things and their qualities.

With this perspective, we can understand the Filipino's conceptualizations of health and illness. A non-dualistic worldview means that health and illness are functions of manifolds combinations of interactions between man, society, nature and the "supernatural," situated in cyclical dimensions of time and space. This complex cognitive system results in a multi-causal concept of health and illness causation.

In essence, the Filipino worldview emphasizes harmony as "what should be." This "compulsion" to maintain harmony is reflected in the taboos about mixing natural categories, the care taken to achieve "balance" in the seating arrangements during meals (Cabotaje 1976:95), the notion that a woman who dies in childbirth should be buried outside the village because her death is "unnatural" and can cause "infection" (Eggan and Scott 1963:43) and even in an injunction against "passing near or through a field of rice in a foreign district... because this is a disturbing factor and interferes with the miraculous increase [of the crop]" (Barton 1919:91). Likewise, the Tirurays have the term fiyo, which means "the way it ought to be," with the weather being fiyo when it is clear and one can do his work, just as recovery from illness is fiyo (Schlegel 1970:32).

In retrospect, these concepts of "harmony" and "non-dualism" are not unique to Filipinos. It is, as Mercado has pointed out, an Asian worldview and it explains why Asians do not find problems in understanding why a needle inserted on the leg would alleviate a stomach ache. Traditional medical systems in other parts of the world have been similarly characterized in terms of this "non-dualism" (e.g.,
Fabrega 1974:248-253), and one suspects that even "western" medical systems can be traced back to an era where health was perceived "wholistically," the term "health" being derived from the old Anglo-Saxon hal or "whole."

Clearly then, what needs to be explained are the particular manifestations of this "non-dualistic" worldview as it occurs in different societies. Worldviews cannot be accepted as a given state; there is often a tendency to substitute the "personal/impersonal worldview" or "dualist/nondualist worldview" for the now discredited "primitive/civilized mind" dichotomy. Worldviews are products of socio-historical processes and are constantly being shaped and reshaped by these processes. In the next chapter, I will examine how these processes work at integrating worldview and the traditional medical system.
CHAPTER V

A SOCIO-HISTORICAL SURVEY OF THE

FILIPINO TRADITIONAL MEDICAL SYSTEM:

A. PRE-INDEPENDENCE PERIOD

5.1 The Framework for Analysis

In the introductory chapter, I explained that my main objective in this thesis is to use the Philippines to investigate the hypothesis that traditional medical systems develop as a function of social relations.

In the first two chapters, I gave a structural description of the Filipino traditional medical system in terms of the belief system (theories of illness causation), as well as the health practitioners and methods of health-maintenance and healing. I have also shown the relationship between Filipino traditional medicine and a Filipino worldview, a worldview which I said is socially determined. As Douglas (1970b:65) puts it, "The social body constrains the way the physical body is perceived." I now intend to demonstrate this "social determination." Through a socio-historical survey, I hope to demonstrate the role of particular social groups in the construction, selection and modification of medical beliefs and practices. I also intend to show that this selective process serves the needs and interests of these social groups.

As I explained in the introduction, my focus will be on social fields, or people interacting in social space. I will emphasize (but not limit) my discussion to the fields demarcated by kinship, ethnicity and class to show that the formation of the traditional medical system is part of the changes occurring at the different levels of social integration.

Because of its length, I have divided this socio-historical survey into two chapters, one to cover the pre-independence period and the other focusing on the contemporary post-independence period.
5.1.1 Kinship

I use kinship to refer to the level of social integration at a domestic level, rather than just "genealogical relationships." As Yanagisako (1979:185) has pointed out, "The structure of a family, household or any other social unit is not merely the sum of its genealogical ties, but the total configuration of social relationships among its members." Kinship is therefore a functionally-defined domain that includes economic production and subsistence, hierarchal relationships and even ideological and symbolic attributes (cf. Godelier 1978:215).

5.1.2 Ethnicity

Schementhorn (1978:12) offers the following definition of "ethnic group":

An ethnic group is a collectivity within a larger society having real or putative common ancestry and memories of a shared historical past, and a cultural focus on one or more symbolic elements defined as the epitome of their peoplehood. Examples of such symbolic elements are: kinship patterns, physical contiguity, religious affiliation, language or dialect forms, tribal affiliation, rationality, phenotypical features, or any combination of these. A necessary accompaniment is some consciousness of kind among members of the group.

The definition is admittedly broad, but it serves to demarcate a level of social integration above the domestic arrangements of kinship, but below the larger scope of nations and states. Schementhorn's definition also emphasizes the importance of self-ascription by a group which sees itself as discrete by virtue of one or several "symbolic elements" which may include kinship. The size or scale of such groups would therefore be extremely varied, ranging from small tribal communities to large regional groupings.

5.1.3 Class

The concept of class is poorly developed in anthropology.
Balandier (1970:91) suggests that this is due to the fact that the concept of "social class" was primarily developed in the context of western history and culture. Such concepts have often been inappropriate for the geographical areas that anthropologists were concentrating on. Balandier proposes that the concept of social class can be legitimately applied only to unified societies where a state has emerged and "in which the 'economic forces' determine the predominant social stratification" (ibid.:92). Social stratification is therefore not necessarily class stratification. I use the term as Balandier suggests, to denote a level of social integration existing in the context of a nation-state.

5.2 The Pre-Hispanic Period

Our knowledge of pre-Hispanic Philippines is still fragmentary because of the absence of written records. The ongoing attempts to reconstruct Philippine pre-history is based primarily on archaeological evidence and on records from neighboring countries, as well as the chronicles of the early Spanish colonizers.

From the early Spanish accounts, we know at the time of contact with Spain, communities in the Philippines ranged from small groups and bands to proto-feudal communities. The simpler groups tended to be found inland, probably pushed there by later migrants who then occupied stable lowland habitats along rivers, lakeshores and the coastal stretches (cf. Reed 1978:7). The types of social organization were therefore quite varied, as they still are today. This wide variety of social organization allows an analysis of the relationship between traditional medical systems and social structure. Unfortunately, there is practically no information on the simpler Filipino groups and tribes at the period of contact with Spain. I will therefore be using accounts about such groups as they exist today. I do this for comparative purposes, without implying that such groups have remained unchanged across time.
5.2.1 Bands and Tribes

5.2.1.1 The Tasaday: A Foraging Band

The Tasaday is a paleolithic foraging band in southern Mindanao. They were "discovered" only in 1971, and lexicostatistical studies suggest that they may have separated from the Blit Manobo between 570 and 750 years ago (Molony and Tuan 1976:16).

Only a few supernatural beliefs have been recorded for the Tasaday.¹ Diwata, a word of Sanskrit origin still widely used by other Filipino groups in reference to spirits, is used by the Tasaday to refer to "spirit" and "good fortune" (Molony and Tuan 1976:80); however, the Tasaday's supernatural beliefs seem to revolve around mabuluulu (the white-haired one), a spirit believed to live in the Tasaday's cave habitat. Botanists Yen and Gutierrez (1976:133-134) were warned by the Tasaday not to destroy plants in front of the cave, or rains would follow; and when two of their male children fell ill, the Tasaday attributed the illness to the children's throwing stones in the vicinity of the cave, again implicating the mabuluulu. The only other reference to a supernatural cause of "illness" was the Tasaday explanation that an orphan albino child was the result of a "witch" biting the mother's breast (Nance 1975:23), although it should be pointed out that "witch" is Nance's own translation and he does not give the Tasaday term for this entity.

Although the Tasaday utilize a wide variety of plants for various purposes, only two plants were cited as being medicinal. One member of the group was identified as a "specialist" in snakebites but this "specialist" would not divulge information on his cures, which he said he had learned from his father (Yen and Gutierrez 1976:128-129).

Molony and Tuan (1976) did record a number of Tasaday terms such as "sick" (sakit, as in all other Filipino languages), "medicine" (bulun, which means "leaf" in some Filipino languages), and various ailments such as cough, diarrhea, vomiting, scabies and goiter. In one of the transcribed conversations, there is also reference to buna, a tea taken to hasten expulsion of the placenta.
5.2.1.2 Hunting-Gathering Tribes: The Negritos and Ilongots

The hunting-gathering Negrito tribes represent a type of social organization that is more complex than that of the Tasaday band but which is still fairly simple in comparison with other Filipino ethnic groups. There are tribal heads but the relationship is one of primus inter pares, with the older tribal members assuming leadership roles (cf. Maceda 1964 and Peterson 1978).

Various contemporary accounts about the Negritos (Fox 1952; Garvan 1964; Maceda 1964) indicate that these groups have the concepts of "soul" and "life-stuff," as well as notions of the supernatural, including a fear of ancestral spirits; however, Vanoverbergh (1933, 1938) found that among the various Negrito groups he surveyed, there were "extremely few superstitions," which he found surprising because the Negritos supposedly represented the most "primitive" ethnic groups in the Philippines, the Tasaday not having been "discovered." This he found to be in sharp contrast with the lowland Christian Filipinos, "who are replete with superstitions," some of which the Negritos had "borrowed" (Vanoverbergh 1938:157-158).

When we turn to the Ilongots, another Filipino hunting-gathering group, we find the emergence of a huge pantheon of minor spirits being perceived as causes of illness. These spirits are "handled" with individually formulated spells, often accompanied by threats against the offending spirits (cf. Rosaldo 1972).

Both the Negritos and the Ilongots have specialized religious functionaries who may also conduct healing rituals; however, Rosaldo (1972:85) notes that shamans were unknown in the Ilongot communities she studied, and where there were such practitioners, the rituals were unstructured: "The practitioner uses whatever words, whatever metaphors, seem appropriate. He may be coached by his patient; he may lie to the spirits; he may tell them -- as if the spirits were children -- that soldiers will come at daybreak and catch them in the body of the sick."
5.2.1.3 Analysis

From the above accounts, we see that with bands and tribes, there is a relatively simple medical system; in fact, with the Tasaday, we could even say that there is no real "medical system" since they do not have specialized healers or rituals. Even among the Negritos and Ilongocs, who do have shamans, many of the health-maintenance and healing practices are probably conducted at the level of the family. Rituals are relatively unstructured and may be performed by individuals.

It would be relevant to refer to Douglas' (1970b:16) comments about the Ituri forest pygmies' unstructured religion to understand why "primitive" groups such as the Negritos may actually have fewer superstitions than the "civilized" ones:

I am not merely saying that the people's behavior to their god corresponds to their behavior to each other. . . .I am saying that religious forms as well as social forms are generated by experiences in the same dimension. Pygmies move freely in an uncharted, unsystematized, unbounded social world. I maintain that it would be impossible for them to develop a sacramental religion, as it would be impossible for the neighboring Bantu farmers, living in their confined villages in forest clearings, to give up magic.

To elaborate, a structured religion and medical system cannot develop with nomadic groups. I am not just referring to the frequent fission that may occur with such groups, which would naturally affect the development of their religious and medical systems. A more important factor, however, is the nature of social relationships among such groups. Their relatively egalitarian nature would mean an absence of theories that attribute human beings with the power to cause health or illness (e.g., sorcery and witchcraft beliefs). Similarly, the absence or weak development of notions about territorial boundaries results in an absence of theories attributing illness to "pollution" from the "outside."

An examination of the Ifugao religious system will help to further explain the points made above. The Ifugaos are interesting in the sense that they have an impressive level of technological development (terrace agriculture) and an elaborate legal system (cf. Barton 191 );
yet, there is a noticeable absence of political development in the
sense of chiefs, councils and politically defined districts.

The Ifugao form of socio-political organization seems to cor-respond
to their religious system. Like the Ilongots, the Ifugao have
a large pantheon, with over 1500 deities listed in Barton's (1946)
work. This large pantheon seems to be related to the fact that reli-
gion is still an individual or family affair and new deities are con-
stantly being "created."

These supernatural entities are handled by individually recited
spells, in the form of myths. Barton (1946:130,203) notes that these
recited myths are "prayable entities," suggesting some support for
theories proposing that the worship of supernatural forces precedes
worship of supernatural beings (e.g., Radin 1937). Moss (1920:287)
makes similar observations in his study of Ibinalot healing rituals:

In nearly all the private ceremonies magic is relied on almost
entirely for the cure. A sacred story is told, the situation is
generally to an extent at least reproduced, and the names of the
chief actors called. The priests seem to think that merely tel-
ling the story and reproducing the situation will either actual-
ly or symbolically produce the results. What has happened once
will happen again under the same conditions.

In fact, Barton suggests that "power magic," or the worship of deities,
arises only in societies where powerful individuals have emerged:

Power magic reflects societies that have developed powerful in-
dividuals set off from the commonality, despot, owners of vast
slave-worked estates, feudal lords, autocrats... In dealing
with such individuals, success depends on commanding their fancy
or caprice, on bringing the right word into play, on knowing the
key to their secret reactions. (1946:203)

To summarize what has been said so far, the simpler societies such
as bands and tribes have a correspondingly simple traditional medical
system. The relative absence of stratification (including the special-
ized division of labor) would mean an absence of specialized and pri-
ileged healers. Many of the health-maintenance and healing practices
are probably more empirically-based than magical or religious, with
such practices implemented by, and passed on through the family from
one generation to another. The egalitarian social structure also de-
termines the belief system, with the relative absence of beliefs in
witchcraft, sorcery and supernatural retribution.
5.2.2 The Proto-Feudal Communities

My discussion of the Tasaday, Negritos, Ilongots and Ifugaos should set the perspective as we return to the pre-Hispanic lowland communities, for which we have information. Unlike the above groups, the lowland Filipino communities were marked by social and political stratification; the Spaniards, in fact, claimed the presence of "slavery" (cf. Loarca 1906, Plasencia 1903). Retrospective studies (Warri- ner 1960, Constantino 1979) have questioned the accuracy of the term and the following has been suggested instead:

The autonomous communities that the Spanish conquistadores encountered in the sixteenth century were communities in transition from a primitive communal state to some form of Asiatic feudalism. . . .

Primitive economic units with a system of subsistence agriculture, the barangays (communities) had no class structure although there was social stratification. Such stratifications were more marked in the more advanced Muslim communities of the south. Barangay chiefs, freemen and "debt peons" were the main strata, but this stratification was not rigid, for chiefs could be deposed, freemen could be reduced to dependence and "debt peons" became freemen after paying their debts. (Constantino 1979:958)

A medical system could be identified in these communities. Early Spanish accounts name various "priests and priestesses" who officiated at rituals not only for agriculture, hunting and the general welfare of the communities but also for healing purposes (Plasencia 1903:190-191). There was also hierarchization among these religious functionaries, the Boxer Codex of 1590 (Quirino and Garcia 1958:430) indicated that male transvestites (bayoguin) occupied the highest status, followed by "priestesses" and "priests" (catalonan). Various forms of divination are also described, including haruspication, "throwing some kinds of bones or lots,"and interpretation of dreams and omens (Quirino and Garcia 1958:420). Moreover, archaeological findings at Calatagan, Batangas (southern Luzon), a site dated to the 14th and 15th centuries, indicate that the early Tagalogs knew how to put gold inlays in the teeth, although no tools for dentistry have been recovered. The site also yields skulls "with neat little holes cut into them, suggesting trepanning" (Scott 1968:34,36).

In terms of illness theories, concepts of soul loss are
supplemented by animistic beliefs including a hierarchized pantheon and ancestor worship or veneration. Plasencia (1903:189) describes the veneration of lic-ha, or figurines of the deceased who have been "brave in war and endowed with special faculties." Plasencia also mentions that communal rituals were held in the tribal chief's house, which was called simbahan, the term still used today in several Filipino languages to refer to a place of worship.

All this information leads us to an analysis of ancestor worship. It is clear that this practice emerges with social stratification. Ancestor worship marks the beginning of apotheosis, or the deification of powerful individuals in the community. Bravery in warfare seems to be one factor that delineates such individuals. I have already mentioned the case of the Gaddang brave (mangal) who in life is called upon to officiate in some rituals and who continues to be venerated after death because such individuals are perceived as having the power to heal as well as to inflict illness. Keesing (1962b:10) clearly shows the perceptions of these power attributes when he writes about the Isneg brave (mengal):

He attracts and distributes important wealth, and his home becomes a center for festivals and rituals. He becomes imbued with spiritual potency which makes him both respected and feared. Vanoverbergh cites the supernatural penalties incurred by a person who cuts or notches, even accidentally, 'any part of the house' of a mengal.

To use another contemporary account, Cole (1913) and Benedict (1916) report that among the Bagobo, the following groups held particularly high social status: the warriors (mangan), the predominantly female shamans (mabalian), certain hemp cloth weavers, smiths and copper casters. Only these groups were entitled to wear special garments and turbans, produced by the privileged class of hemp cloth weavers. Cole (1913:97) also cites various "class tabus" about wearing garments reserved for the warriors and the shamans, with a violacion of the taboo resulting in illness or death.

Extending the analysis further, ancestor worship and other ritual obligations also function to legitimize status within a socially stratified community. Drucker (1977) has shown that a variety of descent
rules may exist concurrently among the Sadanga of northern Luzon. Drucker observes that particular rules ("the rhetoric of descent") will be used in controversial cases involving inheritance, wherein a claimant will recall sponsorship of illness feasts in the past, hoping to establish "relatedness" between the claimant and the deceased, and validating the claimant's own social status. In this context, ancestor worship is particularly important in establishing one's claims to a particular social position. Balandier (1970:118) says that social structures make such rituals obligatory:

This necessity takes the form of a privileged relation established between the ancestors, who are invested with supernatural power and are beneficiaries of a cult, and those living men who possess a superior social status and a share in political power. . . . Men of inferior social status, who have only an undifferentiated and mediated relation with the ancestors as a whole, are contrasted with those of superior status who have a specific and direct relationship with certain ancestors. The political strategy is organized on the basis of this ritual relation. . . . The 'eminent dead' are omnipotent; the submission that they require 'on pain of death' assures the placing of the individual within a determined social order.

We see then, that with the emergence of social stratification, kinship is transformed into an apologetic for the new social structure (Meillasoux 1978:165-167). This is partly accomplished through "ancestor worship," which ascribes to a dominant class or proto-class the power to cause illness and to heal.

Moreover, with the passage of time, these powerful deceased individuals may be elevated to the status of culture heroes or deities, "descent" from which becomes the basis for ethnicity. Kinship is again extended to provide the basis for internal unity and autonomy or differentiation from other communities. No matter how localized this concept of ethnicity may be, it would still provide for the emergence of pollution-type and magical theories of illness causation. "Outsiders," including deviant members of one's own community, are perceived as sources of evil and illness. These perceptions crystallize as beliefs in sorcery and witchcraft, beliefs which are recorded for the Filipinos at the time of contact with Spain.
5.2.3 Foreign Influences During the Pre-Hispanic Period

Hutterer (1977) has examined the archaeological data and suggests that pre-historic trade played an important role in the development of Filipino lowland communities. The rise of foreign maritime trade in the region was probably a factor that encouraged the growth of large nucleated coastal settlements. The growth of trade also encouraged greater inter-ethnic relationships within the islands, including the formation of alliances among the barangay. Exchange networks between coastal and inland communities also emerged, since some of the trade goods had to be obtained from forests. This would have meant an exchange of cultural beliefs and practices. Finally, trade may have contributed to internal social stratification since political leadership in the barangay seemed to depend on the ability of individuals to gain control over the flow of goods and services (Reed 1978:9).

It should be pointed out, however, that such developments probably occurred fairly late in the pre-Hispanic period, considering that at the time of contact with Spain, the largest barangay did not have populations larger than 2000 (Loarca 1903) and Spain found it easy to conquer these fragmented communities.

Nevertheless, there is no doubt that external contacts during the pre-Hispanic period were important factors in the development of the early Filipinos' social and cultural structures. The most important contacts during this period were those with the Malay (including Indonesians) and the Chinese, since regional trade on the eve of western colonization was largely in control of these groups.

5.2.3.1 Chinese Influences

The archaeological evidence suggests that contact between China and the Philippines dates back to at least the Sung period (960-1279 A.D.). It is, however, difficult to assess the nature and depth of these contacts. The Tagalog language includes Chinese kinship terms that are specific in the differentiation of siblings by sex and by order of birth; however, the Chinese influence on medical beliefs and practices seems to be minimal. Among the more commonly used medicinal
plants today, the only ones with names of Chinese provenience are those which are also used as food.

Among the traditional medical practices, cupping is the only one that seems reasonably certain to be of Chinese origin. A 17th century account by Bobadilla (1906:293) mentions that some of the indios used small shells or deer horns for cupping. Another 17th century account by Combes (1906:221) offers a more specific description: "They believe that all diseases are cured by drawing out the air that has been introduced into the body and, consequently, their favorite remedy is to supply a kind of cupping-glass of Chinese origin." It is entirely possible that pre-Hispanic contacts with the Chinese may have involved the exchange of certain significant medical concepts and practices. For instance, as the passage above suggests, the notion of 'illness-causing air' may well have been introduced together with the practice of cupping. I have also mentioned that Filipino pulse-reading bears similarities to the Chinese method of diagnosis; and, massage points used by the Filipino hilot may correspond to Chinese acupuncture points. However, further research needs to be initiated to verify the actual extent of Chinese influence in these practices.

5.2.3.2 Malay, Indic and Arabic Influences

It is sometimes assumed that Malay cultural traits came into the Philippines very early in prehistory as part of the wave of "Malay" migrants. While there may indeed be a "Malay" and a "Negrito" belief complex associated with the early migrations, it would also be useful to examine the more recent contacts that occurred during the development of trade in the southeast Asian region shortly before Europe's intrusion.

Of foremost significance would be the "Indianized" states of southeast Asia, which has been described thoroughly by Coedes (1968). The Sri-Vijaya empire, based in Palembang on Sumatra in the 7th century and eventually controlled the Malay peninsula, parts of Indo-China and most of the Indonesian archipelago. The
empire traded actively with the Chinese and the Arabs and Philippine coastal settlements are believed to have participated in this regional trade between the 10th and 11th centuries (cf. Whitmore 1977). The Java-based Madjapahit empire emerged in the 13th century after wresting control from the Sri-Vijayan rulers. The Madjapahit also extended control over a large area in the region. Although neither the Sri-Vijaya nor the Madjapahit seem to have dominated the Philippines politically (Hassel 1953), they undoubtedly exerted significant influence culturally.

The Madjapahit empire disintegrated with the rise of Islam in the region. Meilink-Roelofsz (1962) has documented the development of powerful Islamic city-states on the Malay peninsula (e.g., Malacca) and in the Indonesian archipelago (e.g., Ternate), with which Filipino communities carried on active trade.

