Chapter IV

Meaning transformations as a key aspect of healing
The previous chapter focused on the development of a disease theory and healing methods for HIV and AIDS by local healers in Chiang Mai. This chapter complements the previous one by exploring how cultural meanings contribute to the effectiveness of the healing process in the case of HIV and AIDS. The first section of the chapter presents the transformative process that turned an ordinary villager into a meritorious healer and an abandoned temple into an HIV/AIDS healing center. The second section demonstrates how the ability of this healer to arrange the healing process resulted in a change in the meaning that local villagers attribute to HIV/AIDS. A disease that was initially considered a death sentence became a manageable condition that one can survive through the joint efforts of healer, patient, and community. An important aspect of this survival is the collective shift in the typical dramatic tone associated with HIV and AIDS. The third section examines various aspects of Buddhist teachings that this healer conveys to his patients, and which have made this transcendence possible. The core of these teachings is the necessary shift that one must make in the scheme of meaning that one attributes to life. Lastly, the chapter discusses how the various changes in the meanings attributed to HIV, AIDS, suffering, and life in general, contribute to the effectiveness of this process.

Transformation of a healer: Mo Boon from Ban Denchai

I have chosen in this chapter to focus in particular on meaning transformation in the life and healing practice of Mo Boon because of the importance he attaches to the merits of local sacred beings. Like other healers that feature in this book, Mo Boon acknowledges this merit in relation to the effectiveness of the healing; but in contrast to the other healers, this merit also played a role in his transformation from an ordinary villager into a healer.

I met Mo Boon for the first time during my early fieldwork phase in 2006. Since then, my regular visits made me familiar with Mo Boon, not only as a healer but also as a person. I conducted in depth interviews with him and observed his daily life, his healing activities, as well as his religious performances on holy days. When I first met him he was living in a small wooden house close to a bigger building, the latter of which was the house he had built for his parents from his own savings. Next to his parents’ house were the houses of his eldest son and elder brother. Even though his own house was very small, he used the back part of it, which was around five square meters, as the healing space where he took care of his patients. In this room was a wooden cabinet in which some ten transparent plastic bottles were kept. When I recall my observations of Mo Boon’s practice, one particular patient comes vividly to mind. He was a man who suffered from san – the disease that presents a hard lump under the skin as the common symptom. I remember well the comfortable and honest character of the relationship between Mo Boon and his patient.

During my second fieldwork period in 2008, the physical environment around Mo Boon’s residence had changed somewhat: there was a new concrete house, and a healing center between the house of his eldest son and that of his elder brother had been built. Mo Boon, however, still continued his ordinary life and kept on serving the community as a local healer. Numerous visits provided me with abundant occasions to become acquainted with and closely
observe his conduct. This allowed me to learn more about his life, his moral experiences, and to explore the thoughts behind his conduct.

**Boon’s life as an ordinary villager**

Boon’s childhood and adolescence was similar to most villagers in remote rural communities who are deprived of the opportunity for higher education. He attended a nearby school until grade four, at which time he had to quit schooling in order to help his family. His father had thirteen children and not enough money to support education for all of them. Boon helped on his father’s garlic farm and plowed rice fields. His hard work earned him enough to build a house for his parents. After he got married, he moved with his wife into a rice barn near his parents’ house. On his wedding day, he asked for a blessing of prosperity in front of the Buddha statue in the local monastery. Boon received the blessing he had asked for in the form of a son in the first year of his marriage. Not having his own land, he rented a rice field to farm, and had to give half of his harvest to the landlord. After a few years of hard work, he had saved enough money to buy two rice plots. Later, he bought a rice threshing machine, through which he earned extra income by renting it to local farmers. Within one year his whole investment had been returned. Three years of hard work had brought his family a good life and he could now build his first house near that of his parents.

**The AIDS crisis and the transformation of a healer**

In 1992, two years after his second son was born, the HIV/AIDS epidemic appeared in Boon’s community. An undeniable panic broke out among the villagers about this deadly disease, which did not pass unnoticed by Boon. People were dying and there was nothing one could do. Instead of being horrified, he thought that the villagers should seek solutions before the disease spread to their offspring. He decided to do whatever he could to help stop the disease. So, at the age of 35, Boon started to talk to the villagers about HIV and AIDS and distributed information he had picked up from the radio and the public health office. Despite his good intentions, nobody listened to him. Feeling rejected and discouraged, Boon no longer wanted to do anything. Desperate, he gave up all hope. He went to the farm with his wife but the only thing he did was sit, look about himself aimlessly, and cry. He sold his house for a low price and returned to live at the rice barn. He also put up a sign to offer his land for sale; luckily, no one was interested. He turned his back on the community and did not talk to anyone for a period of two months. But the idea of stopping HIV and AIDS and helping those who were affected still preoccupied him and held the attention of his unconscious mind.

Then the critical turning point came in Boon’s life. Despite being a healthy man, one day, all of a sudden, he fainted and remained unconscious for five days. Rumors abounded that he had become possessed by an evil spirit (*phi ba*). A spirit medium, however, told his family

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1 In the following sections about his earlier life, I refer to Mo Boon simply as Boon, since this describes the time before he achieved his status as a healer within the community; after that I refer to him as Mo Boon (which means ‘Doctor Boon’).
that he had been inhabited by a Buddhist saint or Orahant (Orahant khao sing). When he regained consciousness, he felt reborn, with a new soul in his old body and a new vision of his life. It was now clear to him what had gone wrong with his previous attempt to change the villagers’ response to HIV and AIDS:

The villagers did not listen to me because I was never ordained. So I thought I should not say anything anymore. When I stopped talking, they said I went crazy. I wondered why they listen to monks and also give them money. I started to understand that words were not enough. Talking could work with young people, but for adults I needed to live an exemplary life.

Boon realized that it would be impossible to persuade his neighbors to help persons with HIV and AIDS in the community unless he was ordained. However, as he was married and had two sons, he could not leave his family to enter monkhood. After conferring with his parents and his wife, he decided to dress in white and stay every night for three months in a nearby Nong Chang temple to study the Buddha’s teachings (dharma) and practice meditation.

In Buddhist culture, lay people often dress themselves in white clothes and stay in a temple on a Buddhist holy day or during the Buddhist lent (phansa) to engage in religious practices. They pay their respects to the Buddha while listening to dharma, reciting mantras, observing the religious precepts, and practicing meditation. The white color of their clothes represents the purity of the physical, verbal, and mental state that they intend to conduct. Boon followed the eight precepts, which included sexual and other forms of sensual abstinence. He seriously undertook meditative practice in accordance with a local Buddhist manuscript he found in Nong Chang temple, a meditative practice called samathi kao than, or meditation of the nine bases. Boon practiced mindfulness by concentrating on his breathing; he breathed in and prayed bud then breathed out and prayed dho. He practiced control of his mind by focusing his concentration on the nine bases located within his body: the first base is in the middle of the belly, then one moves to the second base in the middle of the chest, then to the throat, the mouth, the nose, the eyes, the ears, the crown of the head, the inner part of the brain, back to the crown of the head, the ears, and finally the forehead.

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2 Phansa is the Buddhist lent, a period of three months during which all monks have to stay in a temple, study dharma, and avoid all unnecessary travel.

3 A mantra is a word or phrase repeated by a priest, healer, or a person who performs a ritual and other religious practices. Each mantra is considered effective in producing change for a specific purpose. Buddhist mantras are formulated by a compilation of words that are viewed as being at the heart of Buddhist teaching. Reciting mantras is therefore a way to remind a person of the Buddhist teachings.

4 The precepts in Buddhist tradition are commitments to abstain from doing things that are considered obstacles in one’s progress towards spiritual development. The five basic precepts for all Buddhists consist of abstaining from harming living beings, stealing, sexual misconduct, lying, and intoxication. For a person who wants to practice meditation, eight precepts are recommended. In addition to the basic five, one must refrain from: eating at forbidden times; dancing, singing, listening to music, going to see entertainment, wearing garlands, using perfumes, and decorating the body with cosmetics; and lying on a high or luxurious sleeping place (this latter precept is extended to abstinence from all sexual activity).

5 Bud-dho means Buddha or the Enlightened One.
Through this kind of practice, Boon claimed that his mind became more subtle and could perceive the existence of the two invisible worlds, namely heaven and hell. Boon could see neighbors who had passed away, and was able to know beforehand that someone in a certain house would die in the near future. No one in the village, however, yet believed the knowledge he had acquired. This did not deter him from his practice. He simply observed his extrasensory perception and waited to see whether the event that he had foreseen would happen. He realized that his mind had been transformed into a new state, its qualities shown through his delightful and powerful enthusiasm in helping others.

In Buddhist tradition, a person who is ordained and who follows the proper conduct in accordance with the way of the Buddha’s teachings is respected by local villagers as a *khon suk* (literally a ‘ripe’ person). While in Northern Thailand practicing monks are addressed with the term *tu*, the respect for other ‘ripe’ persons is expressed with the term *noi* (for a person who ordained as a novice) or *nan* (for a person who used to be a monk). The terms *noi* and *nan* also connote the sense of an educated person or a local scholar. Although Boon never had the opportunity to be officially ordained, because of his attendance to meditative practice and his observance of the Buddha’s teachings, the villagers did respect him to some extent as a ‘ripe’ person.

Aside from his spiritual practice, Boon always reminded himself of what he had learned from his father when he was a child. His father, who was a healer, had often sent him out on errands to a store in Lamphun province to buy medicinal herbs. He had also accompanied his father to treat patients at their homes. Never before did he imagine that he would follow the role of healer that his father and grandfather had fulfilled in their time. Nevertheless, he did follow in their footsteps. Boon also became the third generation of local healers that had to deal with a deadly disease. His grandfather and his father both had to cope with the outbreak of deadly epidemics in Chiang Mai: his grandfather, who came from Burma and had married a local woman, was a local healer during the time of a smallpox outbreak in the 1940s; his father was a local healer in the time of a cholera epidemic in the 1960s. Both generations had saved many lives in the region. Boon thought that HIV/AIDS, smallpox, and cholera had many things in common, whether in their life threatening character, in their sudden outbreak, or in the limitations of the medicine available to control them. He reasoned that the traditional drugs that his father and grandfather had used in their time might be able to save the lives of many persons with HIV in his time.

Eagerly, Boon started to learn traditional medical knowledge and practices with his father during the daytime. His father taught him how to diagnose diseases, how to prepare the traditional drugs he himself was familiar with, and how to use them for different diseases. As Boon had been familiar with local healing since he was young, he was able to learn these skills within a few months. Apart from the traditional drugs that had been used in his father’s and grandfather’s time, Boon had to seek additional medicines. With the assistance of his father, he searched through his father’s manuscripts for specific drugs to cure HIV/AIDS. They found a potent drug for *khang lueat*, a blood disease not dissimilar to AIDS. In a manuscript written by Khruba Khaopi and kept in Nong Chang temple, Boon also found a
drug for future incurable diseases, which could possibly be used for the treatment of AIDS. He prepared these traditional drugs, put them in cardboard boxes, and placed them on the glass altar of the Buddha statue in Nong Chang temple for three months.

In the meantime, Boon managed to persuade the elders who often visited the temple to help persons who were affected by HIV and AIDS. He told them that helping such persons was a great deed of merit making; simply by offering moral support they could reduce these people’s suffering. Given the fact that the elders were respected by the villagers, their positive response to his proposal had a rippling effect and created a wider positive influence in the community.

In the period of his intensive meditative practice, Boon had a dream. In this dream, a monk came to visit him and said, ‘For a long time I have come to you, but you were asleep. Why didn’t you come earlier? I’ve been waiting.’ The monk led him to a mountain where he could see a beautiful white pearl colored relic of the Buddha, to which he paid his respects. Boon told his dream to an elder at the temple and described the monk of his dream in detail. The elder said that this monk might be the highly revered Khruba Siwichai⁶ and encouraged him to pay homage to this late monk at the Phrathat Doi Suthep temple.⁷ Boon persuaded the villagers to join him, and they traveled in two pick-up trucks to visit the temple. When he reached the foothill of Doi Suthep (Suthep Mountain), he saw the statues of three monks in a pavilion. He asked the driver to stop the car and went into the pavilion. He found that the middle statue, the statue of Khruba Siwichai, was like the monk in his dream. He paid his respects and said that he had come to see Khruba Siwichai, as was told to him in his dream. After Boon had walked throughout the Phrathat Doi Suthep temple and was preparing to leave, a monk came to him and, holding out a one foot tall statue of Khruba Siwichai in his hand, said, ‘Take this statue and worship it, it will help the sick.’ Boon was puzzled about why this monk would give the statue to him and how he seemed to know that he was healing patients. He connected this incident to a story his father had once told him about how his grandfather had used to provide treatment to Khruba Siwichai when he was ill.