Only the larger lowland Filipino settlements seem to have had direct contact with the Malay and Indonesians. Wolff (1976) clearly demonstrates the importance of this period of Malay influence, showing that Tagalog has at least 300 terms which can be shown conclusively to be of Malay origin, introduced on the eve of European colonialism. Wolff suggests that Malay may have been spoken by the Tagalogs (specifically in Manila) as a prestige language. Since Manila's influence was already beginning to spread throughout the archipelago even before the Spaniards made it the capital, the Malay influence on Manila's inhabitants would have gone through a "multiplier" effect among the other communities on the islands.

This contact period is also important because the Malay influence was a "package deal," which brought in elements from the Indian and Arabic cultures. As Wolff (1976:347) points out, almost all Tagalog words of Indic and Arabic provenience have cognates in Malay, suggesting that Malay was the intermediary by which Indic and Arabic traits were introduced into the Philippines.

The evidence of Indic influence is difficult to interpret. On one hand, there is the wide distribution among Filipino languages of two Sanskrit terms for deity (diwata and Balthal) as well as a number of
terms associated with intellectual life. At the time of Spanish contact, at least 17 different Filipino ethnic groups were literate, using a syllabic script of Indic origin; yet, contemporary Filipino religious beliefs bear little evidence of the Indian influence (Scott 1968:34). Indian influence on Filipino traditional medicine also seems to be minimal; in fact, the only tangible influence other than beliefs in the divata would be a few medicinal plants that have names of Indic origins.3

Evidence for the Arabic influence is more substantial, if in terms of Islam alone. The actual route by which Islam entered the Philippines is still controversial. Majul (1973:63) says that Islam was introduced into the southern Philippines about the end of the 14th century, probably through Arab traders and adventurers, Chinese Muslims or Sufi missionaries from Malaya and Sumatra. It is also possible that proselytization occurred in several waves, accompanying the extension of trade. For instance, Manila’s conversion to Islam seems to have been brought about by the sultanate of Brunei early in the 16th century. When the Spaniards arrived in 1571, they found Manila and its sister settlement of Tondo bound to the sultan of Brunei through trade and blood relationships (Reed 1978:3).

However, the actual penetration of Arabic (and Islamic) influence in Filipino traditional medicine seems to be shallow outside of the Muslim areas in Mindanao. In terms of medicinal plants still used widely by Filipinos, only one carries a name of Arabic origin: the narcotic Datura metel L., known as katsubong in the Visayas and Mindanao with cognates in Malay and Javanese—all of which trace back to the Arabic kecubab.

It seems that Arabic influence had come relatively late in Philippine pre-history and was blocked by Spanish colonization before it could penetrate deeply into regions outside Mindanao. Thus, while classical Arabic humoral pathology exists among the Malay, there is little evidence for such theories among the Filipino Muslims. Filipino Christian groups seem to have picked up such theories from the Spaniards instead (Hart 1969).
5.2.4 Summary

It would be impossible to identify all the pre-Hispanic sources of the present Filipino traditional medical system. For instance, a case could be made for identifying a "pure" Malay belief complex (free of Indic or Arabic influences) by noting the similarities in pregnancy and childbirth practices among Filipinos (Hart 1965), Malaysians (Wilson 1980) and Indonesians (Strout et al. 1979).

Yet, it would probably be more relevant to simply recognize that in many Asian societies, there was a base culture before the colonial period. The Filipino base culture developed as a result of both indigenous events and contacts with neighboring countries. Among lowland communities, there already existed a traditional medical system that reflected a level of social organization marked by a degree of social stratification. Illness theories recorded by the early Spanish chroniclers included soul loss and beliefs associated with animism, particularly ancestral spirits. There were also beliefs in sorcerers and, possibly, witches. Such beliefs could have emerged only in the context of a socially stratified system, as well as a notion of "ethnicity." Similarly, there were religious practitioners whose roles included curing rituals. These practitioners occupied high social status and were themselves organized in a hierarchy.

5.3 The Spanish Colonial Period

5.3.1 Spanish Influence: The Cross and the Sword

With over three centuries of political domination, the Spaniards inevitably left their mark on Filipino society and culture. This influence extended to medical beliefs and practices.

The main channels for Spanish influence in the islands were the Catholic priests. Intent on bringing Catholicism to the islands, the Spanish authorities sent large numbers of priests to this far-flung colony. Barrantes (1869) noted that the islands' total Spanish population in 1864 was 4050, of which 500 were members of the clergy. In more than half of the 1200 villages under Spanish control, there was
no other Spaniard besides the priest; thus, the priest assumed many of the colonial administrator's duties. Mallat (1846:346) quotes an old viceroy in New Spain: "En cada fraile tenía el rey en Filipinas un capital general y un ejército entero." ("In each friar, the [Spanish] king had a captain general and a whole army.")

Naturally, together with duties, the priests also assumed many privileges and early during the colonial period, the Spanish Governor-General was already observing that the priests were "better merchants than students of Latin" (Spare 1979:159). By the end of the Spanish occupation, the friar estates and archdiocesan holdings came to 215,000 hectares, making the Church the largest landlord in the country (Roch 1977:1).

In terms of medical beliefs and practices, it is not surprising that it was the priests who exerted the greatest influence on Filipinos. This they did through their multiple roles of missionary, colonial administrator, educator and "physician." Like other colonizing powers, the Spaniards saw the value of giving health services as a way of winning over the native population. A number of hospitals were established early during the occupation (cf. Peralta 1926) and Bourne (1903:43) observes that Manila, at the beginning of the 17th Century, had more provisions for the sick than the English had for their colonies at the time.

In terms of medical theory, Hart (1969) credits the Spaniards with having introduced humoral pathology (hot/cold theories) to the islands. Galenic medicine was still the predominant medical paradigm in Europe and one Spanish priest had remarked, "But it is in their [the indio] superstition that they most show their savagery. They think that disease is caused by the flight of the spirit, whereas all intelligent men know that sickness is caused by the fluctuations of the humors" (cited by Zingg 1934:271).

Curiously, Foster (1960:15,20) notes that the hot/cold concept is absent in Spanish folk medicine and apparently did not exist at a folk level in earlier centuries. The hot/cold concept was therefore part of elite and scholarly Hippocratican (or Galenic) medicine and was transmitted to Hispanic America (and presumably, the Philip-
[The Ifugao] rinawa, or 'heart,' is cognate with the Proto-Austronesian *nawāh, 'soul,' and Proto-Philippine rehinawa, 'breath.' It is related to such words as Tagalog ginحوا, 'comfort,' 'ease,' and unbawá, 'understanding'; Malay nyawa and Ifugao linnawa, 'soul,' and Samar-Leyce ginhwá, 'bowels.' For Ifongots, 'heart' is at once a physical organ, a source of action and awareness, and a locus of vitality and will.

The soul then is a source of "understanding" and "awareness." It is interesting that the root word hawa again recurs in the discussion. As I had pointed out earlier, hawa means both "to contaminate" and "to be apart." In this particular context, ginحوا translates as "comfort," "ease" and "freedom from want" (Panganiban 1972:433); thus, to "understand" and "to know" is to be free from want. The danger of "soul loss" is therefore one of "lacking knowledge" and consequently "to want." In the process, one separates and excludes himself in a sense of inner pollution and contamination. Illness is thus self-inflicted, much like an instance of mystical retribution.

In ending this discussion of Filipino mystical theories of illness causation, I would like to reiterate my view that such theories form a vital link in Filipino perceptions of health and illness. My discussion is only a preliminary exploration of these theories, but I hope that I have accomplished the objective of demonstrating that even "mystical" theories are in fact based on a complex social epistemology which cannot be disregarded. In the rest of this chapter, I will show that "personalistic" and "naturalistic" theories of illness causation constantly refer back to basic mystical theories and concepts.

### 2.3 Personalistic Theories of Illness Causation

Foster (1976:775) defines a personalistic medical system as "one in which illness is believed to be caused by the active, purposeful intervention of a sentient agent who may be a supernatural being (a deity or a god), a nonhuman being (such as ghost, ancestor, or evil spirit), or a human being (a witch or sorcerer." This theory can be subdivided into (1) the animist, where the causative agent is
believed to be a supernatural entity, and (b) the magical, where the causative agent is believed to be human. Murdock (1980) calls these theories "supernatural," a term with obvious limitations.

2.3.1 Animist Theories of Illness Causation

Murdock (1980:19) defines animist theories as those "which ascribe the impairment of health to the behavior of some personalized supernatural entity: a soul, ghost, spirit or god."

It should not be surprising to find that much of the literature on Filipino ethnic groups emphasizes the prevalence of animist beliefs, following the tradition of documenting the "primitive." Undoubtedly, such beliefs remain widespread in the Philippines, but there has been little effort to analyze the rationale behind these beliefs. I have divided the discussion of animist theories into (1) ghosts and (2) supernatural entities in order to better clarify the nature of these beliefs.

2.3.1.1 Ghosts

A fear of ghosts, or souls of the dead, is probably a universal trait. What is important to consider would be "who" these ghosts are perceived to be, and why they should be perceived as causes of illness.

Among Filipino groups, ancestral spirits seem to be the most frequently cited illness-causing ghosts. This is clearly a reflection of the importance attached by Filipinos to kinship ties. Such beliefs date back to the pre-Hispanic period and were apparently considered to be so important that early Spanish chroniclers wrote that the indios were practicing "ancestor worship" (Ortiz 1906:191; Quirino and Garcia 1958:421-422).

Among contemporary Filipinos, illness is sometimes perceived as retribution from ancestral spirits for non-fulfillment of ritual obligations (including requiem Masses for Christians). Retribution may also be caused by the violation of social norms, which vary among groups. Hart (1979:61) noted that among Christian Visayans, retribution from
ancestors was believed to be precipitated by disrespect for elders, physical violence and incestuous marriages while among the Bagobo, Cole (1913:116) cites cases of widows who claimed they were being harassed by their husband's spirit for not remarrying early enough.

However, one notes that ancestral spirits are not generally perceived as malevolent. There are even instances where illness is believed to be caused by close kinship ties of affection between the living and the dead. Among Visayan communities, a deceased grandparent's longing for a favorite grandchild is sometimes cited as a cause of the child's illness (Jocano 1969:105; Hart 1979:62). This is an obvious extension of the concept of mystical consanguineal bonds being a source of "contagion." While the ancestral spirit may not have evil intentions, it is now a transformed entity and a potential cause of illness. Thus, among the Ilokano, Vanoverbergh (1938:153) noted beliefs in an illness called rakablawaan, caused by merely meeting and being greeted by the soul of a dead relative. The illness' name literally translates as "greeted."

Deceased healers may also cause illness when they call on a descendant to take up his vocacion. This is one variant of shaman illness and is dependent on the "inheritability" of the healer's role.

Besides ancestral spirits, there also seems to be a fairly widespread belief in the souls of unborn children as a cause of illness. In Samar, women who die after inducing an abortion are said to have been claimed by the souls of the aborted fetus, who then takes the mother to live with it in "a dark place" (Hart 1965:9). A variant of this belief is related to the obligation of parents to have infants baptized, following Catholic dogma that only the baptized may enter heaven. Jocano (1969:15) reports a belief in Panay of unbaptized children's souls wailing in "limbo." This wailing supposedly angers the angels, who then punish the negligent parents with illness.

2.3.1.2 Supernatural Entities

Each Filipino ethnic group has its own array of beliefs in
supernatural beings. The numbers vary with each group, Christians and Muslims generally having fewer types of spirits than the pagans.

The perceptions of supernatural beings as potential causes of illness are closely related to perceptions of the degree of intervention such entities have over human affairs.

A supreme deity is generally conceptualized as remote and detached from the human world, only occasionally inflicting illness as punishment for "sins." Among pagan groups, the concept of a supreme deity may even be absent, or of relatively recent introduction from Christian groups (cf. Moss 1920:280; Scott 1960a). Significantly, I could find no references to the concept of a supreme evil being (e.g., Satan) as a cause of illness.

Among Christian groups, there is an intermediate stratum of angels, saints and the Virgin Mary, perceived as being more involved with the human world. Hagiolatry, or the worship of saints, is widespread in the Philippines, as it is in Mesoamerica (Foster 1953:213). Saints may inflict illness as punishment for social transgressions, including non-fulfillment of ritual obligations, as in the case of a town not holding a commemorative fiesta for its patron saint.

In general, however, the most important perceived sources of supernaturally mediated illnesses seem to be the numerous spirits inhabiting this world. Most of these spirits are associated with natural habitats—rocks, trees, caves and rivers. Although they are known by a wide variety of names, certain generic terms are shared among the different Filipino groups. One is anito, a term widely used throughout the Malayan region, including some aboriginal groups in Taiwan (cf. Lebar 1975). The term anito is apparently derived from the Sanskrit hantu, which means "the dead" (Retana 1921:33), suggesting a close connection between beliefs in these nature spirits and beliefs about ghosts. Another widely used Filipino generic term for spirits is diwata, which in Malay means spirit, with derivations from the Sanskrit devata, which means godhead or divinity (Wolff 1976:361).

Among Christian groups, a number of spirits are known by Spanish
pines) on an elite level through Spanish physicians and priests. Humoral pathology would continue to be the dominant theory of illness causation even among "modern medical practitioners" in the islands. José Rizal, the Filipino national hero and a physician wrote towards the end of the 19th century: "El aire, el calor, el frío, el vapor de tierra y la indigestión, son las únicas causas patogénicas que se admiten en el país" ("Winds, heat, cold, the earth's vapor and indigestion are the leading pathogenic causes in the country") (cited by Bancug 1952:29).

The rapid acceptance of humoral pathology theories among Filipinos may have been due to already pre-existing uses of hot/cold dichotomies to describe moral, social and ritual states. I have already mentioned this earlier in connection with a hypothesis proposed by Messer (1981). It is perhaps significant that the Filipinos use indigenous terms for "hot" and "cold" rather than the Spanish calor and frío.

The Spaniards also exerted great influence in terms of the usage of medicinal plants. After all, Spain's colonial adventures had been spurred, in part, by the desire to obtain spices and drugs from Asia. Throughout the Spanish period, the priests studied the local flora and their uses, eventually compiling herbals that were to be widely used among Filipinos. A notable example is Fernando Sta. María's Manual de medicinas caseras, originally published in 1768 and reprinted in several editions, including Tagalog translations. About 10 years ago, I was in fact shown a copy of a 1921 Tagalog edition in a rural southern Tagalog area.

The Spaniards undoubtedly introduced certain uses of medicinal plants based on principles of humoral pathology. A reprint of an old Tagalog herbal (Farmers Assistance Bureau 1979) uses obsolete folk disease terms that are of Spanish derivation (e.g., sakit ni San Lázaro) and the descriptions of the diseases, together with herbal treatments, are based on húg (hot) and lamig (cold).

Guerrero (1918:751) has pointed out that the Spaniards had the tendency to transfer previous concepts of pharmacological usage to local plants:
Thus they [the Spaniards] attributed to the blossoms of *Premna edorata* Blco. the same virtues as sudorific and pectoral as to the elder-flower, because the inflorescences of both are in the form of corymbs, for which reason they called both "elder flowers." The densely pubescent leaves of *Blumea balsamifera* DC they called "sage," attributing to them the properties of a true European sage, all because there is an apparent similarity between the relatively small leaves of this aromatic labiate, and the big camphor-scented leaves of the synantherea proper of the indo-Malayan flora.

The Spanish influence on Filipino medicinal plant usage was so strong that even some of the plants endemic to the region are now referred to by names of Spanish origin; e.g., ajo for garlic (although the Malay *bawang* is also used frequently). Other plants combine local and Spanish terms; e.g., *damong maria* (Mary’s herb) for *Artemisia vulgaris* L.

The Spaniards also introduced a number of plants from the New World, many of which are used as food and medicine. The Filipino names of these plants are often derived from Nahuatl names.4

Other than humoral pathology and medicinal plants, the Spanish influence on Filipino traditional medicine can only be graciously described as dubious. On one hand, they ranted against local superstitions, burning native documents (Beyer 1921:861) and indoctrinating children to report on parents who refused to give up old pagan practices (Salazar 1903:52-53). On the other hand, the Spaniards introduced their share of new superstitions, many of which were conveniently compatible with old beliefs. Syncretism was quick and easy, and sometimes a cause of alarm for the priests, as Bowring (1859:135) notes when the priests discovered that Filipinos would request church incense which would then be used in pagan rituals.

However, the priests did take pride in spreading many new beliefs and practices. Only a few years after the Spaniards arrived in the Philippines, the bishop Chirino (1904:311-312) documents how priests had used holy water as medication during a pestilence, with the result that Filipinos began to "use this holy medicine frequently in all their practices, and it has become a general practice throughout all these islands."

Certain religious practices were also useful in the colonization
process itself. Phelan (1955:19-20) notes the frequent mention in Spanish chronicles of how baptism was preached as having curative power. Magellan was the first to use this ploy, successfully curing a native chief and gaining the tribe's allegiance. Phelan does note that Magellan did send a daily supply of almond milk, rose water, sweet preserves, a mattress, sheets, pillows and a bed-quilt to insure the chief's convalescence after the baptism.

Undoubtedly, the sheer military superiority of the Spaniards was itself equated with "spiritual" superiority. By the early 17th century, Chirino (1904:271) was already writing about a Catalan who went around claiming that her anico (spirit guide) was a close friend of the Christian's anito.

There is also reason to believe that the Spaniards may have found it convenient to perpetuate certain superstitions, old or new, as a form of social control. Spanish Catholicism was itself rigid and authoritarian, emphasizing the "natural order" of inequality and supporting a tight class structure. But, as the Tagalog proverb goes, "the Governor-General is in Manila; the King is in Spain and God is in Heaven and where the friar, "who is everywhere," failed, other forms of social control had to be instituted. One such form may have been the aswang (witch) belief.

In chapter two, I had discussed the aswang belief as a contemporary form of social control, specifically discouraging asocial behavior as well as ostentatious wealth because such behavior would invite accusations of witchcraft. Apparently, the aswang belief dates back to the pre-Hispanic period. In 1579, Plasencia (1903:179-180) wrote: "As for the witches they killed them, and their children and accomplices became slaves of the chief, after he had made some recompense to the injured person." The Boxer Codex of 1590 (Quirino and Garcia 1938:405) gives a similar description of the harsh punishment for witchcraft.

Now comes an interesting theory suggested by Yengoyan (1975:55) who notes that among the Mandaya (a pagan group in Mindanao), the aswang perceived not as witches but as spirits. Yengoyan also cites a 19th century Spanish missionary who suggests that at the
time of contact with Spain, the Bikolanos also believed that the aswang were spirits, although after they were converted to Christianity, the aswang were "transformed" into witches (cf. Lynch 1949).

Yengoyan (1975:55) therefore proposes that:

The attributing of witchcraft to the aswang among lowland Christians may be the result of replacement of aboriginal beliefs with Western European folk beliefs during the era of Spanish missionizing, i.e. utilizing witchcraft as a means of social control by placing sanctions on various types of anti-Spanish behavior. (emphasis added)

Significantly, Millington and Maxfield (1906:207) record the following explanation for the aswang belief, given to them by a "well-educated Visayan":

Before the Spaniards came to these islands each daitto or rich man [actually a tribal leader] had an aswang, or official who served as counsellor in religious and political matters. The asuangs were the most learned people among them. The Spaniards came and began to preach Christianity and, of course, had to show the falsehood of the asuang's doctrine, as contrary to morality. Then the neophytes and the new Christians looked upon asuang as a false teacher, and their hatred of him became so great that they forged and invented many attributes of him.

I feel that it is probably of less relevance to determine whether the early Filipinos perceived the aswang as witches or as spirits. What would be more significant is that the Spaniards probably recognized powerful indigenous concepts that could be used as a tool for social control; and the aswang was one such concept, whatever its original meaning was. Moreover, it seems the Spaniards used the aswang belief to specifically control traditional religious or secular leaders some of whom did, in fact, lead several of the anti-Spanish rebellions. Finally, although the Inquisition was never launched as virulently in the Philippines as it was in Europe and Hispanic America, there is little reason to doubt that the Spaniards in the Philippines, caught in a hostile environment, may have themselves believed that there were "witches" among the indios. Bowring (1859:132) mentions a mid-18th century friar, Theodore of the Mother of God, who believed that there were witches in every pueblo in Pampanga, "sometimes forming a third of the population."

We see then that the direct Spanish influence on Filipino
traditional medicine took on many forms, often reflecting the Spaniards' own interests. Such interests ranged from a scientific curiosity over medicinal flora to the need to institute forms of social control over the Filipino population. The native responses were just as varied: some of the new beliefs and practices were quickly accepted although more often, this was a process of syncretism where the "new" ideas were grafted on to a pre-existing cultural base. Jocano (1965) in fact suggests that Catholicism, with its mystery and its saints, easily articulated with pre-Hispanic Filipino religious beliefs. In contrast, American Protestantism had less of this "aura of magic" and "subjective appeal" and was therefore less successful in the Philippines.

Despite more than 300 years of Spanish colonization, many of the pre-Hispanic Filipino beliefs and practices did persist, much to the irritation of the Spanish priests. To understand this persistence, as well as the transformations that did occur in the components of the Filipino traditional medical system, we need to examine some of the changes in Philippine social structure which took place during the Spanish colonial period. As we shall see, some of these changes had implications that extend into contemporary Filipino society and its traditional medical system.

5.3.2 Social Change in the Philippines

During the Spanish Colonial Period

5.3.2.1 Kinship and the "Nonos"

Filipino kinship ties were probably intensified during the Spanish colonial period. With the destruction of native social and political institutions, there probably was a "regression" to kinship as the primary level of social integration. The harsh system of land tenure, first under the encomienda (land grants given by the Spanish crown to colonial administrators) and later under the plantation or hacienda system, could only underscore the need to maintain kinship ties for survival.

The same harsh conditions could have contributed to the retention
of ancestor veneration. A Spanish priest wrote, at the beginning of
the 17th century, that after a Spanish raid into a southern Tagalog
village, an indio had climbed up a palm tree shouting out in anguish,
"Spaniards, what did my ancestors do or owe to you that you should
come to pillage us?" (Herrera 1965:277).

It is also conceivable that the Filipinos may have seen the Span-
iards as a form of "retribution" sent by ancestors for negligence of
ritual obligations. Thus, years after the Spanish occupation started,
the priests were expressing frustration over the indio's stubborn re-
tention of ancestor veneration although a kind of "adaptation" seems
to have emerged:

When they are obliged to cut any tree, or not to observe the
things or ceremonies which they imagine not to be pleasing to the
genii or the nonos (ancestral spirits), they ask pardon of them
and excuse themselves to those beings by saying among other
things that the priest ordered it, and that it is not voluntary
with them to want in respect, or to go against the wishes of the
nonos. (Ortiz 1906:191)

One "new" institution that the Spaniards were able to introduce
was the compadre (co-godparenthood) system. The pre-Hispanic Filipi-
nos did have their blood-pacts (sandugo, or "one blood") so the compa-
dre system was hardly a radical innovation. Nevertheless, the compa-
dre system provided a particularly useful adaptive mechanism for the
social changes that were taking place under Spain. As a way of form-
ing economic and political alliances, the compadre system worked both
horizontally and vertically. Horizontally, it complemented or rein-
forced the indigenous kinship system since in many cases, kinsmen were
asked to be ritual sponsors (cf. Hart 1977:147). At the same time,
the compadre system was used to reinforce the patron-client institu-
tion that was emerging with the system of land tenure. A tenant would
ask his landlord to become a godparent to his child. Theoretically,
the landlord becomes obligated to protect his godchild (and the
child's family). In practice, such protection hinges on the tenant's
continuing loyalty to the landlord as patron.

As in Latin America, the Filipinos did find one other use for the
compadre system. I refer here to ritual adoption, where a sickly or
frail child is "given away" to "new" parents in the belief that the child would also acquire new luck and better health.

5.3.2.2 The Status of Sexes and the Shaman

The Spaniards introduced an important change in the status of Filipino women. The early Spanish accounts (e.g., Loarca 1903:127; Plascencia 1903:181-182) suggest that the pre-Hispanic Filipino woman occupied equal status with men. Filipino origin myths recorded by the Spaniards say that both man and woman emerged together from two different stems of a bamboo, not the woman from the rib of the man as in Judaean-Christian mythology. The Spaniards also observed that the Filipinos system of inheritance divided the property equally between male and female offspring. Kinship was reckoned bilaterally, as it is today. The bridegroom shouldered expenses for marriage and after a divorce, conjugal property was divided equally. Linguistically, Filipinos do not distinguish between "he" and "she." Finally, as we have seen earlier, female priests or shamans, as well as male transvestites, seemed to dominate pre-Hispanic religious activities.

The Spanish colonial period was to change this situation. As Fox (1957b:413) points out, the Spanish juridical system favored the male. Spanish culture is also male-dominated; and the Filipino male today, as with his Latin American counterpart, still has to live up to machismo. The Filipino writer Nick Joaquin has in fact drawn on sexual symbolism to suggest that "the drama of Philippine conversion was really mostly a struggle between old native female cults and the new masculine religion" (cited in Farwell 1966:179).

Some of the consequences of this shift in the status of women will be discussed in the next chapter, in relation to contemporary Filipino society. However, it should be worth noting here that this change in the status of women may partially explain the eventual relegation of the lower shamanic status to women and the emergence of a male monopoly over the higher status of priesthood.

As a corollary to these developments, the bayoguin or bayog (male transvestite shamans), so prominent at the time of contact with Spain
(cf. Quirino and García 1958:430; Flasencia 1903:194; Perez 1906:302) have since disappeared. Yet, curious vestiges of this institution do remain — the term bayot is still used among Visayans to refer to effeminate men; Hart (1980:65) mentions that one of the tambalans in his research area (Lalawigan, Samar) was a bayot; and finally, one of the character traits supposed to be indicative of a vocation to the Catholic priesthood is being agi-agion or "a little effeminate" (Jocano 1965).

5.3.2.3 The "Reducción" and Rural/Urban Stratification

In order to control the Filipinos more effectively, the Spaniards initiated the policy of reducción, which consolidated populations into villages. The Spaniards also implemented a grid-plan similar to the one they used in Latin America:

The base of this settlement hierarchy consisted of cabeceras (mission communities). Predictably the colonial capitals and most other large urban places were considered ciudades de Españoles (Spanish cities). Only Catholic friars and their native wards could reside permanently in the scattered cabeceras. Though many poorly situated mission settlements gradually declined in significance and even disappeared, thousands were transformed with time into substantial poblaciones (towns). (Reed 1978:15)

This hierarchy still exists today. Manila remains the primate city; but of the other ciudades and villas de españoles, only the Visayan city of Cebu retains any regional importance (in addition to Davao in Mindanao, established at a later date). The cabeceras are today's poblaciones and remain the focus of every Filipino town's activity with its plaza, an imposing church and the homes of the town's economic and political elite. Radiating from the poblaciones are the barrios or villages, renamed in recent years as barangays.

Several developments rose from the system of reducción and the grid-plan of settlements. Foremost was the development of an "ethnicity" that was geographically based. Even today, Christian Filipinos differentiate themselves by region, although this often overlaps with linguistic affiliations. These regions are, in turn, "hierarchized," the more developed ones being those with one of the former ciudades de Españoles. Thus, the Tagalogs continue to dominate the country's
political and economic activities. A corollary to these developments is the emergence of another hierarchy based on the differentiation between rural and urban areas, and between the población and the barrios. In the next chapter, I will show how this stratification is actually expressed in contemporary Filipino theories of illness causation.

5.3.2.4 Resistance, Regions of Refuge and Ethnic Stratification

The Spaniards were not always successful in their attempts at reduction. Resistance to this policy of population consolidation came mainly from the tribal groups but there were also families from lowland communities that chose to flee to the hills rather than submit to resettlement. These renegades were called remontados and, in retaliation, "the Spanish government forbade all intercourse with these mountaineers on pain of one hundred lashes and two years' imprisonment" (Best 1892:120). In effect then, the Spanish colonial period saw the formation of what Aguirre-Beltran (1973) has called "regions of refuge," a concept borrowed from ecology: "A refuge area is a region in which animal and vegetable species and man as well, are protected by barriers from competition, and in which change comes less rapidly than in regions of greater circulation" (Chapple and Coon 1953:93).

The concept of refuge areas is important in our discussion of the Filipino tradicional medical system because it identifies some of the factors that explain persistence and transformation of its elements. In the case of the Philippines, refuge areas developed in the context of a struggle between groups seeking to colonize and groups resisting such colonization. Those who resisted retreated to regions of refuge where they maintained old beliefs and practices. Since much of the resistance came from the non-Christian groups, their societies and cultures still retain distinct differences from the Christian groups. In terms of traditional medical systems, the differences are
reflected more strongly in terms of the absence, among the Muslim and pagan groups, of elements acquired by the Christians from their contacts with Spain. A good example of one such element would be the hot/cold syndrome.

Nonetheless, it should be emphasized that it was not only the tribal groups and the remontados that resisted the Spaniards. Sturtevant (1976) has written on the numerous nativistic revolts that erupted among lowland Christians against Spain. Significantly, some of these uprisings were led by the outlawed babailones and catalonans, the "priests" and "priestesses" of the pre-Hispanic era.

Even among the indios who had not escaped to the hills or joined in an armed revolt, the relationship with the colonial master was understandably strained. Bowring (1859:137) observed that "the Spaniard is fire and the Indian snow, and the snow puts out the fire."

And an exasperated Spanish priest wrote that the indio "rejoices if you lose patience and give him a beating, for he goes and boasts of having put his master into a passion" (cited in Bowring 1859:136).

But if the Spaniards failed at their efforts to "civilize" the indio, it was largely of their own doing. At times, the Spaniards' failures resulted from their own insensitivity to local culture, a phenomenon which incidentally is constantly repeated in today's development programs:

When I was in Bunhian I wanted to catechize a boy of about twelve years who was seriously ill, and when, among other things, I told him that if he died he would go to heaven, his mother, who heard it, turned to me angrily and told me that she did not want her son to go to heaven; that I should see if I had some medicine to give him to alleviate his illness and leave him in the world since to go to heaven was reserved for the beheaded. (Alarcon 1965:83)

More frequently, however, the Spaniards' failures went beyond the insensitivity we find in the above 19th century account. An earlier narrative shows that force was frequently used to preach the Gospel, with predictable consequences:

But it is necessary to use the force of the whip to get them to hear mass on holidays of obligation and to confess and receive communion as ordered by the Church. They are very reverent to the Father Ministers because of the superiority they recognize
in them, but at the same time they make fun of them, they murmur against them, and they even sell them out. (San Antonio 1977:140)

In the above context, it should not be difficult to understand why the Filipinos retained so many of their old practices. Catholicism was an imposed religion and the retention of the pre-Hispanic practices could have served as a symbolic expression of resistance to the colonizers, even if it resulted in little more than a beating about which the indio could boast. In other cases, the preference for old practices grew out of the mistrust Filipinos had for the Spaniards, as we see in the following passage by San Antonio (1977:17): "The Indian prefers to let himself be killed by one of them [an indigenous healer] than to allow himself to be treated by a knowledgeable Spanish physician." In a sense, even among the indios who stayed in the Spanish settlements, we find that there were symbolic "regions of refuge," each indio carrying a private enclave of pre-Hispanic beliefs and practices that helped to reduce the burden of being part of a colonized people.

Finally, we need to consider one last factor that was significant in the creation of "regions of refuge." Doeppers (1976) has called this the "boondocks factor." Doepper's study was primarily concerned with the spread of the Philippine Independent Church in the period after the Philippine revolution of 1898 against Spain. Doeppers noted that the Philippine Independent Church spread most rapidly in marginal areas ("the boondocks") where Spanish religious influence had been shallow because of the lack of priests. The study therefore emphasizes that Spanish control of the islands was incomplete. A majority of the Spanish priests were actually based in Manila, in line with the Spaniards' intentions of transforming the city into almen de Fe (warehouse of the Faith). Thus, Bowring (1859:112) observed that there were 114 friars and 8 ecclesiastics in Manila alone. The penetration of Catholicism into Filipino culture was therefore superficial -- a veneer, as some would put it, on a thick layer of old traditional beliefs. Correspondingly, many pre-Hispanic Filipino medical beliefs and practices persisted simply because there was not much of a Spanish influence in significant portions of the archipelago.
The Spaniards were aware of their fragmented control over the islands. It was therefore to their advantage to launch the policy of prohibiting subjugated Filipinos from intermingling with the rebels and the remontados, on which the labels of “pagans and primitives” were to be conveniently attached. What could not be controlled had to be proscribed. The effect was a form of ethnic stratification with implications that continue to plague Philippine society today.

5.3.2.5 The Chinese in the Philippines
During the Spanish Period

It would be relevant to discuss the Chinese in the Philippines during the Spanish colonial period, to show how social and political factors do affect the formation of medical systems.

The Chinese community in the Philippines grew rapidly because of the galleon trade. Manila was a vital point of linkage in the flow of goods from China to Mexico and eventually to Europe. It is interesting that Spanish documents indicate that the Chinese community practiced their own medicine. A late 16th century account by Cobo (1966:138) shows this quite clearly:

One thing that surprises me is that they [the Chinese] know no science except medicine which they regard not really as a science but as something practical. Their books on that subject contain many illustrations just like the books on anatomy we find in Castille. They know about the heartbeat and they heal with herbs many of which are known in Castille. They do not bleed the patient but burn him in certain members with the use of certain herbs. While sick they avoid meat and even chicken and if they eat chicken they first remove the fat.

Various population censuses taken by the Spaniards for tax purposes and the regulation of immigration also indicate that the Chinese had their own doctors and druggists. In 1590, the bishop of Manila mentioned that the Parian (the Chinese enclave within Manila) “is provided with doctors and apothecaries, who post in their shops placards painted in their own language announcing what they have to sell” (Saizlazar 1903:225). A Dominican hospital was also built specifically for the Chinese and at one time employed a converted Chinese who was “a doctor and an herbalist” (ibid.:236-237).
Wickberg (1965:109) notes that two occupations were exclusively Chinese in late 19th century Manila: the *pantiero* (noodle shop owners) and the herbalist. Wickberg adds that in 1875, there were ten herbalists in Manila, with a clientele that included many well-to-do *indios*, *mestizos* and Spaniards.

Yet, as I have mentioned earlier, the Chinese influence on Filipino traditional medicine seems to be minimal. The Chinese noodle shop owners certainly left their mark, with many Filipino food items and dishes carrying Chinese names. And while Chinese herbalists continue to have shops in many Filipino cities, with Filipino customers, Philippine medicinal plants are not usually known by Chinese names. The practice of moxibustion (the burning of herbs on certain points of the body) is not used by the Filipinos.

An examination of the relationships between the Chinese and the Spaniards and Filipinos explains why the Chinese influence on Filipino traditional medicine has been so weak. First of all, during the first two centuries of Spanish rule, the Chinese were restricted to their Parian ghetto in Manila. The Spaniards felt threatened by the large Chinese population; massacres and armed conflicts did, in fact, occur sporadically during the Spanish colonial period. Eventually, converted Chinese migrants were given more freedom and many intermarried with native women, producing a sizeable *mestizo* population, which according to Wickberg (1965:25) numbered some 120,000 in 1810, or 15% of the total population. These Filipino-Chinese *mestizos* generally identified more with the Philippines than with China; and in the 19th century, the *mestizos* rose to economic and social prominence as they entered trade and agriculture.

Thus, in the early part of the Spanish colonial period, the Chinese were effectively prevented from mixing with Filipinos. When such restrictions were lifted, the intermarriages produced children who assimilated completely into Filipino society.

Another factor which may explain the relative absence of Chinese influence in Filipino traditional medicine would have been the fact that the Chinese doctors and herbalists were, in a sense, professionals,
which meant they would not have been as open about diffusing their knowledge and skills to the general public.

Finally, the Chinese never dominated the Philippines politically. The Filipino-Chinese mestizo did become prominent economically and politically but they considered themselves Filipinos. Without access to political structures, the Chinese influence in Filipino culture was therefore restricted, particularly in the case of traditional medicine.

5.3.2.6 The Emergence of Class and State

A distinct Filipino class structure emerged during the Spanish colonial period. In the early occupation period, Spain had used some of the traditional native leaders as intermediaries for administrative purposes. This class, called the principalia, was to change markedly in the 18th and 19th centuries. As a result of the islands being opened up to world trade, a new economic force emerged in the Filipino-Chinese mestizo, who now joined the principalia. Educational reforms in 1863 allowed the principalia families to send their children to higher institutions of learning in the Philippines and in Spain. These young educated scions returned with ideas that led to the Reform Movement in the 1880s. These ilustrados ("the enlightened ones") expropriated the term "Filipino," hitherto reserved for Spaniards born in the Philippines, and called for greater political representation from the Filipino colony as part of Spain (cf. Constantino 1975).

But the ilustrados were quickly overtaken by the more radical Katipunan, composed largely of workers and peasants, who demanded independence, rather than assimilation. An armed insurrection broke out in 1896; and shortly before victory, the Katipunan's leadership was taken over by ilustrado elements. Philippine independence was declared in June 1898; but in August that same year, Spain illegally ceded the islands to the United States. The ilustrados capitulated to the United States and became the new colonial intermediaries.

Spanish colonialism therefore set the basis for a class structure which was to persist throughout the American period and into the post-independence era.
The consolidation of this native class structure in the Philippines did not take place until after the economic transformations in the 19th century. A "Filipinized Hispanic culture" emerged during this period; but this particular culture did not really spread throughout the archipelago. As Wickberg (1965:134) points out, only the upper economic classes really participated in this new culture.

While there is no doubt that there is considerable Spanish influence to be found in Filipino society and culture, I would emphasize that there were significant differences in the extent of this influence, depending on class.

Moreover, Spain realized that the most effective means of social control was to deprive the indios of an educational system. Although there were 817 elementary schools in 1855, most of these were directed by parish priests, with a curriculum limited to catechism (Keane 1970:76). The Spanish language itself was never promoted in the islands. As late as 1855, there was still opposition to the teaching of Spanish because it would open doors to Protestantism (and liberalism). The Spaniards also recognized the danger of providing a lingua franca that would unite sources of insurrection (Cain 1914:124-125). Thus, at the end of the Spanish occupation, less than 10% of the population actually spoke Spanish (Whinnom 1954).

Educational reforms were eventually introduced in 1863, following the brief rise of liberalism in Spain. Medical education was extended to Filipinos shortly after, but not without prolonged debate on what could be included in "a brief medical course, suited to the limited intelligence of the natives" (Leroy 1912:207). Even with the extension of such education to Filipinos, the quality of medical training was poor. A German physician during the early American occupation noted that the medical college at the University of Santo Tomas (run by Spanish friars) "had no library worth considering...no female cadaver had ever been dissected...bacteriology had been introduced only since American occupation and was still being taught without microscopes" (ibid.:205).
5.3.3 Summary

My discussion of Spanish colonial policy was meant to underscore the fact that the Philippines' incorporation into a colonial situation meant that its own development became a function of the colonial government or state, which had almost absolute control over the country's vital resources. The first two centuries of Spanish rule were characterized by a policy to keep the Filipinos under control, partly through religious superstitions. While the Spaniards did introduce new elements into the Filipino traditional medical system, such changes were often contingent on their own interests, such as the commercial exploitation of medicinal plants. But in general terms, there was a stagnation of the medical system in the islands, shocking even some of the Spaniards themselves:

Hence, the incursions of the mediquillo and of the matanda (the old man) who with true enchantments and superstitious remedies cures the poor sick people, cannot be combated with efficacy. In Batangas dead flies that were killed by the fresh paint of a saint have been prescribed, and brick dust where the mark of a foot had appeared to the native curas as a miraculous thing imprinted by the Virgin who was coming to adore a cross near by. The pills of Holloway and the products of foreign charlatanism reap their harvest. (Barrantes 1869:288)

Barrantes recommended the implementation of educational reforms to alleviate the situation. The reforms did follow, but this came at a time when the Spanish empire was rapidly declining. It was a matter of too little being done too late.

5.4 The American Colonial Period

5.4.1 American Influence: Schoolbooks and Krag

In comparison with other colonial powers, the Americans could be described as having been fairly benevolent in their half a century of occupation of the Philippines. American motivations for the annexation of the Philippines have been described as a mixture of "duty, destiny, dollars and divinity" (Wolff 1961:303). There can be no doubt that other than commercial
and military self-interest, the American colonizers were motivated by the notion that they had to take up the white man's burden in spreading civilization to the "heathen" Filipinos. Thus, if Spain used the cross and the sword, the United States used schoolbooks and the Krag (Gates 1973), the American colonial administrators emphasizing education and public health. The importance attached to these two aspects of public policy is reflected by the fact that until the Second World War, the Philippines' health and welfare agencies were placed under the Department of Public Instruction. And from 1917 to 1935, the American Vice-Governor was ex-officio Secretary of Public Instruction, a position turned over to the Vice-President under the Philippine Commonwealth (Hayden 1942:675-676).

The Americans had been justifiably appalled by the health situation in the islands when they first arrived. In a chapter discussing health conditions, Crow (1914) described the Philippines as a "country of invalids." The Americans blamed the situation on the Spaniards' administrative neglect and on the propagation of superstitious beliefs and practices. However, American concern over the superstitions was also spurred, in part, by their recognition of the political implications of "religious fanaticism":

The repeated troubles in Samar have always had in them an element of religious imposture, wherein may be traced the existence still of some of the witchery beliefs of the Filipinos at the time of conquest. . . . The belief in charms, commonly called anting-anting, . . .was fully exploited during the late wars [the Filipino-American War], and plays its part today in inspiring terror and respect for bandit-chiefs said to be invulnerable to the bullets of the Government's soldiers. . . . The existence among the masses of such ignorance and credulity is, perhaps, the main reason why banditry and outlawry of all sorts have always persisted, and assumed today such troublesome proportions. . . . (Leroy 1912:132)

As Leroy himself recognized, "banditry and outlawry" did carry an "element of revolt against friar-rule or civil tyranny." Throughout the American occupation, Filipinos continued to agitate for independence, some peacefully and others violently. It was easy for the newspapers to shrug off the armed skirmishes as a tulisanes (bandits) problem, but for the national government, this problem could not be taken lightly.
The programs in education and public health therefore assumed strategic importance as tools for counter-insurgency. The president of the Rockefeller Foundation, which funded public health programs in the Philippines, observed that "dispensaries and physicians have of late been peacefully penetrating areas of the Philippine Islands and demonstrating the fact that for purposes of placating primitive and suspicious peoples medicine has some advantages over machine guns" (Vincent 1916:13-14).

The American colonial strategy apparently paid off. Only a few years after annexation, Leroy (1912:239) could quote a young Filipino's rather ebullient ode to civilization:

In many dwellings, in the bosom of many, many families, there are taking place to-day most rude and violent combats between darkness and light, between Knowledge and Ignorance, between illiteracy and science; but no dike can hold back this impetuous current of civilization that is finding its way into all the homes, and is sweeping out of them fanaticism, superstition, laziness and vice. . . .

In terms of public health, battle between "Knowledge" and "Ignorance" took on myriad forms but was mainly focused on the theme of germs and the need for sanitation. Elementary schools incorporated courses in health and physical education, launching innovative programs like "Knife and Fork Teams" to teach schoolchildren the use of these utensils, with the hope that they would diffuse this sanitary practice to their older family members, who preferred using bare hands.

At the same time, the colonial Bureau of Health sent teams throughout the country, offering services and drugs, implementing laws on vaccinations, and trying to get the people to use artesian wells and to build latrines. (See Forbes 1928:3305-367 and Crow 1914:99-124 for descriptions of the health programs.)

The Americans also started new programs for training physicians and nurses. Legislation was introduced to regulate the practice of these professions. Other laws were concerned with public sanitation (such as requiring burials in cemeteries) and with the regulation of the production of foods and drugs.
Accompanying the efforts to spread "Knowledge" were the programs to combat "Ignorance." Traditional medicine was depicted as dangerous superstition. Terms like "quack doctors" and "witch doctor" came into vogue. In the early occupation period, there had been some interest in medicinal plants, the Bureau of Science even having a special division devoted to the study of such plants (Guerrero 1918:750). With the emergence of synthetic drugs in the United States and Europe, interest in such research was quickly dampened; and to this day, the drug industry in the Philippines continues to import 95% of its raw materials from developed countries (Bautista 1982:10).

Tremendous gains were achieved in the field of public health during the American occupation: infant mortality dropped, epidemics became less frequent, life expectancy rose slowly. These changes clearly demonstrated some of the advantages of western medicine; yet, the traditional medical system persisted. Again, an examination of the changes in social structure may help to explain this persistence, as well as some of the changes that did occur.

5.4.2 Western Medicine, Cacique Medicine

It is often noted that the western medical system is more impersonal than traditional medical system and that is a reason for the persistence of the latter. Undoubtedly, this was (and still is) the case in the Philippines. For instance, during a cholera epidemic in 1902, soldiers were ordered to burn down infested homes. Other measures taken are described by Heiser (1936:106):

It was true that, in the effort to stop the spread of infection, the Americans sometimes may have overruled the private rights of individuals. Uniformed men clattered up with ambulances and without ceremony lifted the sick from their mats and carted them away from their wailing families. The husbands, wives, and children could not understand why they were forbidden to follow. Four times out of five this was the last they ever saw of their loved ones until shortly after they received a curt notice to come to the hospital and claim their dead.