On the day that Boon completed his three month study and retreat at Nong Chang temple, he went to see and pay his respects to the abbot. As an offering to the abbot, he brought with him flowers, incense sticks, and a candle in a silver bowl. As he was leaving and was about to pass the temple gate, the leaf of a sacred pho tree⁸ fell right into the bowl he was carrying. He felt bewildered and went back to the abbot and asked for his advice and interpretation. The abbot said that Boon would become a resort for people; he should therefore determine to

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⁶ Khruba Siwichai was a Buddhist monk who lived from 1878 to 1938. His moral teachings were based on the Northern traditional style of Buddhism, which was appreciated by most Northern people during the revolutionary period of the inclusion of the North into the Kingdom of Siam.

⁷ Phrathat Doi Suthep temple is the spiritual center of Chiang Mai and was reconstructed under the direction of Khruba Siwichai. It is located near the summit of Doi Suthep (Suthep Mountain), a sacred mountain according to Northern Thai cosmology (see Swearer et al. 2004).

⁸ The Sacred Fig Tree or pho (Ficus religiosa Linn.) is considered auspicious since it was the tree under which the Buddha meditated and attained Enlightenment.
do good things with all his heart. The abbot also gave him some puzzling advice: ‘Having a fortune or not having a fortune will bring suffering. Having fame or not having fame means suffering.’ Boon pondered over these words for a few days. He concluded that what the abbot had advised him was to walk the middle way. He made a vow to dedicate his life to helping people without aiming for material return or fame, since both could lead to misery.

**Analyzing the transformative process**
The story of Mo Boon tells us of how an ordinary person transformed himself into a local healer in a context that needed an urgent response to the HIV/AIDS epidemic. Although he was born into a family of local healers, his potential as a healer was initially not recognized by his fellow villagers, since he was just an ordinary man like many others; he had only a basic educational background and worked as a poor farmer. In order to be converted from his ordinary status as a villager into a healer capable of dealing with deadly disease, a transformative process was required. In his case, in contrast to many other healers, his transformation was not only brought about through an apprenticeship to other healers and the accumulation of experience in treating patients. This process would have taken time in which his aged father would have had to play a major role. It turned out that this was not to be the case. Mo Boon’s transformation occurred through the construction of a new reality around him. By dressing in white and practicing meditation in an abandoned temple, he was transformed from a ‘raw’ into a ‘cooked’ person, a ripe or matured man. He also became a trustworthy man, who not only came from a family of local healers that had fought epidemic diseases in the past, but was also a man whose symbolic association to the most powerful local saint had endowed him with a special power to fight HIV and AIDS.

Although the transformation in the case of Mo Boon was intrapsychic and personally experienced, its shared symbolic significance gave it a social impact. Every event in the process of his transformation was meaningful, not only to Mo Boon himself but also to the community as a whole. In Thai and local history, when the country encounters misery, people have always expected help from someone who possesses great merit. In Northern Thailand, this meritorious person is called *ton bun*. Khruba Siwichai was a *ton bun* well recognized by local people. Mo Boon’s emphasis on merit making and his association with Khruba Siwichai through the symbolic signs described above therefore produced not only a meaningful experience for himself but also a narrative meaningful for the community as a whole. This social experience was significant to the community, especially at the time of the unprecedented threat of a dreadful new disease. The villagers came to realize this threat and the potential response to it offered by Mo Boon even more when Mo Boon, in the process of becoming a healer and at the beginning of setting up his mission in practice, established a healing setting in the community.
Transforming an abandoned temple into an HIV healing center

In 1993, when Mo Boon started his mission by treating the HIV/AIDS patients in the village at the Nong Chang temple, word of mouth quickly spread around. Soon, so many patients came to see him at Nong Chang temple that Mo Boon was afraid that it would bother the elder villagers who came to the temple to meditate. He consulted the temple committee and asked for permission to use the area of the abandoned temple near his home as a healing center. Some villagers opposed the idea, fearing that having two temples so close to one another would cause a division of faith among the people. Mo Boon handled this sensitive issue by inviting a district monk to be his adviser and by promising the abbot that he would not turn the area into a new temple.

In the meantime, he put up an announcement at Nong Chang temple that he would conduct a trial healing session to treat volunteer HIV/AIDS patients free of charge for three months. At first, patients in the village were interested in coming, but their spouses were against it, and nobody joined the project. Later, seven HIV patients from other villages volunteered to receive Mo Boon’s free treatment.

With donations from people in the region and the cooperation of the community, a healing center was built in the abandoned temple, and the trial project commenced. After the three month trial, Mo Boon found that his traditional drugs were effective. As he said, ‘The fever was gone. There was no papule anymore.’ But he also found that he had to work very hard, spending the nights looking after his patients at the temple and the days preparing the medicines and working at his longan tree plantation, and so could spend little time with his family. Since the inpatient center had exhausted him, he decided to change it to an outpatient center; patients would stay at their own homes and come to see him once a week on Buddhist Sunday.

The news of the satisfactory results of the trial spread quickly through word of mouth. The villagers started to call him ‘Mo Boon’ (Doctor Boon). Over thirty HIV/AIDS patients a week came to the healing center from Chiang Mai and neighboring provinces. The expense of providing the treatment soared with the increasing number of patients; however, he and the healing center committee were able to manage it. The center was supported by donations from individuals and fees from patients who could afford to pay, as well as by financial support from the Disease Control Department, which had sent its officials to observe the center on its opening day. The subsidy from the Department of Disease Control was spent on medicines for deprived patients. It also helped to procure tools and utensils that could enable persons with HIV to earn an income: Mo Boon invested in sewing machines for persons with HIV to make hats and in a candle molding tool for them to make mosquito repelling candles. The donations from villagers were spent on building concrete structures and on other tangible investments, such as pavilions, water tanks, an herbal steam room, massage room, football field, and electricity in the toilets.
Illustration 2. The HIV healing center at the deserted temple of Ban Denchai in 1994. Left: Mo Boon and his HIV patients. Right: Mo Boon’s father and the villagers who constructed the wooden houses for HIV patients.