The impersonal nature of western medicine continues to be the source of conflicts today, not just in the Philippines but also in other
countries as well. Among others, Frakenberg (1980:205) has described this conflict:

The doctor's social context is bureaucratic, organized, rational -- backed by a whole major industry and a clearly formulated ideology and culture. It is at its most essential concerned with pathological interruptions to biological processes. The patient's is personal, particularistic -- and organized and rational in a different way. It is concerned with interruptions in the social process.

Frakenberg's comments bring us to the matter of "social context." In the case of Third World countries like the Philippines, the conflict between the doctor and the patient exists in a social context characterized by a gap between classes: between a physician who is usually from an elite class and a patient from a lower class.

This gap did not come by accident. In the Philippines, the American colonial period saw the extension of a national government's control over the archipelago. This government was bureaucratic and centralized; but more significantly, it was staffed by the traditional elite, the cacique from the Spanish era. Cullinane (1971:38) observes:

The most striking inconsistency of the early years, and of the entire American period for that matter, was the ambivalence displayed toward the Filipino elite. This group was invariably depicted as a major obstruction to the realization of a truly democratic society and the establishment of social justice; yet no significant effort was made to "uproot" the social and economic conditions that lay at the heart of cacique rule. What is more, the problem of "caciquism" was generally discussed separately from local politics and government, almost as if the two were unrelated; the implication was that local officials could be instructed in the operation of honest and efficient government even while the endemic "evils of caciquism" existed around them. By ignoring the sensitive agrarian problems, the United States allowed the traditional elite to maintain its long established social and economic dominance. Furthermore, the Americans legitimized the elite's de facto power at the local level by supplying it with a strong political identity through the holding of public office.

This policy was clearly extended into the health system. Victor Heiser, one of the pioneer American health administrators, explains the rationale for the use of the cacique in the health system:

In the health service we had to recognize the power of the cacique; usually an intelligent person, his opposition could have,
nullified our efforts. But as soon as he realized he could get no graft from us, and that, on the contrary, we might bring him added income by making his subject taoa more productive, he ranged himself on our side. The tao, who was as unprogressive as he was gentle, often offered passive resistance to Westernizing, but at a threatening word from his cacique he would prove amenable. (1936:46)

Heiser and other colonial administrators failed to recognize that changes brought about by imposed "amenability" were often brief and superficial. What had occurred was compliance with authorities, rather than acceptance or internalization of the new health practices and ideas. Moreover, when class relationships start to become antagonistic, as they have in the Philippines, the patron-client loses its effectiveness, and resistance to change can become an expression of resistance to a dominant class. The Americans themselves had a taste of this resistance in the early years of the occupation, when Filipinos refused to use the new artesian wells because they suspected the wells had been poisoned by the new colonizers (Forbes 1928:398). In later years, with fading memories of the Filipino-American War, the rumors became milder, to the effect that artesian water caused hair to fall out, the best proof being the bald director of the Bureau of Health (Heiser 1936:125).

Even within the context of a benevolent patron-client relationship, however, we need to question whether it is right to reinforce such relationships. I refer here to the American policy of projecting the cacique as a "provider of health." To have expected the cacique to display altruism was an illusion. During the first quarter of the century, the colonial government asked for contributions from local residents (supplemented by government subsidies) to set up puericulture centers that would handle maternal and child care. By 1926, only one fifth of the total number of Filipino municipalities had such centers and "most of them were located in the comparatively wealthy centers of population" (Hayden 1942:551).

An even more significant point is that the consolidation of cacique power also meant that they began to assume control over access to health care resources. Thus, medical and nursing education was limited to children of the elite, and the various infrastructure needed
for health, such as the puericulture centers mentioned above, were concentrated in urban areas, where the elite lived.

Finally, a number of recent studies have pointed out that the "germ theory", which forms the basis for western medicine, is itself a product of the Industrial Revolution and carries an ideology which "explains away" the poor health situation resulting from gross economic inequalities:

The dominant medical interpretation [the germ theory] pays much less attention to a population's shared environment than to factors specific to the individual, thereby obscuring the social and economic causes of ill-health. So "it is always individuals who become sick, rather than social, economic or environmental factors which cause them to be so." It is ignored that health chances are intimately bound up with wider life chances, and that these in turn are to an important extent determined by people's place in the productive structure and in the market. (De Kadt 1982:745)

In other words, the Filipino physician, coming from an elite class, finds reinforcement in the "germ theory" to explain the poor's health situation as being due to their own ignorance and "resistance to change." Moreover, his training in a western milieu alienates him from the culture of the majority of his compatriots. This, I feel, is the essence of the conflict between western medicine and traditional medicine.

5.4.3 Summary

To summarize, the American colonial period saw the introduction of western science and medicine. Despite its many advantages, the traditional medical system continued to persist. Paradoxically, "westernization" and secularization may have actually contributed to the emergence of espiritismo and, eventually, faith healing. In Latin America, espiritismo developed in the late 19th century (cf. Koss 1980), imported from Europe to the already independent Latin American countries. Although there were also Filipinos in Europe during the 19th century, the Philippines was still a Spanish colony, controlled by a clergy that considered even medicine and the natural sciences as "impious studies" (Leroy 1912:20). The American occupation's encouragement of religious freedom facilitated the entry of espiritismo, from
which faith healers developed, using the language and symbolism of modern science and technology.

Western medicine itself, however, seemed to find slow acceptance among Filipinos. One reason was the impersonal nature of the system, but a more important reason was the maintenance of economic and social inequalities, preventing much of the population from truly benefiting from whatever advantages western medicine had to offer. Moreover, western medicine brought in a moncausals germ theory of disease, which provided an ideological screen that obscured social inequities by attributing ill health to the poor's own ignorance and resistance to change. A corollary development was the emergence of an elitist paradigm in public health, which depicted a small dominant class as a "modernizing" force that could bring about the changes needed in the health system. This paradigm has persisted to this day and in the next chapter, I will show what this has done for the health situation in the Philippines.

Without trying to reduce the burden of responsibility on post-independence social policy, I feel it is necessary to quote Owen (1971: 112) and his assessment of the American colonial period. It is an evaluation that underscores the need to recognize that the situation in Third World countries did not just "spring up" from the corruption and incompetence of governments in newly independent nations, or from peasant resistance to change:

[There is] an assertion that up to World War II the Philippine economy was doing well, that American policy had worked. But such a conclusion would be patently false. In 1941, the Philippine economy was troubled, social tensions were increasing, and even before the war there were serious questions as to how well the country could face the shock of independence. The documentation is extensive and damning, both for the 1930s and for the essentially unchanged conditions of the 1950s. Overdependence on a few exports, tenancy, indebtedness, low productivity, corruption and inefficiency, undercapitalization, miserable working conditions — all the symptoms of economic backwardness were present at the end of the American period as they had been at the beginning. Some of them had been mildly alleviated, others were much worse. Something had obviously gone wrong: the United States had fallen short of her noble principles and dreams. But the crucial defect was not so much in what she did, as in what she failed to do.
CHAPTER VI

A SOCIO-HISTORICAL SURVEY OF THE
FILIPINO TRADITIONAL MEDICAL SYSTEM:

5. POST-INDEPENDENCE PERIOD

6.1 Introduction

In the previous chapter, I reviewed some of the social processes that occurred during the pre-Hispanic, the Spanish and American colonial periods, as they relate to the development of the traditional medical system in the Philippines.

In several instances, I mentioned social changes under Spain and the United States, whose implications are still felt in contemporary Filipino society and culture. In a sense, I have tried to sketch the backdrop against which contemporary developments can be viewed.

In this chapter, I will focus on the relationships found in kinship, between sexes, among ethnic groups and among classes, to show how they determine the development of the traditional medical system. Since I am not discussing the contemporary situation, I can draw from empirical studies to explain more clearly the dimensions and processes involved in the interaction between social structures and the traditional medical system.

6.2 Kinship Relations

There is always the danger of over-generalization whenever one attempts to speak of the "Filipino family" (or, for that matter, an "American" or "Chinese" family). For the purposes of this paper, I will attempt to at least characterize a predominant pattern in Filipino kinship relations.

Generally, pagan, Muslim and Christian groups in the Philippines reckon descent bilaterally. Studies among various Filipino ethnic groups (cf. Dozier 1966, Eggan 1967, Yengoyan 1973, Drucker 1977) suggest that descent reckoning depends largely on economic and political factors since kinship systems are essentially "task groups" (Yengoyan 1973).
There are frequent references in the literature to the "extended Filipino family," an assertion that tends to be ambiguous. Castillo, Weisblat and Villareal (1968) have reviewed empirical data to show that the Filipino "modal household pattern" is, in fact, nuclear; in other words, the composition of residential units is usually one of parents and unmarried children. The same authors note, however, that the Filipino family can be said to be "extended" if we were to use a functional definition of that term:

The predominant Filipino pattern is that of [a] nuclear household but assistance is given back and forth to kin relations outside of the household. In other words, household separateness does not imply severance of relations with the extended family. . . . The extended family performs both instrumental and expressive functions such as economic productivity, security in old age, source of food, work assistance loans, gifts, channel or communication, support in the event of parents' or spouse's death, and finally it serves as an anchor for one's emotional ties with someone outside the nuclear family.

This functionally extended nature of the Filipino family is underscored by the fact that many *siquios* (sub-units of a *barrio* or village) are often composed of families related to each other (cf. Hollensteiner 1963). Moreover, studies reveal that in Filipino urban areas, there is a greater number of extended households than in rural areas (Carroll 1968:134-135, Castillo 1976:28). This is attributed to the lack of housing and difficult economic conditions faced by rural migrant families thrust into a job-scarce urban situation.

The important point to consider is that Filipinos do place great emphasis on kinship relations, for a variety of reason, mainly economic.

In terms of the development of traditional medicine, an obvious function of the family would be enculturation. The "traditionalism" of traditional medicine can be said to be a function of the inter-generational transmission of information. The role of familial transmission is particularly important when we consider that Filipino traditional medicine has not been codified or systematized through publications.

A survey I conducted at a Manila university among students from both rural and urban backgrounds showed that parents were the most
frequently cited sources of information on medicinal plants. Moreover, knowledge obtained from parents was bound to be applied more frequently than if it had come from friends, publications or even herbalists (Tan 1981).

My survey also showed that grandparents were the second most frequently cited source of information about medicinal plants and that correspondingly, such information was put to use almost as frequently as information obtained from parents. This pattern of knowledge transmission and usage, involving communication across two generations, is significant because it means that "traditional" knowledge tends to be preserved and transmitted over a greater span of time.

The family is also said to be the primary social unit for the enculturation of social norms and values. In the Philippines, beliefs in supernatural beings may be used as a method for social control. Misbehaving children are threatened with supernatural beings (Jocano 1969:39; Lynch 1949:420). The Nydeggers (1966:136,144) relate that in an Ilokano barrio, a woman actually puts on a painted wooden mask and walks around the village pretending to be one of the "not-humans," to help parents control their children.

The soundness of such methods is questionable, but there is no doubt that even when used as a way to teach proper social behavior, "residues" of these concepts of supernatural beings are left in the child’s mind. Guthrie and Jacobs (1966:172-173) found that many of the mothers they interviewed acknowledged that their fear of ghosts, spirits and the dark could be traced back to their childhood when they were "made afraid" of such entities. Guthrie and Jacobs suggest that these childhood beliefs may account for the eventual association, in adulthood, of "wrong" behavior with evil spirits and illness.

Another reason why the Filipino family is a channel for the transmission and preservation of traditional medical beliefs and practices is because it figures prominently in the care of the sick. The immediate family is consulted for an initial diagnosis and for decisions on whether to use home remedies or which health practitioner to be approached.
The care of the sick involves the entire family. I have mentioned that traditional healing rituals practically require family members to be present, not just for the purpose of psychological support but also because traditional theories of illness include the possibility that the illness may have been the result of moral or social transgressions on the part of family members.

The Filipino family retains its importance even where Western medical care is used. In urban hospitals, administrators must be ready to cope with family members who insist on staying with the patient on a 24-hour basis. Some hospital administrators recognize the value of such support, and I know of at least one rural hospital in Mindanao where administrators actually provide living quarters and kitchens on hospital grounds for family members who wish to stay close to a confined relative.

More often, however, treatment and care of the patient is a domiciliary patient. About 59% of the births recorded in 1975 were delivered at home (National Census and Statistics Office 1975:181-183), and this includes a fairly high percentage of urban births. There are no statistics on home care of actual illnesses, but it would be safe to assume that this would be a fairly high figure as well. A recent study (Tavera et al. 1987) showed that in one urban poor community, 10% of the families had a disabled family member being cared for at home. This included both the physically disabled and those with psychiatric disorders. Again, the poor state of institutionalized health care, plus the economic factor, forces many Filipino families to keep a disabled relative at home. The extended family system facilitates this arrangement since both children and older retired members of the family can stay home to help in caring for the disabled and the ill.

The Filipino family is therefore a vital factor in the formation of traditional medical systems. While preserving traditions through familial transmission, it is also a channel for empirical transformation of many beliefs and practices.

By way of ending this discussion of the Filipino family, I feel it is necessary to take issue with prevalent psychological theories
that seek to explain Filipino behavior solely in terms of a "Filipino personality." A common assumption is that the functionally extended Filipino family produces "a prolonged state of dependency conducive to arrested development of personal responsibility" (Shakman 1969:279). In addition, a strong age hierarchy operating in the Filipino family has been characterized as "authoritarian," further contributing to a problematic Filipino personality and therefore "explaining" elements of the traditional medical system:

Indigenous healers achieve a degree of success in their therapy of psychosomatic problems. This success is understandable in a culture marked by volatility of emotions, severe hindrances to the development of individual identity and responsibility, and frequent recourse to projection and somatization... The tendency to project blame and motivation, casually intertwined with a retarded development of personal responsibility, finds a ready target in the omnipresent disease-producing spirits. There is a symbiotic relationship between on one hand projection and somatization on the other hand the belief in malevolent supernatural personalities. (Shakman 1969:285)

I feel that such statements oversimplify things and dangerously exceed the limits of "excusable" ethnocentrism. When one speaks of dependency, we have a relationship implying dependents and the person or persons depended on. In an extended Filipino family, there is no doubt that there will be a large number of dependents, but Shakman fails to consider that responsibilities in an extended family are diffused. Unlike Western cultures, personal responsibilities have to be learned and assumed early in life by the Filipino child, whether in the form of household chores or even in the care of siblings. A common practice is for a family to support one child through school, with the expectation that this child will find work afterwards and support his or her siblings' education. Rather than a retardation of personal responsibilities, I would expect that there is an early acquisition of this sense of responsibility, not just in a personal sense but in a more expanded scope that goes beyond the individualism that seems to be equated with a "modern" mind.

It is interesting how the "prolonged dependency relationships" have been used to characterize two opposing views of the "Filipino personality." On one hand, we have Shakman's picture of a repressed
and emotionally volatile Filipino. On the other hand, the "prolonged dependency" has been cited as a factor in the Filipino’s alleged emphasis on smooth interpersonal relationships and conflict avoidance (Lynch 1974), resulting in a "docile and amiable Filipino" adapted to authoritarian structures (Quintos 1979:62).

There is a need to examine the total social context in which kinship and child-rearing practices are situated in. Even Guthrie and Jacobs (1966:7) have found it necessary to modify their views on the importance of childhood-rearing and kinship as a primary institution:

It is our contention that, given a certain pattern of childhood experiences, there are a large number of possible adult belief systems that individuals may hold. The explanation adopted will be influenced more by the prevailing opinion of significant others at the time the belief is acquired than by any other factor. The resistance of these views to change is probably a function of the fact that they are learned at an early age and/or are consensually validated by the group, rather than evidence of their being an expression of unconscious forces acquired in early childhood.

It is precisely the "significant others" which I hope to identify in the rest of this chapter. While recognizing that the family is an important factor in the formation of traditional medical beliefs and practices, the family is itself part of a larger society. Thus, if we were to attempt a cogent analysis of "prolonged dependency relationships," we may even have to address the question of why there are such prolonged relationships (read "unemployment" and "underemployment").

6.3 The Relationship Between Sexes

Although the Filipino woman faces fewer restraints than other Asian women, there is still a certain rigidity in the role expectations she has live up to. This applies particularly to Christian and Muslim women, both religions tending to project the woman as inferior to men. The very visible participation of women in Philippine government, and in technical and professional occupations has been primarily a middle- and upper-class development. Castillo (1976:248) has, in fact, suggested that this mobility of upper- and middle-class women
would not have been possible were it not for the fact that the Philippines still has a large pool of lower-class women to hire as domestic servants, which would allow their employers to pursue professional careers. For the most part, the Spanish machismo retains a strong hold and rural women in the Philippines are often doubly burdened by conformity to the "barefoot, meek and pregnant" image, while assuming their heavy share of participation in economic subsistence activities.

Stereotyped gender role expectations may be said to be established even before birth. For instance, one popular lowland belief is that a pregnant woman becomes "uglier" if the child she is carrying is male, and becomes more "beautiful and happy" if the child is female (Concepcion 1976:8). The belief clearly reflects social standards that consider physical attractiveness to be more important an attribute for females.

Correspondingly, another lowland belief is that a feeling of "heaviness" in the pregnant woman indicates that the child will be male. Moreover, if the pregnant woman walks by taking the first step on her left foot, the child will be female, while a first step taken on the right means she will have a son. The belief, which seems to originate from Spain (cf. Foster 1960:115) is explained by the concept of the "right foot withstanding heavy weight, while the left is only a support to the right" (Concepcion 1976:42).

Child-rearing is generally viewed as a woman's activity. It is not surprising then that the care of the sick is traditionally viewed as a woman's activity and that female shamans seem to outnumber male shamans. I have also mentioned that traditional midwives are almost always women and that midwifery skills may be passed on from a mother to her daughter. Hart (1975:5-6) observes that 85% of folk medical specialists in his field area (Lalawigan, Samar) were women, and he attributes this to the traditional role of women in the care of children, to their familiarity with both formal and folk Catholicism and to the transmission of oral traditions from mother to daughter. Interestingly enough, Castillo (1977:517) notes that there is a marked trend in the Philippines towards women outnumbering men in the medical
profession although during the American occupation and the early post-independence period, the profession was considered to be inappropriate for women.

Returning to the role of women in the transmission of traditional knowledge, it should not be surprising to find out that in the earlier cited survey I mentioned on medicinal plant usage, respondents specified "mothers," "grandmothers" and "aunts" more frequently than male family members as their primary sources of information on medicinal plants (Tan 1981).

Lieban (1979) has written on the importance of sex differences in terms of social perceptions of illness itself. For instance, he notes the double standards of sexuality operating among Christian Filipino groups, where the woman is expected to be modest and chaste while the man is pushed on by machismo values to constantly prove his manhood through sexual conquests before and during marriage. Lieban notes that this double standard creates considerable stress and tension, particularly for the married Filipino woman. Not surprisingly, the largest number of clients consulting sorcerers were women who had problems in courtship and marriage. Such women consulted sorcerers not only for advice but also for ways to punish their unfaithful partner.

Lieban also discussed the concept of "susceptibility," which I have referred to earlier. A woman who has given birth to a child is said to acquire a lifelong susceptibility to illness (pughat). In a more general context, the woman is perceived to be physiologically different and is constantly prone to illnesses. Thus, there is a whole array of rituals for women, intended both as preventive and therapeutic measures.

The concept of sex-specific illnesses extends through many Filipino groups. Among the Ifugao, there are even specific rites called the halag, intended for children's illnesses and cases of hysteria and insanity in women. Barton (1946:166-168) even calls the halag a "specific religion" because participation in such rites is limited to the women. Among Christian groups, sexually transmitted diseases are often referred to as sakit ng babae or "women's diseases," a term which some Filipino women resent, pointing out that the more promiscuous
Among Filipino Muslim groups, ethnicity is again defined in terms of kinship, but Islam has become a "symbolic focus of the dominant cultural tradition"; thus, descent reckoning emphasizes ancestral origins which can be traced back to pioneer Muslim missionaries who introduced the religion in the area (cf. Bentley 1981). Again, there may be a growing "Moro" identity in the face of a secessionist rebellion against the Manila government.

Among Christian groups, being "Christian" has been the source of primary identity. But regionalism remains strong and, as I have mentioned earlier, a hierarchy exists with Tagalogs tending to feel superior over other Christian groups.

My concern here is to identify the "boundary maintenance" mechanisms used by the different ethnic groups to define themselves internally and in relation to other ethnic groups. The emphasis will be on the use of traditional medical beliefs and practices as part of these mechanisms. When I discussed the Filipino concept of sakop (group), I mentioned that this concept includes notions of inclusion and exclusion.

Inclusion mechanisms often take on the form of communal rituals. Belief in the efficacy of these rituals becomes incidental; participation becomes more important, as an ethnic marker. Yengoyan (1966) has shown, for instance, that the Mandaya will "act Visayan" in dealing with non-Mandaya but reverts to native practices, even if he has been baptized as a Christian. In terms of traditional medicine, participation in curing rituals reaffirms one's "faith" in the strength of the social group (including both the living and the dead) as a source of health.

On the other hand, exclusion mechanisms equate illness with the outsider, the ones "different from us." As Kiefer (1968:233) puts it, "sin is often merely a name for what a man's enemies are doing, and most people feel that, after all, God is on their side." In the Philippine context, the labels "sorcerers" and "witches" are probably more accurate labels for drawing distinctions. Sorcerers "within" the group, using his skill for the community's welfare, are accepted; but sorcerers from the "outside" are deemed dangerous. "Witches" can be
members of the same community, but who act differently; however, with
contemporary developments, it is interesting to see how the aswang
("witch") label is now used differently.

Galvez-Tan (1978) notes that among Christian Filipinos, there is
the notion that the people of Samar have more than an average share
of sorcerers and poisoners (hilo-an). Galvez-Tan does not mention
that this stereotype extends for the Bikolanos and the people of
Samar-Leyte (Waray) in general. Significantly, Lynch (1949:412) says
that in the Bikol region, the town of Iriga is considered as a special
center for the aswang. In turn, the people in Iriga fix the aswang
habitats as outlying barrios on the slopes of Mt. Iriga, where there
are settlements of the Negrito Agta.

We see then a clear example of a "gradient," where dominant groups
attribute sorcery and witchcraft to the dominated groups. Samar and
Leyte, as well as the Bikol region, are the more underdeveloped Christ-
ian areas. Thus, the "advanced" Tagalog attributes sorcery to these
underdeveloped areas, while their poorer Christian brothers in turn
have the pagan Negritos as their prime suspects.

It is interesting to see how this gradient works in reverse. I
have mentioned beliefs in the engkantado, which Christian Filipinos
tend to conceptualize as a Caucasian with whom contact can lead to
illness and even death. A similar Filipino Christian belief cited by
Arens (1956:452) is the phantasma, described as "big and tall madres
[nuns] and padres [priests] with white clothing, appearing at the
beginning of darkness and on midnights with a bright moon." A person
will not be harmed if he moves aside upon seeing such creatures.

If there is "fear" of the white man, there is also the desire to
be like "them." Four centuries of colonial rule inevitably produced
what has been called a "colonial mentality."
Conditioned to believe
that anything from the West has to be superior, this mentality is re-
lected in Filipino consumer patterns, such as a preference for
"stateside" goods over locally produced ones. We find this mentality
reflected in a traditional medical practice wherein pregnant women
will watch American movies, or concentrate on pictures of American
actors or actresses, hoping that some of the Caucasian physical attributes (e.g., fair pigmentation, a sharp nose) will be transferred to the child. Hart (1965:30) writes that some pregnant women would actually go to Dumaguete city (with a Protestant university and a number of American residents) "to nudge an American so the child would be fair."

Supernatural and magical beliefs are not the only ones invoked to express inter-ethnic relationships. In some cases, an ethnic group may create a "disease" to label another ethnic group. An example is the juramentado phenomenon. The term juramentado is used to refer to someone who goes into a wild rage. The term was first used by the Spaniards against Muslim Filipinos. Majul (1973:293-301,353-360) says that the juramentado emerged at the height of the Moro Wars, punitive expeditions launched by the Spaniards in the 1870s in an attempt to subjugate the Muslims in Mindanao. Around 1876, and extending for years onwards, Muslim men and women would "suddenly" rush into crowds and kill as many Christians as they could, before finally being killed themselves. Majul explains that this is actually sabił ullah, an Islamic institution that could be described as a personalized jihad (holy war). The sabił ullah in the 19th century had the express approval of his or her community and religious leaders. Ritual preparations were involved, including shaving of the hair, burning of incense, bathing and prayers. While carrying out his task, the sabił ullah shouts "Bismallah" ("In the name of Allah") after striking the first victim, and "Simay Islam" ("Muslims, keep clear.") to warn his co-religionists (Ewing 1955:149). The dead sabił ullah is given a ceremonious burial and is considered a martyr.

Such "institutionalized suicide" (Ewing 1955) has declined markedly, but the word juramentado continues to be used by Christian Filipinos as a pejorative term of reference to Muslims, with connotations that the latter are unreliable and treacherous. Donaldson and Day (1976), in fact, described a Christian Filipino faith healer who was obsessed with a fear of aneurysms, which she believed to be a congenital affliction related to "bad Muslim blood" received from her mother. Ironically, while Christian Filipinos depict the Muslims as being
"predisposed" to violent outbursts, many are probably unaware that there are still westerners who believe that Filipinos and other "Malays" in general are predisposed to running amuck because of their "repressed personalities."²

Moving to another topic, we should examine the inter-ethnic exchange of medical practices and beliefs. Naturally, one would expect that there would generally be a tendency to adopt "prestige practices" associated with a dominant group. This has been well documented for the colonial period, where Filipinos incorporated certain elements of Spanish and American medical practice into the local system. In terms of domestic inter-ethnic relationships, Vanoverbergh (1938:152) observed that the Negritos had few superstitious beliefs and that the superstitions he did encounter could be traced "to the Malays, and the Negritos themselves more than once confessed to me they heard about them from their Malay neighbors so that they imitated what they saw them doing." (Vanoverbergh refers to Filipinos of non-Negrito racial stock when he uses the term "Malay.")

Similarly, Barton (1946:20) says that dry-rice cultivators in Ifugao used to get priests from wet-rice regions to perform certain rites, the wet-rice areas being considered as having higher prestige. Among the Kalinga of Posway, Dozier (1966:180) says that there is even a specific term, mallawos, for "non-Kalinga medical practitioners who are not mediums or modern medical doctors."

A "reverse prestige gradient" may also be operational, wherein a dominant group may adopt practices from a dominated group. Lowland Christians may purchase medicinal plants, as well as seek advice on the usage of these plants, from pagan groups. Maceda (1964:50) mentions that some Mamanua (Mindanao) and Aeta (Visayan) Negritos make a living by gathering and selling medicinal plants to the Christians. Similar relationships exist between pagan and Christian groups in northern Luzon.

Eggan (1956:338) cites another example of the reverse prestige gradient, involving the Tingguians and the "Igorots" (a collective name for pagan tribal groups in the Cordillera mountains). The Tingguians, with closer contacts to coastal Christianized groups, tend to
regard the Igorots as "wild head hunters." Yet, Eggan found that Tingguian mediums were beginning to incorporate elements from Igorot rituals. Eggan notes that "the Igorots have a reputation for superior abilities in the field of magic power and poisoning, a situation which often accompanies the reverse prestige gradient." We therefore see a curious convergence of various ethnic stereotyping processes. A group is perceived as "primitive" and therefore possessing special abilities in "magic." They are therefore "dangerous"; yet, there is also a desire to acquire these "dangerous" people's abilities and knowledge. The result is that a symbiotic relationship may even be built. Garvan (1929:120) noted that the Manobo (an "advanced" tribe) often consulted the Mamanua Negrito and the Mangguangan on magical practices. Many years after Garvan, Maceda (1964:78-79) writes that the Mamanua Negrito would call a Manobo baijan (shaman) in cases of difficult childbirth.

Quite clearly then, while ethnic boundaries may be sharply drawn, we see that various factors inter-act to facilitate the inter-ethnic diffusion and exchange of traditional medical practices and beliefs, often for pragmatic reasons. In some cases, a newcomer into a village may, in fact, become accepted as part of the community because of his special skills in healing. Flores-Meiser (1978) describes one such individual in a barrio of Sulu, a newcomer initially regarded as a "character" who could be "ridiculed without recrimination." Yet, in time, the newcomer proved himself to be a jack-of-all-trades, doing smithing, repair work, construction and health work:

He is an expert in first aid treatment and dispensing of medicines. Routinely he gives injections to soliciting patients, and may even undertake some diagnosis of their ailments. Sajid claims little knowledge of traditional curing, and in fact, has never been recognized in the community in this role. But his reputation for "modern curing" is gaining support not only among the people in the barrio, but also in the entire island. Even the professional midwife has indicated the same on various occasions by having sent patients to him or borrowing his medical supplies. (ibid:13)

It is possible, as Flores-Meiser points out, that greater national integration has resulted in a displacement of "traditional cultural brokers" in favor of newer ones such as politicians, businessmen, civil
servants, or individuals like Sajid, who eventually was elected a barrio official. Criteria other than ethnicity therefore takes greater importance as national integration proceeds.

For instance, Lieban's work with traditional medical practitioners in Cebu city leads him to comment that if the city "is a regional center for modernizing influences in the Philippines...it is also a folk medical center as well" (Lieban 1966:172). Undoubtedly, the urban traditional healer can draw on a certain amount of "symbolic capital" which Swartz (1978:243) has called the "Nazarene effect," referring to the fact that Jesus was not received in his own home town of Nazareth and that "the foreign (not immediately local) native curer is more effective than the local curer, especially if one must travel far and pay much to be treated."

Thus, we can expect a growing eclecticism among traditional practitioners who hope to maintain a functional niche in a pluralistic society. Landy (1974) has examined this role adaptation among traditional practitioners in modernizing societies. We have seen excellent examples of this role adaptation in the Filipino faith healer and his methods.

Ultimately, however, the traditional practitioner that hopes to survive must be able to be sensitive to his patients' ethnic frame of reference. Snyder (1981) has demonstrated this clearly in her study of traditional healers in the ethnically diverse city of Honolulu. She found that healers and clients were often of different ethnic backgrounds and that the healers' practices were eclectic enough to accommodate the clients. For instance, a Buddhist healer who typically recommends clients to make offerings to ancestors told Filipino clients to offer wine to Christ (Snyder 1981:131). A similar pattern has emerged in the Philippines, particularly in urban areas where the populations are ethnically heterogeneous. A prime example is the "Santo Sing Ecumenical Church" in Manila, established by a Chinese who claims to be guided by a creature from another planet and who stocks his temple with Buddhist, Taoist and Christian images. The church has grown rapidly, drawing in Filipino and Chinese clients, many of whom come in for advice in health matters.
6.5 Class Relations and the State

I traced the development of the present Filipino class structure in the previous chapter, emphasizing that there has been continuity in an elite from the Spanish colonial period to the present. Here, I will review the more elementary features of this structure as it exists today.

The foremost feature of Filipino class structure is the rather skewed distribution of wealth. The latest available figures on household income are for 1971, and the figures indicate that the top 5% of the population had 24.8% of the total "pie," while the lowest 20% shared 3.7% of the total (National Census and Statistics Office 1975: 410-411). If the upper 5% were to be broken down further, we would get a very tiny minority controlling much of the country's wealth.

Wurfel (1979:235) cites an unpublished study by Carl Lande which identifies 81 families that form the economic elite.

A second feature of the class structure is that there is a broad overlapping of the "economic" and "political" elite, either through the holding of government positions or through large, organized lobby groups. In contrast, organizing activities for labor and the peasantry, who form about 70% of the population, are subject to stringent limits by current laws.

Finally, the Filipino elite (excluding foreign businessmen) is mostly Christian, of Malay or mestizo stock, and urban-based, even if their land holdings are in rural areas.

I bring these points out to underscore the distinction that should be made between the state and the nation. Varese (1982:29) has written about the danger of assuming that a state is the nation, or that the state represents a collective rhetorical will. As a political institution, the Filipino state is controlled by an economic elite which forms a small segment of the population.

I will now examine how this power structure is reflected in the medical systems, both traditional and "modern." In the Philippines, western medicine has become the dominant system, not because it is utilized by the majority of the population but because it is the
system of the dominant classes. Corresponding to the social devaluation of the traditional medical system, the traditional health practitioner also occupies low social status, except for practitioners such as faith healers who draw their clientele from the economic and political elite.

As with traditional healers in simpler societies, the State must symbolically and literally assume the role of healer, as one of the methods of legitimizing its power. Thus, we see the high media exposure given to government officials and elite business and civic organizations as they inaugurate health and nutrition projects, or as they launch "charity clinics" for the poor.

At the same time, the poor are depicted as "dirty and diseased," recipients of aid from the "clean and healthy" rich. This aspect has not been touched by Filipino social scientists, but I cannot help but recall the difficulties our health programs have had in trying to convince private (i.e., elite) schools to get their students to work with economically depressed communities, the objections coming mainly from parents who did not want their children to "come home with diseases from the poor."

In the United States, some attention has been given to the class variables that enter into disease labeling, particularly in psychiatry. Horowitz (1962) has reviewed studies on this phenomenon and concludes that members of higher social classes are likely to be "self-labelled by someone of a similar class status, while members of lower social classes are likely to be labeling by someone from a higher social class. I have already mentioned the juramentado as an example of inter-ethnic disease labeling as well as the attribution of ag-wang along a gradient from urban Christians to rural Christians to pagan tribal groups. Deeper analysis will show that this inter-ethnic labeling actually follows a class gradient.

While this labeling can be interpreted as a way of drawing class boundaries and social distance, I would also emphasize that the labels are themselves weighed down with connotations that serve to reinforce a vertical patron-client relationship. Coller (1961:53-54) has studied this relationship in a Philippine setting, where the physician is
a "donor-sponsor-benefactor," while the patient is an "acceptor-
recipient." Celler emphasizes that while this relationship may mean
"increased interaction," it does not necessarily involve a shift in
health ideas and practices.

Again, the physician-patient relationship must be examined in the
context of class. Illich's (1975) critique of modern medicine concen-
trates on "medical iatrogenesis," where the medical bureaucracy is
accused of actually contributing to disease (iatrogenesis) because of
its mechanistic approach and its manipulation of resources to create
dependency and consumption among the non-medical population.

Navarro (1976) has criticized Illich's thesis, suggesting that
the medical profession's influence is secondary to a higher hierarch-
ical level of dominance, this higher level being class. Philippine da-
ta are still too meager for any final conclusions, but Araullo (1982)
has pointed out that a Filipino medical student spends from $80,000
to $100,000 for his medical studies. She also cites a 1980 survey
showing that 90% of medical students came from families belonging to
the upper-income bracket. The point I am trying to make here is that
the physician-patient relationship will often be "tinted" by class
considerations, considering that the physician often comes from the
upper class. While empirical studies for the Philippines are non-
existent, Kleinman (1978:364) has shown in Taiwan, patients who are
upper- or middle-class, or who are professors or students, will get ex-
planations from the physician while laborers and semi-literate or ill-
literate housewives get no explanation at all. Moreover, Kleinman ob-
serves that "patients often realize they are not supposed to ask ques-
tions."

It is at least consoling to know that some Filipino physicians
are themselves aware of the causes of this situation. An in-depth
study by Bonifacio (1979) of urban and rural physicians in southern
Tagalog provinces showed that the physicians felt it was the medical
educational system that had brought about this situation. Rural phy-
sicians considered medical education to be oriented towards speciali-
zation while urban physicians considered it urban- and technique-
oriented, rather than people-oriented. Moreover, rural physicians
felt that further advanced training abroad was not necessary because this would only alienate them further from the poor.

Despite the above perceptions from some physicians, it would seem that an urban-oriented western medical education is still seen as appropriate if the physician is able to enter into lucrative practice. The same situation holds for nurses; a survey showed that one of the main reasons Filipino nurses emigrate to the United States was their preference for "the modern equipment, the 'disposables,' and the advanced medical techniques they found in American hospitals" (Joyce and Hunt 1982:1225).

Quite clearly, there are inherent contradictions in the situation. On one hand, the rich are depicted as sources of health care (a mocking reversal of "health is wealth" into "wealth is health"). Besides the media coverage of mercy missions and charities, advertisements carry this message constantly: the healthy, stout baby being fed with bottled formula in his own room (when the majority of Filipino families live in one-room shacks), the need to take vitamins as shown by the young executive jogging down the park and, most important of all, the physician with spectacles and white coat, endorsing a variety of "health products" from Dial deodorant soaps to Dr. Scholl's sandals.

On the other side of the coin, these "health products" are clearly beyond the reach of the Filipino peasant or laborer. More important, however, is the fact that the allocation of resources for health care has been extremely uneven. To cite a few figures, 46% of the country's hospital beds are found in Manila, which holds 13% of the national population (Montilla 1980:1). Rural health units serve only 21% of the total rural land area; and for those existing, "many lack electricity and a potable water supply, and more than 90 percent had inadequate clinical equipment" (International Bank for Reconstruction and Development 1976:281).

In terms of the distribution of health professionals, a study in 1978 showed that 800 Filipino municipalities did not have a municipal health officer (Montilla 1980). An earlier study showed that in 1970, 53.3% of Filipino physicians were urban based and 46.7% were in
rural areas. Moreover, a study commissioned by the World Health Organization (Mejia et al. 1980) showed that the Philippines was the world's second largest exporter of physicians (after India). In 1970, the United States had 7000 physicians who had graduated from the Philippines, a third of whom were holding immigrant status.

In the case of nurses, a fact sheet from the Philippine Nurses Association (1980) cites 1978 figures from the Ministry of Health showing that 30,000 Filipino nurses are now working abroad. The same fact sheet cites Ministry of Labor figures for the same year, indicating that there were 34,000 nurses who had remained in the Philippines, of whom 15,000 were unemployed.

The number of unemployed nurses is particularly ironic considering the shortage of nurses in rural areas; but few nurses are willing to work in rural areas because of low wages and poor working conditions, a fact that is not surprising when one considers that the health ministry's share of the national budget decreased from 4.5% in 1970 to 3.4% in 1973 and 2.6% in 1975 (International Bank for Reconstruction and Development 1976:283).

These contradictions have several implications. The prestige-laden image of western medicine clearly appeals to both real and manipulated needs; and to meet these needs, the poor must often go into debt, borrowing from the rich. Like the status-validating feasts in simpler societies which compel the poor to go into debt, the medical system compels the poor to see the doctor (and in many instances, this is from a real need) or to buy that can of bottled baby formula (clearly a manipulated need).² I suspect that the problem is not so much a "resistance" to "western medicine" as the lack of access to the resources of western medicine. For instance, a study by Guthrie (1968) showed that Filipino mothers have accurate information on infant nutrition but are prevented by economic reasons from buying the necessary foods. Likewise, in the agency I work with, we have been subsidizing the cost of anti-tuberculosis drugs, which require six months of daily medication. Previously, professionals claimed that the poor were too "ignorant" to stay on such intensive treatment. Our
studies showed that once the economic factor had been resolved, the default rate dropped drastically. Another interesting finding from the study was that only 1.8% of the defaulters discontinued treatment because of "beliefs in evil spirits." The greatest problem came from those who "felt cured" after a few weeks of medication (AKAP 1981).

A more important implication of the facts I have presented in this chapter is that they give us the background information for clarifying the ambivalent policy the State holds towards traditional medicine. Until recently, traditional medicine was tolerated but not encouraged. The lack of encouragement came simply from a colonial "hang-over" which saw western medicine as the only medical system that would work.

The reasons for tolerance are more complex. First of all, the traditional medical system has not posed any direct threat to medical professionals. Unlike other Asian countries, traditional practitioners in the Philippines are not organized; nor are there special training institutions for such practitioners. Stauffer (1966:43-44) notes that the Philippine Medical Association has only attempted to regulate traditional practitioners in urban areas, where the physicians' own practice may have been threatened.

Another reason for state tolerance may be the difficulty in attempting to control the large number of traditional practitioners. A 1957 survey by the Pangasinan Medical Society showed that there were 692 traditional healers in the province, as against 277 physicians (Stauffer 1966:11). Considering that Pangasinan is only one of more than 70 Philippine provinces, the total number of traditional practitioners in the country must be quite high.

Finally, state tolerance may have served the purpose of obscuring the country's poor health care system. The traditional medical system filled a gap that the government itself could not bridge. However, inferior traditional medicine was perceived to be, it at least offered some health services for the poor.

In the past five years, the Philippine government has slowly begun to endorse moves towards a recognition of the traditional medical system. This endorsement has taken on various forms, such as the
increased support for research on medicinal plants, the production of
two books on simple herbal remedies (National Institute of Science and
Technology 1978, 1980), and the inclusion of "acupressure" and medi-
cinal plant usage in the curriculum of elementary schools.

It should be recognized that such moves came after the World
Health Organization started to urge national governments to promote
traditional medical systems as part of the campaign to achieve "Health
Care for All by the Year 2000"; moreover, non-governmental groups had
been lobbying for recognition of the traditional medical system early
in the 1970s. The lobbying had come partly in recognition of the po-
tential value of tapping the traditional system, but was also spurred
by a growing tide of nationalism among students and professionals who
were beginning to question the appropriateness of an elite-based
western medical system.

6.6 Summary

In this chapter, I identified and discussed contemporary social
processes as they relate to the formation of the Filipino traditional
medical system. I emphasized the historical continuum that exists for
these social processes, showing that contemporary developments are
often rooted in the past. I showed that the relationships within
social structures such as the family, ethnic group and class are
reflected in the traditional medical system, particularly in terms of
"illness labeling." Finally, I showed that these structures are them-
selves part of the traditional medical system in the sense that they
are channels for the formative processes of the medical system, con-
tributing to either the transformation or persistence of particular
beliefs and practices.

In the next chapter, I will synthesize the findings in these the-
sis, focusing specifically on the interactions of these social forces
as they enter into the formation of the traditional medical system in
the Philippines.
CHAPTER VII
SYNTHESIS AND CONCLUSIONS

7.1 Review of the Present Findings

The first part of this thesis was devoted to a general characterization of the traditional medical system in the Philippines, first in terms of theories of illness causation and then in terms of health practitioners and the methods used in maintaining health and in curing illnesses.

I emphasized the structure that was to be found in this traditional medical system, showing for instance that the theories of illness causation inter-digitate and that there in fact two core concepts — contagion and stress — around which the other theories could be built. I showed that these theories of illness causation also embodied a system of labels and attributes which serve to describe not only health and illness but also a range of environmental and social phenomena.

Correspondingly, I showed that the statuses and roles of health practitioners, as well as the content of their practices (e.g., rituals) are rooted in social structures. To elaborate, the differences in statuses and roles of the practitioners among different ethnic groups can be correlated to differences in social organization. On the other hand, I showed that the rituals associated with health maintenance and healing are often used to reaffirm social relationships, as well to identify and repair disruptions in such relationships.

After giving a structural description of the traditional medical system, I went on to demonstrate the relationship between a Filipino worldview and traditional medicine. I characterized the Filipino worldview as being wholistic and personalistic, viewing the individual as existing in "functional unity" with his social milieu, his environment and the supernatural. This worldview structures the way health and illness are conceptualized. Thus, since the worldview emphasizes harmony and equilibrium, health is correspondingly conceptualized as the result of an equilibrium in man's myriad relationships with
society and the environment. This complex concept of harmony also results in a multi-causal view of health and illness.

I also emphasized that traditional medicine exists in a reciprocal relationship with worldview. Traditional medicine is not only restructured by the worldview, but it also provides metaphors by which the worldview can be conceptualized. I showed how "health" and "illness" may be used to express social norms and values found in the worldview.

My discussion of the relationship between worldview and traditional medicine underscored the fact that traditional medicine is part of a socially determined cognitive system. To explain this process of social determination, I presented a socio-historical survey to trace the development of the traditional medical system as it relates to social structures and processes. It would have been simple enough to say that the Filipino traditional medical system emerges in correspondence to the development of a Filipino nation state; but the historical facts show that the process is much more complex. Social structures are themselves constantly evolving in relation to each other and this dynamism is itself a factor that affects the formative processes in medical systems (both traditional and western). In the following synthesis, I will describe this dynamism and demonstrate its vital role in determining the continuity of the traditional medical system.

7.2 Innovation and the Social Matrix

To start the synthesis, it would be useful to refer to a dissection of the "anatomy of innovation" proposed by Renfrew (1978). Renfrew's work draws from many previous theories but he offers significant insights into the process of innovation. Renfrew differentiates invention from innovation, invention being "the discovery or achievement by an individual of a new process or form, whether deliberately or by chance" while innovation is the "widespread adoption of a new process or form" (Renfrew 1978:90).

Renfrew's differentiation of invention and innovation is valuable because it identifies two important aspects of the whole process of
Innovation: production (invention) and distribution (innovation). Both processes are clearly functions of a social matrix. Renfrew has, in fact, presented a schematic diagram of the process, which I have modified by adding additional vectors (represented by dotted lines) moving from the social matrix to invention:

FIG. 2 THE RELATIONSHIP BETWEEN INVENTION AND INNOVATION
[Adapted from Renfrew (1978)]

My modification of Renfrew's diagram is intended to underscore the importance of the social matrix — not merely as a filter for the acceptance or rejection of new inventions, but also as a factor that affects the invention process itself. I will be elaborating on this point later in the chapter.