Illustration 3. Ceremony to invite the statue of Khruba Siwichai to reside in the shrine hall
Aside from investing in this new infrastructure, Mo Boon organized a special event to install another statue of Khruba Siwichai in the healing center. As can be noticed from the pictures, many villagers participated in this event. The statue was set near a statue of the Buddha that was the principal image of the healing center’s wihan (the building within a temple complex where the Buddha image is located).
In 1995, the Northnet Foundation, a non-governmental organization working with HIV and AIDS in Chiang Mai, came to support Mo Boon’s work and facilitated an exchange of experiences among the local healers who were treating HIV and AIDS. In Hang Dong district they organized a healer group named the ‘Chatura Sila Group’ and Mo Boon was selected as the vice leader. In 1996, the story of Mo Boon was published in a chapter of a book, entitled *Twenty-three experiences of AIDS in Northern Thailand*, which was supported by UNICEF and UNAIDS (Seri 1996). Since then the healing center has become a site for study tours, with visitors from both within the country and abroad. Mo Boon has also participated and shared his experiences in several meetings and conferences on HIV and AIDS, including the XV International AIDS Conference held in Bangkok in 2004.

In 2002, Mo Boon’s healing activities in the deserted temple could no longer continue, since the villagers had invited a monk to reside regularly at the place and wanted to develop it into a fully functioning temple. Mo Boon moved the healing center to his own house, which is where I met him during my first period of fieldwork.

**Transforming a space into a place of healing: An analysis**

It is evident from the story of Mo Boon that healing HIV/AIDS patients in Northern Thailand is not only an affair between the healer and the patients, but is also a communal affair; it is a process that belongs to the community. The transformation of an abandoned temple into a healing center was realized by converting the place into a site for merit making. It made villagers feel comfortable donating money and contributing to the construction and administration of the center. Moreover, support from many organizations outside the community also changed the healing center into a place of public interest that could serve more comprehensive needs of persons with HIV and AIDS. For HIV positive persons, the healing center was a place of hope where they could access the healing provided by Mo Boon’s traditional drugs to revive their lives. The center was meaningfully named ‘The Rehabilitation Center for New Life’ (*Sun Fuen Fu Puea Chiwit Mai*).

**The transformation of AIDS from a fatal into a treatable disease**

From the story of Mo Boon, as told above, we can easily see that the contribution of local healers to the fight against HIV and AIDS in Northern Thailand is about more than saving a certain number of lives. It constitutes a change in the meaning that people attribute to HIV and AIDS. I would like to emphasize the fact that the local healers in Chiang Mai, including Mo Boon, were the very first category of people to insist that AIDS is a treatable disease and that persons with HIV can live healthily if they use traditional drugs and conduct a proper

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9 It is a pity that after the new temple of Denchai was established, the whole infrastructure of the healing center was demolished. Only the Buddha and Khrua Siwichai statues were kept in the building of the new temple. In addition, as I could observe at the opening day of the new wihan, many people from Bangkok (some of whom were owners of or stars from a television channel), who had donated money for the construction of the temple, had not been informed about the history of the temple’s site; it seemed as if the temple had been developed from nothing.
life. This persistent call from local healers was instrumental in changing society’s view of AIDS as a disease.

It should be noted that at that time when Mo Boon first began treating HIV/AIDS patients, there were no antiretroviral drugs (ARVs) available in the hospitals. The standard treatment was based on symptomatic care, and many HIV positive patients died rapidly after succumbing to opportunistic infections. In this atmosphere, it was said that AIDS was an untreatable disease and persons with HIV felt hopeless. Numerous reports stated that many HIV positive persons died not long after the revelation of their positive blood test results due to despair and loss of hope. The message that AIDS was a controllable and treatable disease can therefore be seen as a transformative experience for hopeless and helpless patients.

Yada, a woman with HIV from a nearby province who had been seeking care from Mo Boon at the healing center since 1997, was one of these patients who had experienced such a transformation. She recounted for me the story that Mo Boon had told her during one of their encounters. She told me that Mo Boon had died for five days and, in this state, he came to see many things in heaven. Then he was reborn and was offered the good medicines to heal persons with HIV and AIDS. Accompanied by her parents and young daughter, Yada joined the activities in the deserted temple every second Buddhist holy day. In addition to receiving the traditional drugs, she dressed in white, paid her respects to the Buddha’s image, recited Buddhist mantras, practiced meditation, and talked with Mo Boon. He always encouraged her not to lose hope and to keep taking the traditional drugs as long as she could. She believed that she has survived because of the help of Mo Boon, while her friends who did not follow this healing path have all passed away.

Illustration 4. Inside the shrine hall. Left: The statues of the Buddha and Khruba Siwichai inside the shrine hall. Right: The activities in the hall, i.e. praying, practicing meditation, and dispensing medicines.

One could argue that giving hope to people with HIV is similar to deceiving persons out of self-interest. This is true in some cases. As I learned from many persons with HIV, some healers do try to make a profit through selling herbal medicines with the claim that they would cure HIV/AIDS. A police general and a pharmacist claimed that they had discovered a medicine to treat HIV/AIDS and dispensed this medicine for free at the Chiang Mai sports
stadium. But all of these alternatives were ultimately denounced by people in the community since those peddling them conducted their treatments with dishonest intentions and their medicines had no effect.

Mo Boon is different. For one thing, from the beginning of his healing activities he separated himself from any monetary involvement. The financial management of the healing center was placed in the hands of a group of respected elders in the community. This transparency caused him to be recognized not only by the community but also by the HIV groups and NGOs operating in Chiang Mai and Lamphun, local and national government organizations, and local administrative organizations. At least two chapters in two books have been written by academics who admired Mo Boon for his works at the deserted temple (Seri 1996; Rangsan 2004).