Renfrew's social matrix should be clarified further. In his analysis of underdevelopment in Latin America, Aguirre Beltran (1979:11) proposes an examination of:

factors favoring change, which originate in innovations generated within the group itself through invention and discovery, or outside the group, through cultural borrowing; and forces opposing change, which arise from resistance within the group itself, resulting from cultural conditioning, or outside the group as a consequence of outside control, authority, subjection and domination.

Aguirre Beltran provides a cogent framework for analysis because in essence, his "factors" refer to the action taken by social groups. Renfrew's "social matrix" therefore becomes an arena in which these groups interact, either as a force promoting or opposing change.
will therefore use this framework for discussing the formation of the Filipino traditional medical system. As I mentioned in the introductory chapter, what needs to be explained is cultural and social continuity, which is composed of both persistence and transformation. This corresponds to the factors that oppose and promote change; but I would emphasize that these "factors" are people or social actors. As this is a macro study, my discussion will center on social groups rather than individuals, but I am in no way discounting the role of individual decisions in the processes of socio-cultural change. These individual decisions are important but I feel they are not made without some reference to the social matrix itself.

7.2.1 Factors Promoting Change

Renfrew (1978:94) proposes that any functional invention or innovation "will ultimately occur again, and recurrently, irrespective of time, space or ethnic group, given the appropriate conditions" and that innovation, as acceptance or adoption of the invention, "depends in a complicated way upon individual choices governed by social and other factors."

Renfrew's points are well made, allowing for both indigenous and imported sources of inventions. As we have seen in the case of the Philippines, new forms and processes cannot be explained solely in terms of imported ideas and acculturative processes. Changes are constantly taking place at all levels of society from the domestic level of kinship to the level of the nation-state. Furthermore, the ultimate acceptance of an invention is still a function of local conditions, particularly the social matrix.

To elaborate, many "new" inventions are, as Renfrew (1978:102) has observed, "little more than new ways of doing old things." Thus, accounts of childbirth practices in southern Tagalog villages (Concepcion 1976) show a number of innovations such as the substitution of castor oil preparations for the leaves of bitter gourd (ampaingay) to purge the newborn of meconium. Also widespread is the administration of tiki-tiki (commercial preparations of the vitamin B complex) as
part of the rituals for the newborn. More amusing is the account about one woman using "Lipton tea bags" as a substitute for the traditional herbal mixtures in her post-puerperal bath.

Throughout this thesis, I have referred to other examples of eclecticism in the Filipino traditional medical system. This eclecticism can be partly explained by pragmatism. For instance, Moss (1920:317-318) noted that the Ibinaloi basil ritual, used to cure illnesses due to illicit sexual intercourse, formerly required the sacrifice of a horse; but with the increase in the incidence of such illnesses, the Ibinaloi started sacrificing dogs instead.

In other cases, empiricism plays an equally important role in the innovation process. If something works, it must be good. It is also clear, however, that innovations occur more frequently in terms of modifications of old, socially accepted practices. These practices are, in turn, based on persistent principles or theories. Thus, the stress is on purging the newborn child, not what you use to purge him with; and taking the ritual bath, not what you use in the bath. As Erasmus (1952:418) points out, "therapeutic practices may be adopted readily on a pragmatic basis without fundamental alteration of folk etiology."

The process may be more complex with mental constructs; but again, I have already shown that new ideas can be accepted and that this process is often one of accretion. For instance, the hot/cold syndrome may have been easily accepted because it did not contradict pre-existing theories and may have actually extended earlier mental constructs and attributes used to describe social phenomena.

Naturally, cultural changes do not occur solely through syncretism. "Scientific revolutions" do occur and as Kuhn (1970) explains it, new paradigms emerge when practitioners of science encounter "anomalies," the inability to solve a growing number of problems. It may be questionable to draw a parallel between traditional medicine and science, and between traditional health practitioners and scientists; but when one examines the thousands of plant remedies and the numerous varieties of therapeutic practices existing in the Philippines, it would be difficult to dismiss this huge body of knowledge and skills
as having been developed merely as a result of syncretism or adaptations of old methods. At the same time, if there is a dearth of "scientific revolutions" in underdeveloped countries like the Philippines, it can be said to be only a reflection of the fact that forces "opposing change" do outweigh those that "promote change."

Specifically, I am referring to the economic, social and political changes that have to be brought about before scientific and cultural revolutions can be launched. The emergence of science in the West clearly shows that both the production of new forms and ideas, as well as the distribution of this new knowledge, are functions of the social matrix. Using the jargon of developmentalist studies, a "congenial policy environment" is necessary for invention and innovation.

We have seen that under the Spanish colonial period, the policy environment was hardly one in which science could have advanced, with religion being used as a form of social control and science being condemned as "impious" studies. As we have seen, something as "radical" as espiritismo could not emerge until there was a more favorable and secular environment under the American colonial period.

Erasmus (1952:428) also points out that a certain level of economic development has to be achieved before a society can afford to support an "esoteric" population component of scientists, who can devote all their time to "checking our casual empiricism, expanding our frequency interpretations." This did not occur in the Philippines until during the American period. Even with the emergence of this esoteric component of scientists (including, in the context of this paper, health professionals), the effectiveness of this component is still a function of an overall state policy on research and development. Again borrowing from developmentalist studies, it is the "political will" that is crucial. To cite just one example, state support for the retraining of traditional midwives in the Philippines was an important factor in the reduction of infant and maternal mortality rates. The adoption of aseptic methods in midwifery can be said to be a radical departure from traditional methods; yet, the change did occur rapidly because of an official social policy.
There is, however, the danger of assuming that "modernization" and all changes are favorable. In an era of mass telecommunications, the diffusion of new ideas and values can be very rapid and effective, but the value of such changes depends on the kind of knowledge that is being diffused. A case in point is the indiscriminate promotion of bottle feeding, which has become an issue for growing concern, not just in the Philippines but throughout the Third World. Infant formula producers have been accused of using advertisements that equate bottle-feeding with "modernity" and "health." A Filipino pediatrician addresses the problem:

First of all, we all know that infant formula, to be used safely, calls for access to a pure water supply, means of sterilization and refrigeration; for literacy to be able to read and understand exacting instructions; and for sufficient income to buy adequate amounts of the product. For many people in the developing world, however, the hygienic conditions necessary for proper use just do not exist. Their water is unclean, the bottles are dirty, the formula is diluted to make a can last longer than it should. What happens? The baby is fed a contaminated mixture and soon becomes ill with diarrhea, which leads to dehydration, malnutrition, and, very often, death. Surely our children deserve a better start in life. (Relucio-Clavano 1981:141)

Since 1981, the World Health Organization and the United Nations Children's Fund have "strongly urged" national governments to modify their laws to regulate the advertising and promotion campaigns of infant formula manufacturers. Moreover, in the 1982 World Health Assembly, moves were launched to formulate an international code to regulate the promotion and sales, not just of bottled formulas but of drugs in general, following increased reports about the dumping of unsafe and useless drugs in Third World countries (cf. Norris 1982).

In the Philippines, the use of injections has been particularly over-rated, and patients are injected with everything from vitamins to antibiotics for simple colds. One Filipino student here once complained about the university hospital's "incompetent" staff — he had gone to the hospital with a cold, expecting an antibiotic injection and was "only given aspirin." It is clear that changes are being brought about and are rapidly being accepted, but the problem is that these changes serve the interests of those who have access to the mass
media. All too often, "modernization" involves the creation of "wants" rather than a meeting of real needs. To end this discussion of "factors promoting change," I would like to give two more examples from the Philippines to illustrate how "factors promoting change" may not always be positive.

In 1981, a radio announcer describing himself as a "white witch" gained notoriety when he started a midnight radio program where he claimed he could heal patients by "toning" a glass of water that listeners would place in front of their radios. For recalcitrant cases, this radio announcer had a clinic where clients could purchase additional "toned" water, as well as magic aluminum pyramids; or, they could go through electrotherapy and a session with the healer himself (Leones 1981). The radio program was eventually taken off the air but the "white witch" continues to operate his clinic.

Likewise, a journalist and businessman was able to popularize, in a span of about three years, the use of comfrey (Symphytum officinale L.). The plant was first brought into the Philippines in 1969 from Japan. This journalist first tried the plant in 1971 and convinced of its therapeutic qualities, he began to write for different popular newspapers extolling the virtues of comfrey. By 1974, a "comfrey craze" had swept the Philippines, prompting the National Institute of Science and Technology to conduct studies on the plant and later, to warn the public about the dangers of chronic toxicity from prolonged use of the plant. "Comfrey craze" also hit Indonesia and seedlings began selling at US$40 each, until the government banned the plant completely, following Australian studies that showed the plant was toxic. However, its use continues to be widespread in the Philippines, extending into remote villages.

7.2.2 Factors Opposing Change

Aguirre Beltran (1979:11) names two factors opposing change: resistance from within the group due to cultural conditioning and that arising from outside the group due to control or domination.

Throughout the thesis, I have tried to show that dominant social groups, whether external or internal colonizers, may themselves inhibit
change. This inhibition of change may be due to the lack of support for logistics, or a social policy that is generally not conducive to bringing about change. On the other hand, such dominant social groups may also tolerate superstitious beliefs and practices. A physician and head of the medical committee of the Protestant National Council of Churches in the Philippines, Senturias (1981:23) points out that "radio dramas, comic materials and other forms of mass media" actually propagate many superstitions. Displacing discontent against an exploitative landlord on malevolent spirits clearly serves the interests of the landlord. Superstitious beliefs were, in fact, exploited in counter-insurgency operations during the 1950s. Edward Lansdale, assigned by the American government to advise the Philippine military at the height of the communist ("Huks") rebellion, recounts one such incident:

The psywar squad set up an ambush along a trail used by the Huks. When a Huk patrol came along the trail, the ambushers silently snatched the last man of the patrol, their move unseen in the dark night. They punctured his neck with two holes, vampire-fashion, held the body up by the heels, drained it of blood, and put the corpse back on the trail. When the Huks returned to look for the missing man and found their bloodless comrade, every member of the patrol believed that the asuang had got him and that one of them would be next if they remained on that hill. When daylight came, the whole Huk squadron moved out of the vicinity. (Lansdale 1972:72-73)

In the last chapter, I have discussed the importance of social policy in determining change. I suggested that "resistance to change" was probably less of a problem than access to change. To give one more example here, Pal and Polson (1973:210) found that the use of dentists in the city of Dumaguete actually dropped from 43% in 1952 to 24% in 1966. This was correlated with the elimination of a low-cost dental service that had been available through the schools.

At the same time, "cultural conditioning" undoubtedly plays its role in resisting change. Again turning to the city of Dumaguete for an example, Pal and Polson (1973:209) say that the number of mothers who had hospital deliveries in that city increased from 7% in 1952 to only 8% in 1966 and the reason most often cited was that the home and the traditional midwife provided more personal care. Likewise,
dominate a group may produce an "intensive collective consciousness and high degree of internal solidarity" (Spicer 1971:799). The persistent cultural identity system therefore acts as a symbolic storage system of the group's collective experiences. Flores-Meiser (1978) notes that in rapidly changing societies, "cultural continuity" needs to be maintained and among the Muslim Samal, this is done through the retention of social organization based on bilateral kinship, an ideological identification with Islam and linguistic affiliation. I propose that the traditional medical system may also serve this purpose of maintaining cultural continuity, even emerging as a form of boundary maintenance in the face of external threats, real or imagined.

7.3 Medicine as Ideology

The above discussion of the factors promoting and opposing change was an extension of the socio-historical survey, where I have tried to show that opposition to change is not necessarily a trait of the "backward" peasant. Instead, there is a social matrix which involves an interaction of social groups with opposing interests that are expressed either as a "factor" that promotes or opposes change. In other words, medicine is vested with ideological functions, ideology being an interaction of parts or the whole of a worldview to serve particular social interests.

It would be appropriate to refer here to a discussion by Demetrio (1970:1-10) of Filipino folk beliefs. Demetrio notes that the Cebuano term tuo means "to believe" or "to obey." A derived term, pagtuo, means "to accept the existence or situation of a thing." When the root word is duplicated, we get tuo-tuo, which means "to spread superstition or to pretend."¹ Demetrio's linguistic exercise was meant to emphasize that folk beliefs have two aspects: nature or character, and motivation. The drift to "triviality" or "unreality," as folk beliefs often appear to be, may be intentional serving a certain purpose. A good example is the use of the supernatural to discipline children — often enough, the parents themselves may not believe that such beings exist.
Clearly, we need to examine the motivational or ideological aspect of traditional medicine if we are to get to a more wholistic view of the entire system.

Geertz (1964:64) characterizes ideology as a process of symbolic formulation to arrive at explanations that are "justificatory" and "apologetic," in contrast with science, which is "diagnostic" and "critical." Ideologies play a role in "defining (or obscuring) social categories, stabilizing (or upsetting) social expectations, maintaining (or undermining) social norms, strengthening (or exacerbating) social tensions" (ibid.:53). In the final analysis, ideologies are "maps of problematic social reality and matrices for the creation of collective conscience" (ibid.:64).

The "problematic" has been described in terms of "cognitive dissonance" by a number of social scientists. Festinger (1957) describes this dissonance as resulting from new events and information, leading to changes in cognition, behavior or values. Much earlier, Linton (1936:282-283) had described folk culture as having a core of universals and a small zone of alternatives. When the number of alternatives (i.e., new events or information) increase, the universals "decrease," causing culture to lose coherence and pattern. The concept of "theodicy" clearly illustrates this dialectic:

When a religion fails logically to explain human suffering or fortune in terms of its system of beliefs, we can say that a theodicy exists. . . . In order to achieve a resolution the idea or ideas that fail to explain suffering or that pose logically untenable contradictions would have to be excised from the system of religious beliefs, or new ideas would have to be invented to counter the contradictions. (Obeyesekere 1968:11-12)

I have referred several times in this thesis to medicine (traditional and western) being a source of root metaphors by which a worldview can be made comprehensible. It is in this context that they function as ideology. The formation of the Filipino traditional medical system, as a continuum of both persistent and transformed elements, can therefore be described in terms of responses to cognitive dissonance brought about by changes in the natural and social environment.
To elaborate, I will refer back to the concept of theocidies. Benjamin (1979) has used this concept to explain folk Islam in the Malay peninsula. Benjamin explains the persistence of older animist beliefs as the consequence of a theocidy, wherein Islam fails to provide answers or explanations to daily suffering (while preaching an omnipotent, omniscient and all-benevolent Allah), the absence of a priesthood (while Islam is organized as a State religion) and, essentially, the problem of adhering to responsibilities of what is essentially an urban religion (in a predominantly rural society).

There are clear parallels in the Philippines. The Spaniards attempted to impose a world religion in the Philippines but this new religion was inadequate in explaining misfortune, suffering and injustice. Thus, there was a continuing recourse to beliefs in environmental spirits and ancestors, and the use of rituals and practices which provided a sense of familiarity and security.

The same phenomenon is repeated with the introduction of western medicine and science. Germs were, and still are, inadequate explanations for illness; and modern drugs and therapeutic methods, if at all accessible, do not always seem to provide the cures. This results in the persistence of traditional theories of illness causation and healing, which offer closer explanatory fit with "reality."

"Reality" here is experiential, as the following anecdote from Heiser (1936:131-132) clearly shows. An American official had been trying to convince the people of Mountain Province about the existence of pathogenic amoeba. He therefore brought in a microscope and a slide with a "fusty specimen" of amoeba mounted on it. Showing the slide to one of the tribal chiefs, the official explained, "That's what causes diseases that kill you, but we can kill it." The chief answered, "Well, it might kill a little white man like you, but it wouldn't hurt a great big Apo like me."

Naturally, the response is not always of resistance to change. I have mentioned that new ideas and practices may be incorporated as long as they do not conflict with the pre-existing ones, or if they can help to enhance the "explanatory power" of the traditional medical system, again in terms of experiential reality. Perhaps the American
official would have been more convincing if the amoeba specimen had been obtained from a local villager with dysentery, or better still, from a powerful Apo already sick with amoebic dysentery. Moreover, "proof" would have come only by demonstrating a reduction in the number of amoeba following treatment and corresponding to the patient's own subjective evaluation of "feeling less ill."

If medicine functions as ideology, then traditional medicine provides an "ideology of the oppressed" in the context of societies, such as the Philippines, marked by "parallel" medical systems (traditional and western). This ideology is not necessarily liberating because it is, itself, a product of a social system which tries to preserve a "natural order." The invocation kay daan in the Mamanua Negritos' pagdiwatahan ritual (Maceda 1957:280) has exactly the same meaning as the ending to many prayers in Christian liturgies: per omnia saecula saeculorum, "as it was the beginning, now and forever."

Sjoberg (1960:225-226) observes that:

The appeal to absolutes is, in essence, a claim to legitimization by forces independent of human action. Thus the rule of the sovereign and the existing normative structure are justified on the grounds that they are in conformance with the will of God, or the gods, and/or 'natural law.' Such a state of affairs is held to have existed from the beginning of time and cannot be modified; indeed the average man in the traditional city or the peasant community can conceive of no other situation.

Sjoberg's point on the appeal to absolutes is quite clear; however, he fails to address the question of how this absolute worldview was created. Moreover, Sjoberg depicts the "average man in the traditional city or the peasant community" as being trapped within that worldview. But worldviews and ideologies do change because they are meant to explain changing social realities, however inadequately. Aronoff (1980:5) suggests that "as societies become increasingly institutionally differentiated, problems of meanings become more likely. Institutional segmentation creates the possibility of socially segregated subuniverses of meaning which lead to special problems of legitimation."

I would propose that it is not institutional differentiation per se, but structural segmentation that brings about the problems of
meaning and legitimization. Undoubtedly, "as [social] scale increases, the ability to exert social pressure decreases" (Wilson and Wilson 1945:49). But it has also been pointed out that larger societies may in fact be more monocultural, ethnocentric and parochial: "As the ratio of volume to surface increases with scale, the number of persons in border positions decreases in proportion to the number of persons in interior positions" (Swartz 1978:237).

Clearly then, increased scale and institutional differentiation is not the only factor that is important in legitimization. When a political entity such as the State is unable to integrate the different social institutions, we see the emergence of "cognitive dissonance" as society becomes more segmented, with numerous "border positions" and "regions of refuge" arising from the contradictions in the relationships of social groups. We then witness a situation involving the powerful use of ideologies, both by groups trying to preserve the status quo, as well as by groups protesting the existing order. An example of the latter can be found in a pastoral letter read in the churches of Bukidnon (a province in Mindanao) one Sunday in January 1977. The letter was issued by the Catholic bishop, Francisco Claver, who threatened to use the *gaba*, which he defined as "an act of God against violators of individual holy persons and places" (also see page 32 in this thesis):

[The Church] is a whole community, a whole people, that are sinned against. . . . When truth is withheld from you, worse, when truth is twisted to manipulate you; when instruments of truth like radio stations and newspapers are suppressed; when those of you who speak the truth are silenced, made to be afraid; when missionaries who work with you are deported or threatened to be deported. . . these are violations of our sacredness precisely as church. These are violations that invite *gaba*. . . .

I would especially invoke God's wrath (as Christ himself did once on the people of Corozain and Bethsaida) on those who inflict actual physical harm on defenseless people in the name of "government security." Any form of physical torture to make people confess to crimes (that in most cases they never committed in the first place) is especially execrable.

People flagrantly and publicly guilty of this sin against our common humanity and dignity will have on their own cut themselves off from the church. They will henceforth be excluded from the sacraments, from acting as sponsors in baptisms, confirmations, and weddings. (Claver 1978:8-9)
Like religion, medicine is used as a source of metaphors. It may be used as an obscurantist screen, as I have mentioned with regard to the "germ theory" of disease. Galdston (1981a:9) has in fact offered the following explanation for the transition from Hippocratic and Galenic medicine to the contemporary germ theory of disease:

The crowd diseases of antiquity were only occasional results of crises, principally wars. Consequently, when those epidemic and endemic diseases "arose" from the conditions of life created by the new commercial and industrial civilization with its new ethos and new cultural characteristics, some change from Hippocratic ideas was needed. The task of medicine was no longer to mediate between errant Man and benevolent, beneficient Nature. Physical Nature itself had been assaulted, rough handled, dislodged from its appointed ways. At no time before in his long history had Man experienced so radical and so grievous a change in his many factored ecology -- physical, functional, mental and moral! -- and all in so short a time. Medicine was now called on to deal not with man who transgressed Nature's ways, but rather with the noxious, morbidficient conditions and agents, products of new ways of life, which beset Man everywhere and at all times. . . . Common to these new schools of medical thought were the concepts of specific causative agents, including the _contagium vivum_, and specific curative agents. These concepts are still dominant in medicine.

While clearly explaining the origins of the germ theory of disease, Galdstone does not elaborate on how this theory is used in the context of social contradictions. In the context of social inequality, which itself is iatrogenic (disease-causing), the germ theory shifts the "responsibility" for disease to "germs" and to the dominated class' "resistance to change" (e.g., refusal to build latrines, having too many children) while obscuring the other factors that perpetuate the situation (e.g., poor working conditions, lack of cheap and decent housing, unavailability of health services).

A dominated class may also use traditional medicine for its purposes. I have mentioned that beliefs in the supernatural may actually be perpetuated since such beliefs also help to deflect the responsibility for the dismal health situation. In some cases, traditional medicine may itself be invoked as an ideology for national integration, a token gesture of "nationalism." The dubious quality of such superficial gestures can be demonstrated in the following "explanation" for
the Philippines' having many more faith healers than in other countries:

It is believed that the Philippines was once an integral part of Lemuria, that legendary continent of advanced civilization which sank to the bottom of the sea hundreds of thousands of years before Atlantis. There are even claims that Pangasinan [where most Filipino faith healers come from] was the center of Lemurian civilization. According to this view, Filipinos are descendants of ancient Lemurians who had advanced psychic powers and perceptions. (Licauco 1981a:10)

Significantly, I have heard a "theory" among the Chinese in the Philippines to the effect that the Philippines now has more spirits because after the communist take-over of China, the "Chinese" spirits had to flee to a presumably more favorable environment than atheist China.

Naturally, traditional medical systems may carry a more powerful "ideology of protest." The colonizers were aware of this, and so did some of the leaders of native rebellions and revolutionary movements. Ileto (1979) has in fact pointed out the danger of regarding religious symbolism as ineffectual mediums for social change. Using the religious Pasyon ritual as the focus of his thesis, Ileto argues that the 19th century secular Katipunan (which led the Philippine revolution in 1896) attained success because it expressed ideas of nationalism and independence through the idiom of the Pasyon.

Traditional medicine is being used similarly. In rural areas racked by problems of tenancy, usury and heavy militarization, Filipino peasants are known to use the terms aswang (witch) and demonyo (demons) to refer to exploitative landlords, middlemen and soldiers.