For Mo Boon, the only thing he had to prove was whether the HIV/AIDS patients recovered from their illness and remained healthy after treatment with his local healing. The initial three month free trial was therefore conducted to prove this. Although it was a difficult task to take care of the seven inpatients during the three month trial, along with his other routine work to earn a livelihood, the experiment eventually bore fruit. The satisfying result, which was apparent to the villagers, was persuasive to change the perception of HIV and AIDS among the villagers and among the patients themselves.

Apart from the trial, Mo Boon and his staff organized events in which the villagers in the surrounding communities participated, such as thot pha pa (a religious event which is held to offer essential necessities to monks), collecting money for the buildings and infrastructure at the deserted temple, and holding an event to celebrate the hall shrine. These events were opportunities for Mo Boon to inform the villagers about the success of the healing, and for the villagers to share the merit of their contributions. Through these social experiences, the meaning that villagers gave to HIV and AIDS was gradually transformed. AIDS became increasingly viewed as a treatable disease; people with HIV should not be discriminated against; and the community felt itself capable of solving the problems of HIV and AIDS with its own local wisdom and methods. The success in fighting against HIV and AIDS in Ban Denchai was therefore the triumph of a community, among many communities that were challenged by HIV and AIDS in Northern Thailand, in which local healing played an important role.

Transcending emotional distress

HIV/AIDS does not only affect the physical body, it also produces emotional distress. This distress may be due to the expectation that the sick person will die and will have to part with his or her loved ones at an early age, or to being stigmatized as a deviant person and being discriminated against by his or her family, workplace, or community. Emotional distress can be expressed in feelings of confusion, fear, despair, depression, anger, or other forms of psychological suffering (Farmer and Kleinman 1989; Lyketsos et al. 1993; Penchan 1994). As long as this suffering is not relieved, it is, in the perspective of the local healers, difficult to treat a patient’s physical ills or achieve a sustainable treatment outcome. Below I explore
the various ways in which Mo Boon and his patients deal with the emotional suffering due to HIV and AIDS.

**The use of proverbs, metaphors, and pictures**

Most of Mo Boon’s patients who seek his care come to him with grief and anxiety. Mo Boon stated that his healing strategy is to detach them from their emotional distress before treating them with medicines. Mo Boon makes heavy use of traditional wisdom as expressed in the local proverbs (*kam ba kao*) he learnt from his father and in the metaphors people are traditionally familiar with. In addition, Mo Boon uses pictures of patients who have recovered through his healing as a means of encouraging and giving hope to others.

The concept of *phaya* (or *panya* in Pali) underlies Mo Boon’s teaching about emotional detachment to his patients. *Phaya* refers to intellectual, insightful, and deep existential understanding expressed in the form of proverbs. In Buddhism, somebody who has supreme *phaya* has an understanding of everything, including each event as it occurs, and is able to detach himself entirely from hatred, greed, and ignorance. Such a person can liberate himself from selfishness and devote his life to the service of others out of goodness. In a more sophisticated sense, *phaya* is the outcome of an intrapsychic change which occurs during the enlightenment process and causes revelation of the ultimate truth.

In his educational brochure for persons with HIV, Mo Boon does not only mention his knowledge about the use of medicinal plants to heal common illnesses, but also includes some local proverbs, for example: ‘To become rich one has to creep. If you run you have no success. To sit on the altar you have to behave well.’ (*Khao mi hue kan, khao nan hue lan, krai nang thaen man sang khwam di.*) These proverbs mean that those who want to be rich have to be industrious and do it little by little; that those who do something in a hurry will fail; and that those who want to have a respected position in society have to behave with politeness. Mo Boon explained to me that being a patient person and doing good things for others are necessary characteristics of those who want to achieve success in any business. In the same manner, persons with HIV who expect a good outcome from the healing have to be patient and should be satisfied with the results they gain, little by little. Furthermore, they have to help other persons once they have recovered.

Mo Boon reminded patients that believing others without firm evidence was akin to following a blind person or asking for fire from somebody with blurred vision (*ta bot nam thang, ta fang nam fai*); it will only led to more trouble. The blind person here is a metaphor for someone who is ignorant. In other words, the saying says that one should follow the teaching or advice of a person who has *phaya*, so that one will not get into trouble. Another local proverb that Mo Boon often uses is: ‘If we are afraid of death, it will come close to us; we should therefore not have fear for it’ (*Klua lam chang tai, ai lam chang tao*).

Mo Boon also developed a lesson to motivate his HIV/AIDS patients to pay more attention to the significance of the Buddha’s teachings – *dharma* – for their illness. Patients who come to him with grief and anxiety usually wish a quick recovery. Mo Boon commonly responds to this using a visual example. He takes two earthenware pots, one he has filled with water and
the other one which is empty. He asks the patient to open the lid and look inside both pots. Then he asks which pot is the most beautiful. He explains that those without dharma in their hearts are like the pot without water; ants and insects live inside this pot and its surface does not feel nice. Persons with dharma in their minds are like the pot filled with water; its surface is nice because of the moisture. Therefore, if one wants to become a nice pot that offers no space to ants and insects, one needs to protect oneself by having dharma in one’s heart.

Mo Boon always emphasizes that everyone has to die sooner or later. He explained that he himself may die sooner from a car accident than someone will die from HIV, since he often travels to the city to buy the ingredients required for his traditional medicines. As human beings, we are born without material possessions, and we will all leave this world with empty hands. Only our good deeds remain and they make our minds noble. So let us be satisfied with what we are and what we possess. The aim of this simple teaching can be summarized with the local word plong (literally, to cut it off), which means to detach oneself from something that makes one suffer. When one truly understands the essence of life, one can, according to the Buddha’s teaching, detach oneself from that thing or event.

Yada, the HIV patient I presented above, told me that Mo Boon had taught her to detach herself from the fear of death. This was not an easy task since she was 26 years old and had to support her family after her husband had passed away from AIDS, leaving her with her two year-old daughter. After she went to see Mo Boon, listened to his teachings, practiced meditation, and took traditional drugs, she vowed to herself that she had to stay alive for her parents and her daughter, no matter what her neighbors said or how they looked down on her daughter. She insisted that she was still alive because of Mo Boon’s teachings and medicines. Some persons who had once said that she would soon die due to her HIV status had since passed away, yet Yada she was alive and had survived her HIV infection for more than twelve years. Furthermore, she had no fear of dying. She just wanted to look after her daughter until she finished her education so that she would have a good future.

Mo Boon aroused in his patients the hope of recovering from their illness by showing them pictures of his past healing activities and by talking about other HIV patients who had come to him in a serious condition but were finally healed and were able to live a healthy life. Saichai, a 30 year-old local merchant from Lamphun province, had been infected with HIV by her husband three years prior. She told me that before visiting Mo Boon, she was depressed and worried about her life and family. Seeking care from a hospital could only help her to improve her physical health, and since she had to conceal her illness from others, she had no one to talk with apart from her sister-in-law. When she and her sister-in-law went to see Mo Boon, she did not only receive medicines. The teachings and pictures in the healing center presented by Mo Boon created a feeling of comfort and made her aware that she was not the only one who was HIV positive. She started to realize that other persons with HIV could live joyfully if they stopped eating prohibited foods and took their medicines regularly. Saichai believed in Mo Boon because he was a kind person and had a humorous and comfortable way of talking.
In sum, the traditional practices of Mo Boon in relieving the emotional suffering of patients are based on the teachings of Buddhism, both in local forms such as proverbs and metaphors, and in modern forms such as photographic representation. Even though these practices seem to deal with cognitive understanding, they encompass Mo Boon’s personal feelings of concern and the sense of good teachings from the old days. These practices, which are typically conducted by local scholars and those who are considered persons to resort to in matters of spirituality in communities, therefore affect patients’ understanding of how they will be able to detach themselves from emotional suffering.

**Religious practices**

In Thai Buddhist culture, a popular word to represent the meaning of death is *sin bun* (to run out of merit). A religious practice that is believed to offer the possibility to prolong life is making merit. In the case of a severe illness that can no longer be treated by medications, this religious practice is the last possible healing procedure that may have effect. The following story presents the efforts of a patient of Mo Boon to cope with her fear of death and her concern about her children through her engagement with religious practices.

On the morning of a June day in 2008, I accompanied Mo Boon and an NGO worker on a visit to Surang, a middle class woman living with HIV in the sub-district of Nong Tong. I had met Surang once before when she came to Mo Boon’s house on Northern New Year’s Day, a day on which people visit one another to pay homage and ask for a blessing from elders or respected persons. Although Surang had been a classmate of Mo Boon, she had very high regard for him. Upon Mo Boon’s introduction, I asked for her permission to interview her in the near future. She did not know what to respond, but she did not refuse, and said only that ‘Mo Boon has now become a popular person.’ It was obvious that Surang had been a long time patient of Mo Boon, since before the time when he had become as popular as he currently is.

During our visit to Surang in 2008 we sat around a table in the middle of her house. Surang told us that her new husband had gone to a meeting in Bangkok, so it was convenient for her to talk with us. Mo Boon withdrew himself to make a phone call with one of his patients; hence we could talk freely about her story. Surang started to talk about her health, which had worsened in 2006. She had stopped taking Mo Boon’s medication around 2004 because her new husband had noticed that she was gaining weight as a consequence of the traditional drugs. Two years later, she came under great stress after she lost a serious amount of money. She lost weight and felt so weak that she had to seek care at the district hospital. Her CD4 count was 139, so the doctor managed to persuade her to take ARVs. At the moment we met, Surang suffered not only from the HIV infection, a peptic ulcer, and pain in her leg, but also from cervical cancer stage III, and she was in the process of being treated with chemotherapy and radiation therapy.

When I asked Surang how she had become infected with HIV, she responded that it was her husband who had passed the disease on to her. He was a secondhand motorcycle seller and a handsome and industrious man. He had been attracted to a girl in the transport
registration office and had a sexual relationship with her. It was from this woman that he had contracted HIV. He died in 1995 after spray painting the body of a motorcycle. It was believed that the aerosol fumes that he had inhaled from the spray paint had aggravated the fungal infection in his brain. After the death of her husband, Surang had a dream in which she went to a place where she met many people. But when she greeted them, nobody responded. She later met her grandfather in the dream, and asked him why nobody was talking to her. Her grandfather said that she had already been dead for three days. She went back to her house and saw herself lying down on the bed. She cried and then woke up. She told her dream to a respected nun. The nun said that her mind had left her already. The life given to her had run out. She should practice dharma because she could only stay alive due to her bun (merit). Soon, she decided to stay in the nun’s meditation practice center for seven days. She dressed herself in white and followed the eight Buddhist precepts.

Practicing dharma like this is a great form of merit making in Theravada Buddhism because it is aimed at mindfulness in every action that one conducts. Through this practice, one gains insight into all intended and unintended thoughts that are constructed by our greed, hatred, ignorance, and other negative, positive, or neutral characteristics of the mind. Bringing these unruly thoughts continuously to one’s consciousness will make one realize to a greater and greater degree the inconstancy, changeability, and uncontrollability of one’s mind. This insightful understanding (phaya) gradually develops during the practice of dharma and makes one realize that suffering does not belong to us, and that we can gradually detach from it.

Although seven days of dharma practice is a rather short period, it nevertheless helped Surang to accustom herself to conducting meditation in her everyday life. She said that she prayed and chanted every day before she went to sleep and then slept while meditating on bud-dho (Buddha), the same meditation that Mo Boon practiced. Since we could not evaluate the extent to which Surang’s insightful understanding had been developed through the dharma practice, the output that Surang had gained from this practice – at least her ability to transcend the suffering derived from the fear of death, which was hidden in her subconsciousness – might be seen as a proof of its effectiveness.

Surang went to see Mo Boon in 1999 after she found out that she was HIV positive. She had taken traditional drugs since then. Yet Surang, who knew Mo Boon since he was a young boy, did not conform to the healing in a passive and compliant way. She stopped taking the traditional drugs and developed herpes zoster. She was admitted to a hospital but did not have enough money to cure the disease. It was Mo Boon who had to cure her with his traditional drugs. A similar situation occurred again when her health became so bad that she could hardly walk – she could not even walk to the toilet – and she had to be admitted to hospital.