One night in a remote Kalinga village marked by civil unrest, I overheard one mother threatening a misbehaving child by knocking heavily on the door and stamping her feet on the floor, accompanied by a verbal warning, "solchacho, solchacho." Recalling that the Kalinga often substitute "ch" for "d" with loan words, |I realized that the new "bogey-man" in the village was the soldado or "soldier."

Likewise, medical teams of the rebel New People's Army have been using acupuncture and medicinal plants in the village, explaining that this is part of their commitment towards creating a society that will
not be dependent on the "Western imperialists" (cf. Rocamora 1982). As I have mentioned earlier, Filipino students and professionals did in fact lobby for the recognition and promotion of the traditional medical system in the early 1970s, corresponding to a growing nationalist movement.

Finally, the wholistic approach of traditional medicine is itself the source of a "radical" idiom by which illness is explained. More than spirits and medicinal plants, traditional medical systems address the question of social relationships and equity as determinants of health and illness. Thus, Filipino health professionals are often taken aback by the peasants' replies to questions about the locally prevalent diseases: "hunger," "lack of land," "usury."

To end this discussion, I will cite one last example to demonstrate the dialectical relationship that exists between the "forces" promoting and opposing change, with health as a focal point. A Filipino doctor recently gave a speech to an Asian journalists' conference, during which she cited a number of rather dismal figures on the health situation in the Philippines, and calling for substantial changes in social policy to solve the problems. The day after the speech, a Manila newspaper quickly editorialized:

Figures on this [the health situation] of course could vary according to one's range of sources, but a general knowledge about us Filipinos undoubtedly getting more dynamic and energetic, more forward-looking in almost all areas of endeavor, more literate and articulate, more skillful, more sportsminded and health-conscious, can speak more conclusively about the prevailing condition in the country than those disparate statistics on death rates emanating from biased international or regional sources. (Manila Evening Post 1982)

The editorial is interesting because it clearly demonstrates the dynamics of ideology. It speaks of the Filipino's health in terms of ambiguous referents like literacy and skill, dynamism and energy, while dismissing the poor health situation as fiction, a fabrication of biased international sources. Elsewhere in the editorial, we find attacks on "foreign critics," on the physician for sounding like a "foreign expert," and for her use of data from "international reports." To criticize the health situation, to imply that the nation is not in
good health, is therefore equated to being a "foreigner," to being un-
Filipino.

We see then that "health" is quite clearly loaded with ideology, and if the ideological battles over health seem to be so intense, it is because they draw from equally turbulent contradictions in society. Geertz (1964:58-59) explains this quite clearly when he discusses ideology as metaphors:

In metaphor one has, of course, a stratification of meaning, in which incongruity of sense on one level produces an influx of significance on another. ... The power of a metaphor derives precisely from the interplay between the discordant meanings it symbolically coerces into a unitary conceptual framework and from the degree to which that coercion is successful in overcoming the psychic resistance such semantic tension inevitably generates in anyone in a position to perceive it.

I would point out, however, that these ideological conflicts in health transcend the "semantic tension" Geertz refers to because the conflicts are part of a very real struggle for change, not only within the health system but also in the economic and social spheres. The pivotal position of health is not mere symbolism; it is, in fact, part of social reality.

7.4 Conclusion

7.4.1 The Social Determination of the Traditional Medical System

With the above synthesis, I can now elaborate on an obvious conclusion: the formation of the traditional medical system in the Philippines is socially determined.

In the first part of the thesis, I concentrated on traditional medicine or the system of beliefs about illness and health. I showed that this belief system had structure which could exist only in the context of socially shared meanings of intersubjectivity. I also discussed the reciprocal relationship between this Filipino belief system and a Filipino worldview, the beliefs about health and illness being structured by the worldview, while at the same time providing a source of metaphors by which that worldview could be reified.
In my discussion of health practitioners and their methods, I again showed that the statuses and roles of the practitioners are related to social organization. I also discussed the social aspects of health-maintenance and healing practices, particularly the rituals. I emphasized that these practices are often implemented by social groups, with specific functions of reinforcing the relationships within these groups.

In the socio-historical survey, I emphasized these social relationships, showing the role of social groups as channels for the preservation or transformation of traditional medical beliefs and practices.

In the synthesis, however, I focused on a more specific aspect of social relationships to show that the formation of the traditional medical system in the Philippines is a function of contradictions or oppositional forces in Filipino society. It is this dialectic which accounts for continuity in the traditional medical system.

Unschuld (1975:304) sees medical systems as a "momentary stage in the continuous competition of various groups for medical resources," with cultural norms, ideologies and beliefs as "techniques designed for and employed in the struggle to ensure improvement, or simply maintenance, of a given stage reached by a given group." While Unschuld does point out the evolutionary aspects of medical systems, one which he situates in the context of a competition among various groups, I feel that his view is still deficient because he limits that competition to medical resources. Not surprisingly, Unschuld (1975:310) suggests that the "relevance of social status to medico-cultural conflicts is not great."

In this thesis, I presented evidence to suggest that the traditional medical system in the Philippines is being formed in the context of competition not only for medical resources but for other material (economic) and non-material ("quality of life" indices) resources and that social status is very relevant to medico-cultural conflicts. In fact, the conflict between traditional medicine and western medicine is not one between "stubborn" peasants and "enlightened" health
professionals; rather, it is a conflict between the dominated and the dominant.

The difficulties many professionals encounter in understanding traditional medical systems result from the failure (or unwillingness) to recognize the dialectical nature of this "social determination." Foster (1960:229), for instance, included "folk medicine and superstitions" as part of "folk culture." His difficulty in explaining the transmission of this "folk culture" in Hispanic America may be due, in part, to his assumption that these areas of culture were "not of primary concern to State and Church." Yet, he also points out that religious, political and social institutions were "singly out for formal attention by the [Spanish] conquerors." Clearly, it is impossible to separate "folk culture," particularly "folk medicine," from religious, political and social institutions without our affecting our understanding of the formation and function of culture itself.

In suggesting that social factors play an important, active role in the formation of the traditional medical system, I am not discounting the other factors that need to be considered, such as the natural environment or individual psychological mechanisms which do play an important role in the transmission of cultural traits.

My point is that the formation of the traditional medical system involves more than a transmission of cultural traits or values. Furthermore, as with Diener (1980), I would be cautious about interpreting the formative processes as moving towards equilibrium, as "satisfactory adjustments to social and natural environments" and eventual "cultural crystallization" (Foster 1960:233). Full system potentials are often unattainable not only because of the rapidity of changes in the social and natural environments but also because there are significant human "control constraints" (Diener 1980:45) that inhibit release of the change potential at a given time and place. In this thesis, I have tried to identify some of these constraints to show that "resistance to change" (i.e., the persistence of the traditional medical system in the Philippines) cannot be interpreted in simplistic or reductionist terms. The formative process is obviously complex because it involves several social groups that select and modify beliefs.
and practices according to particular group interests. I have emphasized this point in my discussion of medicine as ideology. I also underscored the participation of the traditional medical system in an ideological struggle, a response that could be characterized as "cognitive dissonance" in the face of discordance in society. Finally, I pointed out that this struggle is not merely symbolic, the medical system itself being a arena where social contradictions are operational. Ideas and ideologies clearly do not change material conditions; the power of ideology is derived from its ability to reflect and interpret reality, and to integrate human forces and relationships that ultimately bring the material changes.

7.4.2 Implications of this Study

Since this thesis was intended to be a contribution in applied anthropology, I would like to relate the findings of this study to the present worldwide policy to promote traditional medical systems and to integrate such systems into national health care networks. Through this discussion, I also hope to further clarify the main points that I have brought out about the formative processes of the traditional medical system in the Philippines.

In 1978, the World Health Organization issued an official endorsement of traditional medical systems as part of the campaign to provide "Health Care for All by the Year 2000." Specifically, this United Nations body urges national governments to integrate traditional and Western medicine:

Effective integration, like that of the Chinese experience, entails a synthesis of the merits of both the traditional and the so-called 'Western' or modern systems of medicine through the application of modern scientific knowledge and techniques. It requires a flexible system capable of accommodating individual skills and varying levels of knowledge and education, an insufficiency of resources, and a diversity of supportive technologies, particularly for primary health care.

In order to achieve this, it is necessary to ensure mutual respect, recognition and collaboration among the practitioners of the various systems concerned. (1978:16)
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In order to achieve this, it is necessary to ensure mutual respect, recognition and collaboration among the practitioners of the various systems concerned. (1978b:16)
The International Development Research Centre, Canada's foreign aid agency, has pointed out two "unacceptable arrangements" in this integration process:

Modern medicine's taking over traditional medicine by appropriating to itself certain medicinal products and techniques used by the healer with a view to eventually eliminating them; Modern medicine's absorbing the healers into its structured system and then relegating them to the role of mini-nurse, ignoring the rest of their talents. (1980:31-32)

Based on emerging trends in the Philippines, which I have discussed in this thesis, my concerns and those of other Filipinos working in community-based health programs parallel those of the Canadians. I will discuss these concerns under two broad categories: (1) the application of scientific knowledge and techniques and (2) incorporation in primary health care.

7.4.2.1 Application of Scientific Knowledge and Techniques

While there is a real need to make traditional medical systems more scientific, I would be concerned about the way this "application of scientific knowledge and techniques" would take place.

For instance, there would be a need to collect more information about these systems, but there may be a tendency, especially among anthropologists, to "end up studying peripheral and picturesque problems; while the serious health problems...fall outside its (ethnomedicine's) scope and interest" (Djurfeldt and Lindberg 1975:25). Specifically, the two authors were referring to the excessive documentation of beliefs in evil spirits as the cause of illness, a point which I have also referred to in this thesis.

The systematization of traditional medical systems would also involve an evaluation process to determine the value of its different elements. This evaluation process poses dilemmas. On one hand, there may be the danger of over-idealizing traditional medical systems as being totally functional and useful. In his study of the piang syndrome in the Visayas, Lieban (1976:294) points out that certain traditional beliefs and practices may be "supported by cognitive factors
that camouflage their therapeutic disadvantage (see pages 57-58 in this thesis). Senturias (1981:24) likewise warns against "rituals that cause disabilities, like flogging the sick person to drive away the spirits, or instilling irrational fears by overemphasizing the role of evil spirits."

On the other hand, there is the greater danger that a lack of sensitivity to the total milieu of traditional medical systems may prevent people (professionals in particular) from perceiving such systems as being more than just superstitious beliefs.

In fact, there has been a tendency to concentrate research on the use of medicinal plants, on the assumption that this is the only empirical therapeutic mode in traditional medical systems. This approach not only neglects other significant practices used for healing and the prevention of disease, but also overlooks the important traditional principles that form the basis for the practices.

This brings to the nature of "scientific" techniques. Obviously, there will be problems with attempts to apply purely deductive techniques in the evaluation of traditional medicine, which is mainly inductive in nature. Again, we can turn to the research on medicinal plants as an example. Research on medicinal plants has been mainly phytochemical, with an attempt to break down and isolate an "active ingredient" in medicinal plants, and possibly to synthesize this ingredient. The approach is time-consuming and often inconclusive because traditional uses of plants often involve mixtures of several plants, which means that there would be any number of chemical reactions involved. In terms of attempts to synthesize plant chemicals, Shah (1980:33) points out that:

There are also certain phytochemicals that is (sic) more advantageous to extract as active ingredients of plant products than to obtain by synthesis. Some of these can exist in different steric forms, and their chemical synthesis, therefore, yields a mixture of isomers that is very difficult to separate. The products thus obtained by synthesis may be toxic and have different therapeutic properties. In plants, these reactions take place at normal biological temperatures and pressures, so that the type and quantity of the substances produced will be those that they need for their own metabolism and hence are normally free from toxic ingredients.
An example of how "scientific techniques" can backfire is provided in an account by Sadavongvivad (n.d.) about maklua (*Diospyros mol-
lis* L.), a plant whose berries are traditionally used in Thailand as a dewormer, and which has been clinically demonstrated to be effective against hookworms.

The traditional way of using maklua is to crush the berries with a kitchen mortar and pestle, and then to use limewater to draw up an extract for administration to the patient. Jumping on the favorable clinical results obtained with the berries, Thai researchers developed a modernized method of preparation: a motorized grinder was used and the juice obtained was boiled before being given to the patient.

After this new method was introduced, reports began coming in about patients becoming blind after taking maklua. An uproar was raised in the medical establishment about the dangers of herbal medicine and laboratory researchers went back to their chemical studies and animal experimentation. Few researchers, however, have considered the possibility that the modernized method of preparation may have been responsible for the toxicity: boiling the extract (as against the traditional mixture with limewater) made the preparation sweeter, which would have encouraged overdosing. The boiling process itself may have produced chemical changes in the plant, releasing more toxic substances. Meanwhile, self-medication using traditional methods is said to continue uneventfully, while the scientists torment themselves with more studies.

Clearly, more attention has to be given to those most familiar with traditional medicine: the traditional practitioners and the people who utilize such systems. This process cannot be one of extracting information and then using this information for pre-set goals (such as the commercial production of herbal shampoos and cosmetics). Villagers must become involved in the research process so they themselves can begin to participate in demystifying traditional (and modern) medicine. Moreover, what needs to be addressed are specific needs of people, and the solutions that people themselves have to offer (cf. Tan 1980).
7.4.2.2 Incorporation into
Primary Health Care

A book-length discussion of primary health care has been published by the World Health Organization (1978a). Halfdan Mahler, Director-General of this organization, provides a brief explanation of this concept:

As the Declaration of Alma-Ata put it, primary health care is 'essential health care based on practical, scientifically-sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.' It addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services.

In this context, the incorporation of traditional medicine into primary health care programs becomes particularly significant since these traditional systems are community medical systems, built largely on local resources. Polunin (1982:20) notes that the traditional medical system has developed as a "predominantly social activity." Illich (1975:124-125) is more specific, citing various studies to show that:

All traditional cultures derive their hygienic function from this ability to equip the individual with the means for making pain tolerable, sickness, or impairment understandable, and the shadow of death meaningful. In such cultures health care is always a program for eating, drinking, working, breathing, loving, politicking, exercising, singing, dreaming, warring and suffering.

I bring out these points to emphasize that the full potential of traditional medical systems can be developed only by drawing on its wholistic approach, one which has been described by the World Health Organization (1978b:13) as "that of viewing man in his totality within a wide ecological spectrum, and of emphasizing the viewpoint that ill health or disease is brought about by an imbalance, or disequilibrium, of man in his total ecological system and not only by the causative agent and pathogenic evolution."

We therefore need to note the warning against relegating traditional practitioners to the role of "mini-nurse." Traditional health
practitioners have skills which may in fact be equal to, or even superior to those of physicians. Several African countries are now using traditional practitioners to work with psychiatric patients, a recognition of these practitioners' greater sensitivity to the dynamics involved in socially related psychiatric disorders. Likewise, Buddhist monks in Laos and Thailand who have also long been traditional healers, are now being mobilized for long-term psychotherapy of drug dependents (cf. Harding 1977).

Particularly in an era marked by rapid socio-economic changes, traditional medical systems may, in fact, provide buffers for the adaptation process by providing a sense of cultural continuity, as in the case of Filipino-Americans who still use herbs, humoral pathology and faith healers (cf. Donaldson and Day 1974; McKenzie and Chrisman 1977).

Heggenhougen (1980b) observes that consultations with traditional Malaysian healers are not necessarily limited to "traditional" complaints such as spirit-possession; instead, clients may actually seek advice on anxiety problems resulting from studies, examinations or job interviews. Ahmed and Koller (1979:123) suggest that the traditional healer can even play the role of "cultural broker," helping rural migrants to adjust to their new urban environment by interpreting illness in familiar traditional terms while incorporating scientific terminology.

This, however, raises the point about traditional medical systems possibly being co-opted into the dominant system. There may be an implicit double standard which legitimizes traditional medical systems only because it is one method of providing minimum health care to the poor at minimum cost. This criticism has been raised about primary health care in general, not against the concept itself but against the possibility that such programs may be merely endorsed rhetorically, providing stop-gap measures "to 'let the government off the hook'" without doing anything "to redistribute resources either within the health sector or... between the dominant groups... and the mass of the population" (De Kadt 1982:749).

There is also the danger that traditional medical systems may be
assimilated under an ideology that emphasizes health care as merely taking the right "magic bullets," whether pills or plants, while again obscuring the other significant causes of ill health and the solutions needed to remedy the situation.

The wholistic character of traditional medical systems needs to be preserved because it allows for the development of "internal controllers." Gore and Rotter (1963) argue that those who feel themselves in control of their own fate are more likely to commit themselves to decisive social action. Traditional medical systems allow a certain degree of this control, merely by the fact that it draws from local resources and offers closer symbolic fit with local social and cultural institutions.

To have this system taken over by unsympathetic bureaucrats and professionals may result in the deprivation of one of the last sources of autonomy for the poor. Conner (1982:792) notes that in Indonesia, "higher echelon policy seeking to incorporate traditional healers within the national health delivery system threatens to destroy the autonomy of their roles which paradoxically the advocates of integration aim to preserve at a local level." Leslie (1978) observes that professionalized Ayurvedic medicine in India has lost the "intimacy" of traditional Ayurvedic medicine, and that these professionalized traditional healers may actually send their children to western medical schools, rather than Ayurvedic institutions.

I am not arguing for the preservation of traditional medical systems in a pristine state; rather, it is a matter of further enhancing these systems' main strengths because these strengths are needed to draw us back from the edge of the precipice that "modern" science has brought us to:

Given the trends in medical sciences, as a physical being Man will become more malleable, and as a personality, subject increasingly to external manipulations. The more Man is thus manipulated and programmed, the increasingly more denatured he is likely to become. The extended result is likely to be personal and political alienation and a pervasive sense of seemingly purposeless lives. (Galdstone 1981b:26)

Neither am I arguing that traditional medical systems provide all the answers to contemporary problems. More than alienation and
anomie, more than statistics about how many illnesses are in "only"
psychosomatic and thus amenable to traditional healers, the fact
remains that in countries like the Philippines, almost half of the
deaths each year are still caused by communicable diseases which are
both preventable and curable not by direct medical action alone, but
by a comprehensive social policy that involves a more equitable income
distribution and increased infrastructure support for basic needs.
Mahler has emphasized this point repeatedly:
The improvement in health standards that began in western Europe
and the U.S. in the 19th century owed more to rising living
standards than to medical care as such. Death rates began to
drop in northern Europe early in the 19th century, long before
medicine could cure or prevent many diseases. The incidence of
cholera and typhoid feil in Britain long before there were ef-
fec tive methods of treatment. In the U.S. the tuberculosis death
rate dropped from 200 per 100,000 of population in 1900 to 70
in the 1930's, before lung-collapse therapy or even rest in sana-
toriums was widely prescribed; the rate had declined to 30 per
100,000 before a definitive chemotherapy became available during
the 1950's. (1980:69)
Ultimately, as Gish (1979:209) points out in another critical
appraisal of the primary health care concept:
It must be stressed that the major obstacles to more just and
efficient health care systems (whether "by," "for" or "with" the
people) are not the usually cited ones of limited resources, poor
communications, or lack of technological knowledge and data, but
rather social systems that place a low value on the health care
needs of the poor.
Purely technical approaches, whether traditional or modern, will
continue to be inadequate for as long as they continue to be alienated
from the real needs of the poor. As professionals, we still need to
outgrow the concept of "health delivery systems" with its top-down
connotations, and begin to learn instead to acquire a sensitivity to
people's needs, without elitist and patronizing attitudes. For in-
stance, the conceptual transformation of the tubig-non ("water spir-
its") into amoebe should not be a method for "social engineering" to
convince people to take anti-amoebic drugs; rather, it should be a
process by which people start to ask why they do not have a safe po-
table source of drinking water, and to begin working on plans
on what they can do about the situation.
If the conceptualizations of health and illness are indeed "social metaphors," we may yet have much to learn from an Ilongot description of the transition from illness to health (Rosaldo 1980:44): "A nu me'ugu, 'i'aa nima rinawam 'ipawa, 'iiru'yuk," "When the rain stops, your heart grows open, it lengthens."
CHAPTER ONE

1. Cañeda's paper was supposed to appear in two parts, the second part being "a conclusion that shows a resulting world-view and its implications in national health programs." I wrote the Mindanao State University, which published the first part (the survey), inquiring if the sequel had been published. A reply was never received.

2. African writers have been particularly outspoken in their criticism of attempts to characterize an Asian or African worldview because such works imply that there is a difference between so-called primitive societies and developed ones. Auge (1979:82-87) presents a good summary of these critiques of "ethnosophology."

3. While I agree with Harris' basic critique of structuralism, I still feel that there is value in some of the structuralist studies. I refer particularly to Douglas' (1970b) work on "natural symbols," where she presents a cogent analysis of the relationship between social structure ("group" and "grid") and ritualism.

CHAPTER TWO

1. There is a dearth of literature on animatism in the Malay region, despite the importance of such concepts in religious and traditional medical systems. Endicott's (1970:49-80) discussion of the Malay concept of semangat clearly shows the value of such studies.

2. In the literature on Filipino ethnic groups, the only reference to a belief in the "evil eye" comes from Barton (1919:70) on the Ifugao: "Certain persons have an evil 'cut' of the eye, which, whether they wish it or not, brings misfortune or sickness on whomsoever or whatsoever they see. Injury by means of the 'evil eye' may be effected intentionally or entirely unintentionally." Ewing (1967:16) says that "there was plenty of evil mouth in the southern Philippines, but I have never found evidence for belief in the evil eye."

3. Garvan (1964:78) says that among the Negritos of Bataan, "bananas and other plants should not be planted deeply, the reason being that the soul of the plant dislikes absolute darkness. While holding any plant it should not be pressed with the hand, especially seed, because its productivity would be thereby lessened, if not destroyed."

4. It is amazing how often Spanish chroniclers refer to the indio habit of frequent bathing. A 17th century account by Morga (1907:80) notes that "they quite generally bathe the entire body in rivers and creeks, both young and old, without reflecting that it could at any time be injurious to them." Not surprisingly, Mas (1843) observes that the Filipinos considered the Spaniards "not overcleanly." It is tempting to speculate that this may have been one of the reasons why
San Agustin (1906:253) found that there were few intermarriages, the natives "being averse to Spaniards."

CHAPTER THREE

1. It is strange that acupuncture was only recently introduced into the Philippines. This therapeutic mode has long been used in China and in the countries of the Indochinese Peninsula. Geertz (1960:86) also notes that in Java, there are dukun susuk or traditional healers who "insert gold needles under the skin."

2. The sumpat (or summat) ceremony ("female circumcision") among Filipino Muslims is purely symbolic and does not involve actual excision of any tissue or organ (clitorectomy).

3. Lieban draws on the distinction made by Langer (1956:45-49) between a symbol and a sign, the former serving as a "vehicle for a conception" and the latter "indicating the existence of a thing, event or condition."