In 2000, Surang was persuaded by Mo Boon to join a ritual supported by a local researcher (Rangsan 2001).\(^\text{10}\) The purpose of this well known ritual, which is named phithi suat

\(^{10}\) I collected this data by interviewing Mo Boon and Surang, and from the pictures of this event that were kept in Mo Boon’s healing center.
bangsukun dip (the rite for an assumed dead person), is to extend the fate of the participant. On the researcher’s request, it was held at the deserted temple. Videotapes of the ritual were recorded for educational use in a psychiatric hospital in Chiang Mai. Like a dead person, Surang lay down on the floor, put the palms of her hands together to make a salutation, and had her body covered with four pieces of white cloth. Four monks recited a particular set of Buddhist mantra in Pali. Later, four sets of readymade dresses (pha bangsukun) that Buddhists offer to monks were placed over the white cloths. Then the monks picked them up again while reciting a set of Pali words to consider the usefulness of the pha bangsukun dresses. The white cloths were later removed; the monks offered a verse for extending fate (khatha suep chata) and a blessing to the now sitting newborn, while reciting another Buddhist mantra. This ritual ended with the tying of a white thread around each of Surang’s wrists and a blessing was formulated in local words. This ritual performance is exactly the same as the ritual that is employed on the body of a deceased person.

Illustration 5. Phithi suat bangsukun dip – Surang at the healing center in 2000

Surang told me that while she was lying down, she had no idea of the meaning of the mantras that were being recited. She thought that she had already died. She meditated bud-dho (Buddha) while she worried about her daughters, since both of them were young. She had to
live or else they would have nobody to care for them. After the ritual she felt healthy and did not experience any illness for a long time.

Ritual transformation: An analysis
The ritual conducted on Surang differs from the case of an HIV patient mentioned in another study by Mathurot (2001: 114-115), also carried out in Chiang Mai. In Mathurot’s study, the family of the HIV patient conducted another religious ritual that was interpreted by the researcher as one to relieve the uneasiness of the ill person’s senior relatives, rather than of the HIV patient himself, who was unconscious and in the last stage of AIDS. Both cases show, however, that religious practices for transcending suffering are historically recognized by villagers. The connection of life threatening diseases or terminal illness with making merit is still strong among villagers and leads them to seek spiritual resorts which are not offered by local healers. It may be said that patients decide for themselves about whether they want to seek help from the religious sources available in the region. This means that local healing in the perspective of the patients goes beyond the realm of local healers’ practices, which mostly involve instrumental procedures.

Religious practices and support for others
Engagement in religious practices may not only result in transcending one’s own suffering but also in supporting others who suffer from HIV and AIDS, which in its turn contributes to the collective transcending of suffering. Religious practices may be intentionally chosen by the patients themselves, as shown in the story of Somsri, a woman with HIV who volunteers in a district self-help group. After the death of her husband from AIDS in 1995, Somsri and her three children struggled alone with poverty and illness. While breastfeeding her daughter, the baby became like a malnourished infant. She brought her for an HIV blood test to a university hospital and had herself tested as well. The doctor, however, only gave her some advice but did not reveal the results of the blood tests. This made her very worried. She asked for the result, insisting that she could accept it whether it was positive or negative. When the answer was ‘Yes, you are both infected,’ her thoughts went in all possible directions. ‘I thought ahead from zero to hundred,’ she said. One year later, she lost her two year-old daughter. She said:

Neither doctor nor relatives could help me. The doctor had no useful suggestion. My father-in-law and mother-in-law refused to help me. Nobody dared to visit me and talk with me. I was in a desperate situation. It was as if I had to find a needle in the ocean.

Like Yada and Surang, Somsri thought of her children; in her case, her twin sons who were only four years old. She had to survive to take care of them. Amidst darkness and impoverishment, she had to struggle with a kind of hopelessness that sometimes brought her to consider ending her own life. She said she was nearly mad, but that she had to keep her mind calm. She had grown up in a family that had trained the children to chant and meditate every night before going to bed and was therefore familiar with this habit since she was young. Practicing meditation helped her to reduce her anxiety.
Later, Somsri participated in the establishment of an HIV self-help group. She gathered more information about HIV and AIDS and learned about others’ experiences. She increased her understanding of the disease and could relieve her suffering little by little. She was persuaded to become a home visit volunteer and accepted the work despite the low wage. She did it with the intention of helping other persons with HIV who suffered and needed support. She found that helping others was a way of transcending her own suffering.

Somsri told me about her experience in helping Nok, an HIV positive woman whose parents had failed to bring her regularly to the hospital, even when her health and well being were in serious danger due to opportunistic infections. In particular, Nok suffered from retinitis – an inflammation of the retina in the eye that can lead to blindness – as a consequence of Cytomegalovirus (CMV), one of the herpes viruses. No volunteers were allowed to visit Nok at home, but Somsri managed to visit and take care of her since her father-in-law was a friend of Nok’s father. When Somsri first saw Nok in 2003, she had already lost the sight in one of her eyes as a consequence of the retinitis. Yet she had to care for herself and her parents did not allow her to go outside. When they traveled, they locked the house and left Nok alone. Later, Nok became completely blind. ‘Nok cried, hugged me and said that she was already blind. I appeased her,’ Somsri narrated. Sometimes Nok was left alone and had no food. During such times, Somsri gave her half a hand of bananas, even though she was also poor. When Somsri saw that Nok’s hair was growing too long, she cut it for her. When she noticed that Nok had hurt her foot after she had cut her nails, she put medicine on it. Somsri helped Nok until she became familiar with her blindness. Nowadays, Nok can take care of herself and is able to do all daily matters in her house.

In late summer 2008, through the help of the home visit volunteers, and together with Mo Boon and an NGO worker, I made a visit to Nok at her house. Nok’s house looked like that of other middle class people and was neatly cleaned. She had been infected with HIV by her husband and had divorced afterwards. In 2000, she was under so much stress that she had to be admitted to a hospital where she started to take ARVs. As her parents could not accept her stigmatized illness, they often left her alone and were not concerned about helping her. Later, Nok developed drug resistance towards the medications for CMV and in 2005 she was referred to the university hospital. In 2008 she had been blind for three years and was taking the third generation of ARVs. Aside from the change in her physical appearance, which was totally different from the pretty girl she was in the pictures that were taken when she was healthy, she had to tolerate various adverse drug effects at the beginning of the drug regimen, e.g. numbness of the tongue and jaw, difficulties in swallowing, loss of the gustatory sense, ringing in the ears, thickness of the feet, convulsions, insomnia, and occasional bad dreams. She also experienced drug induced high triglyceride and hyperglycemia. She said, ‘Oh dear, this is more than I can tolerate.’ Although her CD4 count was within safe levels, it was difficult to imagine how she would still be alive without the strong support from Somsri and her friends who visited her every week.

The case of Somsri, like the case of Surang presented in the previous section, shows that religious practices, including meditation, can enable persons with HIV to remain calm.
Meaning transformations as a key aspect of healing

and relaxed and to worry less about the end of life. However, in the case of Somsri, her religious practice led to another practice that strengthened the effects of her pure religious involvement. She learned to accept life as it was, even when it was very difficult. When in the right circumstances, for instance within the support group, she could express compassion and was urged to go beyond her own sufferings. For Somsri, this meant participation in volunteer activities with the aim of helping other persons with HIV who were in an even worse situation than she. This practice reveals the possibility among HIV positive persons, whose minds are well trained in religious practices, to extend and share the ability to transcend suffering.

According to Reed (1991), significant life events, such as encounters with the end of life, have a great potential to facilitate a form of self-transcendent development. Attributes that contribute to individual development are introspection, concern for others, and integration of the past and future into the present. For Somsri, meditation is a method for introspection with calmness and for experiencing emotional well being. Furthermore, as a mother, the future of her children is of great concern. Participation in volunteer activities had the potential to expand the personal boundary of her self that Somsri exposed to others. This provided her with reasons to live, a source of strength to face the realities of daily life, and a sense of wholeness resulting from the integration of the adverse experience of living with HIV and AIDS into her self (Reed 1991; Dane 2000; Mellors et al. 2001).

The self of a person who has transcended suffering in this cultural context differs from the sacred self in Csordas’s work, which is the self that has been brought into harmony with God in Charismatic ritual healing (Csordas 1997). This difference is due to the atheistic character of Buddhism, which focuses on the detachment of the self from negative dispositions by practicing mindfulness meditation. That is to say that when insightful understanding grows on the one hand, self-involvement will decrease on the other. This also opens up a good opportunity for the development of the aspiration to help others who are suffering as well. In this sense, transcending suffering can entice previously suffering people to devote themselves to others. The fact that they can help others in turn contributes to a further decrease of their own suffering.

The effectiveness of healing as a result of the intersection of various meaning making processes

The meaning making aspects of the healing process as described above entail experiential or intrapsychic processes as well a range of processes at community level. All of these processes occur during a difficult situation – a threat that the community is not familiar with – to which the daily life practices that people are accustomed to cannot respond effectively. Intrapsychic meaning making processes involve the emergence of insight and religious experience (Csordas and Kleinman 1996: 10). These intrapsychic processes are embedded in meaning making processes on a collective level, in which the whole community is involved. The effectiveness of healing should therefore be considered the result of both processes.

The new meanings attributed to the various components of the healing process are intersected with changes in the meaning of life in general. The latter kind of changes
strengthens the capacity of patients to transcend their suffering with mindfulness and insight, and to voluntarily help others. Changes in the meaning of life may occur inside or outside the sphere of the healing setting. However, they all happen in the local world where the meanings of a good healer, an appropriate healing setting, the disease of AIDS, and human life in general are shared, reproduced, and challenged simultaneously. So the practices of dealing with the threat of HIV and AIDS have to adapt themselves to the meaning that the villagers render to these major components of the healing process.

In the context of Mo Boon from Ban Denchai, the transformation of an ordinary villager into a merit healer and the transformation of an abandoned temple into a healing setting changed the meaning that villagers attributed to HIV and AIDS as well as the meaning that HIV positive patients gave to their own lives. Without the good outcome of the healing, the meaning that people in the community attributed to HIV and AIDS would not have changed so easily. All of these transformations in meaning at all points of the healing process are therefore interrelated and contribute together to the effectiveness of the healing process that patients go through.

**Conclusion**

The idea of a meritorious person provides space for villagers to recognize this person as someone who can emancipate them from certain forms of suffering. This becomes real when such a person associates himself with the merit of local sacred beings. When a person transforms himself into a person of merit, and acquires local medical knowledge and practices, he achieves a higher prestige than an ordinary healer. A healer who possesses this qualification of merit is, of course, especially necessary when the community is attacked by a deadly disease such as AIDS. He can have a major influence on the community and on people suffering from HIV/AIDS, both through community events and the healing process.

During the HIV/AIDS epidemic, the healing setting had to be transformed as well. As shown in the story of Mo Boon, the community succeeded in transforming the abandoned temple into a place of merit making, associating it with local sacred beings and turning it into a meaning-endowed healing setting for people with HIV and AIDS.

In addition, the HIV/AIDS epidemic has inspired HIV positive persons to confront themselves directly with their own suffering. The epidemic provided a chance for in depth existential learning about the uncertainty of life and the search for the meaning of life. My study shows that the healer Mo Boon revived deliberate thinking through mindfulness and included it in the healing process to help patients transcend their suffering. Patients themselves turned to religious practices for the same purpose of transcending their suffering. Another approach in dealing with HIV/AIDS-related emotional distress was developed among the patients who joined the self-help group, namely to learn from one another’s suffering and devote themselves to others. This is a way of distancing oneself from self-involvement through concern for the suffering of others. Dealing appropriately with suffering resulted in a change in the meaning of life and helped many patients to survive AIDS.
Changes in the meaning that patients attribute to a healer, the healing setting, the disease, and suffering from the disease, in such a way that can promote a good outcome, should therefore be viewed as a criterion for assessing the effectiveness of local healing, parallel to other qualitative and quantitative parameters.