CHAPTER FOUR

1. Both Endicott and Benjamin base their theories on the concepts of "purity" and "danger" as discussed by Douglas (1966).

2. Among the Ibaloi, Moss (1920:277) cites a belief that "the ghosts of suicides sit on the mouth of a person when he has nightmares." Among the Bontoc, Jenks (1905:196) reports the belief in the li-yum', described as the "spiritual form of the human body" which causes nightmares by sitting on the victim's breast or stomach. It is interesting that one of my informants described his bangungot attacks as being accompanied by a "heavy feeling" on the chest, this probably being a physiological manifestation of respiratory difficulties.

CHAPTER FIVE

1. In a personal communication to Vivelo (1979:46-47), Nance provides additional information on the Tasaday's religious beliefs: "I have thought lately that there probably was much more ritual in Tasaday life than we realized, and, in various ways, their whole life was ritualized—notably in their close relationships with plants, animals, each other and the forest." Nance also suggests that the Tasaday's beliefs in the supernatural "is a strong force in their lives." Finally, Nance suggests that the Tasaday have a concept of soul as "'chat in a person which is living' and that inside a person which sees the dream."

2. By "Malay," I refer to inhabitants of both the Malay peninsula and the Indonesian archipelago. Moorhead (1957:24) says that the
the Malays on the peninsula are actually immigrants from Sumatra and Java.

3. Philippine medicinal plants of Indic origins include Allium cepa L. (lasona in Ilokano from the Sanskrit lasona); Carthamus tinctorius L. (kasumba in Tagalog and Kapampangan, from the Sanskrit kasumbha); Moringa oleifera L. (malunggay in Tagalog, Ilokano and Cebuano, from the Sanskrit marungi); Ocimum spp. (sulasi in Tagalog and Kapampangan from the Sanskrit tulasi); Piper nigrum L. (malisa in Tagalog, from the Sanskrit maricha); and Vitea negundo L. (lagundi in Tagalog, from the Sanskrit nirgundi). All these plant names also have cognates in Malay and Javanese (cf. Merrill 1926:28-30; Quisumbing 1951 and Burkhill 1966).

4. Philippine medicinal plants of Hispanic origins include Aloe barbadense L. (sabila in Tagalog and Cebuano, from the Mexican-Spanish sabila); Capsicum spp. (sili in Tagalog, Ilokano and Cebuano, from the Spanish chile); Bixa orellana L. (atsuete in Tagalog and Cebuano, from the Mexican-Spanish achote); Carica papaya L. (papaya in most Philippine languages, from the Spanish papaya); Chenopodium abrosoides L. (alpazotes in Tagalog, from the Nahuatl epazotli); Gliricidia sepium (Jacq.) Steud. (kakawati in Tagalog, from the Mexican-Spanish kakawati); Fsidium guajava L. (bayabas and guava in most Philippine languages, from the Spanish bayabas and guava); Pithcellobium dulce L. (kamatgis in most Philippine languages, from the Nahuatl guamuchiti); Theobroma cacao L. (kakao in most Philippine languages, from the Spanish cacao); Nicotiana tabacum L. (tabako in most Philippine languages, from the Spanish tabaco). It is also interesting that Manihot esculenta Crantz, is known in Tagalog as kamuteng-kahoy and in Nahuatl as guauh-camotl, both names translating as 'tree sweet potato'; similarly, Gliricidia sepium (Jacq.) Steud. is known as cacahuatl-nantli in Nahuatl, which means "mother of cacao" and in Tagalog, this plant is sometimes called by the Spanish madre de cacao. (cf. Merrill 1926:28-30; Zingg 1934; Morton 1981).

Some New World plants were diffused to Malaya and Indonesia through the Philippines. The chicle plant (Achras zapota L.), for instance, is known as sauh menila in Malay and sawo menila in Java, menila referring to the Philippine capital (Burkhill 1966:29). Diffusion of Asian plants to the New World seems to have been more limited, probably because the northern reaches of the trans-Pacific voyage inhibited seedling viability and also because ships from Manila to Mexico tended to be already loaded with merchandise (Spate 1979:223).

5. Among the Iban, a proto-Malay group in Sarawak, the highest grade of the shaman (manang) still involves transvestism (Lebar 1972b:175; Sutcliffe 1976). Lebar (1972a:184) also says that among the Melanau, another group in Sarawak, the shaman bayoh are now women but were formerly transvestites.

6. Although the use of Spanish did not become widespread in the Philippines, there are many Spanish loan words in Filipino languages. Panganiban (1961) lists 5000 Spanish loan words in Tagalog alone, in
categories such as religion, law, architecture, time and days of the week. Wolff (1976:356) notes that Philippine languages influenced by Spanish are full of Spanish-derived commands, and terms of references and addresses to a master or mistress, indicating "a world in which the supervisors were Spanish-speaking and the servants speakers of a Philippine language."

CHAPTER SIX

1. Castillo (1977:375) cites the following figures from a national demographic survey conducted in 1973: 72% of Filipino households are nuclear, the figure being 77% for rural areas and 60.3% for urban areas.

2. Yap (1952:518) has called attention to the "sterile belief in innate racial psychological traits," citing the work of a Dutch psychiatrist (Van Loon 1927) who analyzed the Malayan latah syndrome as "a psychosis of the Malay races, rooted in the oriental psyche." The importance of cultural conditioning (as opposed to the notion of "inherent" racial traits) should, however, be considered. Majul (1966:158) cites a letter from the Philippine Governor-General to the Military Governor of Zamboanga, dated May 30, 1879, about an expedition to Cotobato where the Spaniards found the fiercest opposition coming from "juramentados" who turned out to be sons of Chinese migrants. Apparently, these migrants had converted to Islam and their children were raised to be devout Muslims.

3. There has been growing interest on the question of health professionals functioning as a class in themselves. Using data from Colombia and Honduras, Ugalde (1979,1980) presents convincing evidence that physicians may function as a class to protect certain professional values and economic interests. There is also interest in whether a change of class structure does in fact terminate the physicians' control of the health sector. Werner (1978) has presented some controversial opinions on this continuing professional control of the health system in Cuba.

4. Conventional interpretations of communal rituals have generally concentrated on their wealth-distributing function; but a number of anthropologists who worked in the Philippines (Eggan 1941; Keesing 1962a:121; Leaño 1965; Barnett 1967) have pointed out that the status-validating demands of such feasts may in fact force the poor to borrow from the rich. In a recent article, Diener (1978) examines Guatemalan fiestas and argues that these events are in fact used to channel wealth from the poor to the rich, through obligatory contributions to the cofradia.

CHAPTER SEVEN

1. In Tagalog, totoo means "true" and uho-uto refers to someone who is gullible. The reduplication of root words is widespread in
Philippine languages and serves diverse purposes. Rosaldo (1980:264-265) says that in Ilongot, reduplicated roots "suggest repeated and often senseless action"; moreover, where only the first syllable of a root word is repeated and punctuated by a glottal stop, there is a suggestion of "incomplete, truncated or partial actions and states of affairs."
REFERENCES CITED

Ackerknecht, Erwin H.

Adams, Richard

Adams, Richard N. and Rubel, Arthur J.

Ahmed, Paul I. and Kolker, Aliza

Aguirre Beltran, Gonzalo

AKAP

Alarcon, Ruperto
1965 A Description of the Customs of the People of Kiangan, Bunihan and Mayoyao, 1857. William H. Scott, transl. Journal of the Folklore Institute 2:78-100. (Orig. 1857)

Aponte, Gonzalo F.
1960 The Enigma of "Bangungot." Archives of Internal Medicine 52:1258-1263.

Araullo, Carol P.

Arens, Richard
Arens, Richard


Aronoff, Myron J.

Augé, Marc

Balandier, Georges

Bantug, Jose P.

Barnett, Milton L.

Barrantes, Vicente
1869 *Apuntes Interesantes Sobre las Islas Filipinas*. Madrid: Imp. de la Pueblo.

Bartlett, Harley H.

Barton, Roy F.


Baumgartner, Joseph
Bautista, Esteban B.

Bello, Moises C.

Benedict, Laura W.

Benjamin, Godfrey

Bentley, George C.

Best, Elsdon

Beyer, H. Otley

Blair, Emma H. and Robertson, James A. (eds.)

Bobadilla, Diego de
1906 Relation of the Filipinas Islands. In: Emma H. Blair and James A. Robertson (eds.), the Philippine Islands, 1493-1898; Vol. 29, pp. 277-312. Cleveland: Arthur Clark Co. (Orig. 1640)

Bonifacio, Manuel F.
1979 (Untitled study.) Text in: Jacques Parisot Foundation Medal Awarded to Dr. M. F. Bonifacio. WHO Chronicle 33:255-258.

Bourne, Edward G.

Bowring, John
1859 A Visit to the Philippine Islands. London: Smith Elder and Co.

Bruno, Juanito
Burkill, Isaac Henry  

Cabotaje, Esther M.  
1976 Food and Philippine Culture. Manila: Centro Escolar University Research and Development Center.

Cain, Andrew H.  

Campbell, John M.  

Cañeda, Rose M.  

Carroll, John  

Casiño, Eric  
1976 The Jama Mapun. Quezon City: Ateneo de Manila University.

Castillo, Geli T.  


Castillo, Geli T.; Weisblat, Abraham M. and Villareal, Felicidad R.  

Centers for Disease Control  
(U.S. Department of Health and Human Services)  

Chapple, Eliot D. and Coon, Carleton C.  
Chirino, Pedro

Claver, Francisco F.

Cobo, Juan de

Coedes, George

Cole, Fay Cooper

Combes, Francisco

Concepcion, Mercedes B. (ed.)

Connor, Linda H.

Constantino, Ernesto

Constantino, Renato

Covar, Prospero
Crow, Carl  

Cullinane, Michael  

De Kadt, Emmanuel  

Demetrio, Francisco R.  

Devereux, George  

Diener, Paul  

Dirampatan, Potri  

Djurfeldt, Göran and Lindberg, Staffan  

Doeppers, Daniel F.  

Donaldson, Ronald and Day, Richard  

Dougherty, Charles  

Douglas, Mary T.  
Dozier, Edward P.  

Drucker, Charles B.  

Dulawan, Lourdes  

Dumia, Mariano A.  

Dunn, Fred L.  

Durkheim, Emile  

Eggan, Fred  


Eggan, Fred and Scott, William H.  

Ehrenreich, John  

Elkins, Richard E.  


Ellen, Roy F.  

Ellwood, Bettie C.  
Endicott, Kirk

Erasmus, Charles J.

Estellie-Smith, M.

Evans-Pritchard, E. E.

Ewing, J. Franklin

Fabrega, Horacio Jr.

Fabrega, Horacio Jr. and Hunter, John E.

Fabrega, Horacio Jr. and Silver, Daniel

Farmers' Assistance Board
1979 Mga Sari-Saring Gamot na Kinagisanan. Quezon City: Farmers' Assistance Board. (Reprint; original date not given)

Farwell, George

Feingold, David A.
Feliciano, Gloria D.  

Feng, Han-yi and Shyrock, J. K.  

Festinger, Leon  

Finley, John P.  

Flores-Meier, Enya  

Forbes, W. Cameron  

Foster, George M.  


Foster, George M. and Anderson, Barbara G.  

Fox, Robert B.  

Fox, Robert B.

Frake, Charles O.

Frake, Charles O. and Frake, Carolyn M.

Fraikenberg, Ronald

Galdston, Iago

Galleon, Warlita K.

Galvez-Tan, Jaime Z.

Garcia, Lillian C.

Garvan, John M.

Gaces, John M.
Geertz, Clifford

Gennep, Arnold van
1960 The Rites of Passage. London: Routledge and Kegan Paul Ltd. (Orig. 1909)

Geoghegan, William H.

Gimlette, J. D. and Thomson, H. W.

Gish, Oscar
1979 The Political Economy of Primary Care and "Health by the People": An Historical Exploration. Social Science and Medicine 13C:203-211.

Glick, Leonard B.

Godelier, Maurice

Gomez, Liborio

Gore, Pearl M. and Rotter, J. B.

Gregorio, Lucille C. and Tan, Michael L.
1980 Medicinal Plants of Quiapo. Quezon City: AKAP.

Grønhaus, Reider
Guerrero, Leon Ma.

Guthrie, George M. and Jacobs, Pepita J.

Guthrie, George M. and Szanton, David L.

Guthrie, George M., et al.

Guthrie, Helen A.

Hallowell, A. Irving

Harding, T. W.

Harris, Marvin

Harrison, Tre E. and Cosminsky, Sheila

Hart, Dorn V.


Hart, Donn V.

Hessel, Elizabeth L.
1953 The Sri-Vijayan and Majapahit Empires and the Theory of Their Political Association with the Philippines. Philippine Social Sciences and Humanities Review 18:3-86.

Hayden, Joseph R.

Heggenhougen, H. K.
1980a Bomohs, Doctors and Sinsehs: Medical Pluralism in Malaysia. Social Science and Medicine 14B:233-244.
1980b The Utilization of Traditional Medicine - A Malaysian Example. Social Science and Medicine 14B:39-44.

Heiser, Victor G.

Herrera, Diego de

Himes, Ronald S.

Hollensteiner, Mary

Horowitz, Allan V.

Hutterer, Karl
Idler, Ellen L.
1979 Definitions of Health and Illness and Medical Sociology. Social Science and Medicine 13A:723-731.

Ileto, Reynaldo C.
1979 Payson and Revolution. Quezon City: Ateneo de Manila University Press.

Illich, Ivan

International Bank for Reconstruction and Development

International Development Research Centre

Janzen, John M.

Jaspan, M. A.

Jenks, Albert E.

Jimenez, Teresita

Jocano, F. Landa
Jocano, P. Landa  

Joyce, Richard E. and Hunt, Chester L.  
1982  Philippine Nurses and the Brain Drain. Social Science and Medicine 16:1223-1233.

Kasman, Edward S.  
1962  Birth and Death Rituals Among the Tausugs of Siasi.  

Keane, John T.  

Keesing, Felix M.  

Kiefer, Thomas M.  
1968  Institutionalized Friendship and Warfare Among the Tausug of Jolo. Ethnology 7:225-244.  

Kiev, Ari (ed.)  

Kleinman, Arthur  

Kluckhohn, Clyde  

Koentjaraningrat  

Koss, Joan D.  
Kroeber, Alfred L.  

Kuhn, Thomas  

Lambrecht, Francis  

Lambrecht, Godfrey  

Landy, David  


Langer, Susanne K.  

Lansdale, Edward G.  

Lapuz, Lourdes V.  

Leach, Edmund R.  
1966 Ritualization in Man in Relation to Conceptual and Social Development. Philosophical Transactions of the Royal Society of London 251(Series B):403-408.

Leaño, Isabel W.  

Lebar, Frank  


Lebar, Frank

Leones, Cl.

Leroy, James

Leslie, Charles

Lessa, William A. and Vogt, Evon Z. (eds.)

Levi-Strauss, Claude

Licauco, Jaime T.

Lieban, Richard W.
1976 Traditional Medical Beliefs and the Choice of Practitioners in a Philippine City. Social Science and Medicine 10:289-296.
Lieban, Richard W.

Linton, Ralph
1936 The Study of Man. New York: D. Appleton Century

Loarca, Miguel de

Loon, F. H. G. van

Lynch, Francis

Lynch, Frank

Lynch, Frank and Himes, Ronald S.

Maceda, Marcelino N.

Mahler, Halfdan

Majul, Cesar A.
McKenzie, Joan and Chrisman, Noel J.

Malay, Armando J. and Malay, Paule C.
1955 Our Folkways. Manila: Bookman, Inc.

Malinowski, Bronislaw

Mallat, J.

Manderson, Leonore

Manila Evening Post

Marett, Robert R.

Marettzki, Thomas

Marx, Karl

Mas, Sinibaldo de

Meiliang-Roelofs, Marie Antoinette P.

Meillasoux, C.

Mejia, Alfonso et al.

Mercado, Leonardo N.
Merrill, Elmer D.  

Messer, Ellen  

Millington, W. N. and Maxfield, Berton L.  

Mintz, Malcolm W.  

Molony, Carol H. and Tuan, Dad  

Montilla, Rogelio  
1980 Health and Health Care in the Phillipines. Mimeographed paper used for workshops on community health programs. Files of the Southeast Asia Resource Center, Berkeley, California.

Moore, Grace V.  

Moorhead, Francis J.  

Morga, Antonio de  

Morton, Julia F.  

Moss, Claude R.  

Murdock, George P.  

Najman, Jakob M.  

Nance, John M.  
National Census and Statistics Office (Philippines)

National Institute of Science and Technology (Philippines)

Navarro, Vicente

Needham, Rodney

Nimmo, Harry A.

Nolasco, J. B.

Norris, Ruth (ed.)

Nuñez, Jose

Nurge, Ethel

Nydegger, William and Nydegger, Corinne

Obeyesekere, Ganaganta
Oracion, Timoteo S.

Ortiz, Tomas
1906 Superstitions and Beliefs of the Filipinos. In: Emma H. Blair and James A. Robertson (eds.), The Philippine Islands, 1493-1898; Vol. 43, pp. 103-112. Cleveland: Arthur Clark Co. (Orig. 1731)

Ortner, Sherry B.

Owen, Norman G.

Faciaya, Alfredo G.

Pal, Agaton and Polson, Robert A.

Pangasinan, Jose O.

Parsons, Talcott and Shils, E.

Paul, Benjamin D.

Pelligrino, Edmund D.

Peralta, Rizal G. de
1926 The Hospitals in the Islands During the Spanish Regime. Unitas 5:147-150.

Perez, Domingo
Peterson, Jean T.  

Phelan, John L.  
1955 Prebaptismal Instruction and the Administration of Baptism in the Philippines During the 16th Century. The Americas 12:3-23.

Philippine Nurses Association  

Pillsbury, Barbara L.  

Plasencia, Juan de  

Polunin, Ivan  


Press, Irwin  
1980 Problems in the Definition and Classification of Medical Systems. Social Science and Medicine 14B:45-57.

Provencher, Ronald  

Quincos, Myrna  

Quirino, Carlos and Garcia, Mauro (transl.)  
1958 The Manners, Customs and Beliefs of the Philippine Inhabitants of Long Ago; Being Chapters of 'A Late 16th Century Manila MS' Transcribed, Translated and Annotated. Philippine Journal of Science 87:325-449.

Quisumbing, Eduardo  
Radin, Paul  

Rahmann, Rudolf  

Ramos, Alicia C.  

Ramos, Maximo  
1968  *Beliefs in Ghouls in Contemporary Philippine Society.* *Western Folklore* 27:184-190.

Reed, Robert R.  

Reichel-Domatoff, Gerardo  

Relucio-Clavano, Natividad  

Renfrew, Colin  

Retana, Wenceslao E.  
1921  *Diccionario de Filipinismos.* Paris: Bailly-Baillière.

Rivers, W. H. R.  
1924  *Medicine, Magic and Religion.* New York: Harcourt Brace

Robles, Eliodoro G.  

Rocamora, Joel  

Rosaldo, Michelle Z.  

Roth, Dennis M.

Rubel, Arthur J.; Weller-Fahy, Karen and Trosdal, Mimi

Saber, Mamintua

Sadavongvivad, C.

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Sather, Clifford

Scheans, Daniel J.

Schemerhorn, Richard Alonso
Schlegel, Stuart A.

Schweder, Richard A.

Scott, William H.

Sechrest, Lee

Senturias, Erlinda N.

Shah, B.

Shakman, Robert

Sison, Atinodoro E.

Sjoberg, Gideon

Skeat, Walter William
1900 Malay Magic. New York: Barnes and Noble, Inc.

Snyder, Patricia
Sontag, Susan

Spate, Oskar H. K.
1979 The Spanish Lake. Minneapolis: University of Minnesota Press.

Spicer, Edward H.

Stauffer, Robert B.

Strout, Caroline; Hardjawana, Betty and Humris-Pleyte, Edith

Sturtevant, David R.

Sutlive, Vinson H. Jr.

Swanson, Guy E.

Swartz, Theodore

Tan, Michael L.


1981 Survey on Public Awareness of Medicinal Plants. Unpublished manuscript. Files of AKAP (Quezon City).

Tavera, Mita Pardo de et al.
Tiamson, Alfredo T.

Tiston, Rebecca C.

Trotter, Robert T.

Turner, Victor

Ugale, Antonio

Unschuld, Paul U.

Vanoverbergh, Morice

Varese, Stefano

Veith, Liza
Velez, Amosa L.

Venturello, Manuel Hugo

Vincent, George E.

Vivelo, Frank Robert

Vogt, Evon Z.

Wallace, Ben J.

Warren, Charles P.

Warrender, Charles K.

Werner, David
1977 Where There is No Doctor. Palo Alto, Calif.: Hesperian Foundation.

Whinnom, Keith

Whiting, Beatrice B.

Whitmore, John K.
Wickberg, Edgar

Wilson, Christine S.

Wilson, Godfrey and Wilson, Monica

Wolff, John

Wolff, Leon

Wood, Grace L.

World Health Organization (United Nations)

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APPENDIX:

ETHNIC GROUPS IN THE PHILIPPINES

Although specifically dealing with Thailand, the following observation by Freingold (1976:84) could very well apply for the Philippines:

To identify significant ethnic units in an area where ethnolinguistic and cultural complexity of many groups intermingled in the same or similar ecological settings, forces recognition of lack of congruence among linguistic, cultural and societal boundaries. Conversely, how is one to understand the meaning and significance of a large variety of local designative terms, the semantic boundaries of which seem so evanescent.

There are varied opinions on the number of ethnic groups in the Philippines, depending on the criteria being used for designating ethnicity. Generally, language has been used as a boundary marker, not only by ethnologists but also by the groups themselves.

For the purposes of this thesis, I have listed 73 ethnolinguistic groups, accompanied by a map to show their regional location. I would like to point out, however, that other Filipino anthropologists and linguists may argue that the actual number of groups exceeds those listed here. Constantino (1971) cites a study by the University of the Philippines which identified over 300 Philippine dialects, broadly belonging to about 70 languages. Many of these dialects are, however, spoken by very small groups; in fact, besides English and Tagalog (the two official languages of the Philippines), there are only seven other Philippine languages spoken by more than 500,000 people: Cebuano, Ilokano, Hiligaynon, Waray, Bikol, Kapampangan and Pangasinan.

The map and the list of ethnic groups are adaptations from the work by Fox (1957a:297-307) and should serve to identify the ethnic groups referred to in this thesis, as well as those most frequently mentioned in the literature on the Philippines. Naturally, Christian groups are now found throughout the archipelago because of the resettlement policy initiated over the last few decades. The list only indicates the areas where a particular ethnic group is most numerous; e.g., Tagalogs in Central Luzon and Manila.
DISTRIBUTION OF PHILIPPINE ETHNOLINGUISTIC GROUPS
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A Thesis

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