Local healing in northern Thailand: An anthropological study of its effectiveness

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Chapter VII

The role of morality in the practice of healing
The previous chapter showed how morality plays a prominent role in the local world and healing tradition in Northern Thailand, through focusing on one particular healer, the local world he lives and practices in, and his healing tradition. This chapter complements the previous one by paying attention to the role of morality in the healing process as it unfolds in practice. It examines in particular the causal connections that healers and patients personally make between morality in the healing process and the outcome of this process. The chapter begins with the story of a healer who began performing ‘meritorious healing’ to help his relative and neighbor during the peak of the HIV/AIDS epidemic. It then analyses the moral elements involved in this meritorious healing from the points of view of both healer and patients, which, according to both, contribute to the effect of healing.

While Chapter 4 started with the life history of the healer Mo Boon from Ban Denchai, this chapter starts with the life history of Mo Somsak from Ban On Klang. It introduces the various moral dispositions that play a significant role in his healing practice, which is – like Mo Boon’s – directed at merit making, but in a different way. Mo Somsak is a healer whose mission does not involve local sacred things. His healing practice was initiated through his own efforts in the midst of a difficult situation, and he receives less support from senior healers and the community than Mo Boon. His care mission therefore also reflects the attempts of a healer to do his utmost to help his neighbors and patients, but in quite a different manner. After elaborating on this, the chapter shifts to an analysis of the core elements of morality that generally appear in the practices of other local healers and are claimed to bring about a good healing outcome.

Mo Somsak from Ban On Klang

The first time I went to visit Mo Somsak, it took me more than one hour to drive from the center of Chiang Mai to the house of the 44 year-old healer who resides in Ban On Klang, Mae On district. He invited me to the second floor of his house, which from the outside did not look much different to the houses of most villagers living in rural areas. But inside, where I was sitting, it was quite distinctive. In front of me was a large number of religious statues and pictures (of the Buddha and well known monks), as well as various kinds of amulets and ritual accessories. I saw a picture of Mo Somsak’s late grandfather, who had been a male folk midwife, hung up with two healing swords on the wooden wall. Some medical scriptures lay near some white plastic bottles, on the labels of which were written the names of herbal drugs. The office of Mo Somsak looked almost like a shrine in a temple.

We were sitting on the floor ‘which once was stained with blood and pus of many AIDS patients,’ Mo Somsak said. ‘At that time, the villagers feared AIDS and hated HIV and AIDS patients. My wife could not continue her small noodle business here. She had to change to sewing since then.’

Mo Somsak has provided care and cure for HIV and AIDS patients for nearly two decades. It is quite an ordeal for an ordinary villager to have persisted with such a risky and objectionable task for such a long period of time. Mo Somsak himself never imagined beforehand the extent to which he would involve himself in this hard job. To better understand the motivations that urged him, we need to explore his life story in some detail.
Like many ordinary rural boys in Thailand, Mo Somsak finished his studies at grade four and was then ordained as a young novice for seven years. During the period of his ordainment, Nen (a person who has been ordained as a novice) Somsak was attracted by the ancient knowledge regarding charms, amulets, and magic. This interest remained even when he left his noviceship to marry and work as a motorcycle repairman. Indeed, family life with his wife and lovely daughter could not distract him from practicing magic. Noi (a person ordained as a novice) Somsak still wanted to try out whether his amulets gave him the expected magical powers. ‘I had to control strictly my personal conduct in accordance with the method to make powerful amulets, which was taught since generations. Sometimes, I made them in the night at the village cemetery, where I could perform intently meditation and incantation,’ said Mo Somsak, recalling his boldness.

**Learning how to treat HIV/AIDS patients by trial and error**
In 1993, when Noi Somsak was twenty-eight, his motorcycle repair business was facing trouble. At the same time, Yot, his nephew, who lived in the same village, fell sick from an unknown disease. He was discharged from the district hospital even though he still had a bloody cough. The doctor only told him that his blood was ‘positive’ for an incurable disease. Yot had no other choice than to ask for assistance from Noi Somsak, in the hope that he could discover a way to cure the disease. Noi Somsak decided to set aside his career and spend his time helping his ill nephew.

Using information from the hospital and the mass media, Noi Somsak learned that his nephew might be ill from an HIV infection, the typical symptoms of which he learned are coughing up blood, loss of weight, skin papules, diarrhea, loss of appetite, and oral thrush. He looked again at the knowledge of medicinal plants that he had gained during his ordainment and searched in old medical scriptures for traditional drugs that could eradicate these symptoms, some of which he dispensed to Yot.

After a year of treatment, Yot’s major symptoms had disappeared – only some skin papules were left – and he was able to do his work as usual. Thinking that he had already
recovered, Yot ate grilled meat and drank spirits during a party at a building site where he worked. This caused him to have acute fecal blood for ten days, after which he died. Noi Somsak learned from this case that HIV/AIDS is a new disease, and that the traditional drugs from his medical scriptures alone could not cure it.

The second HIV patient who sought help from Mo Somsak was San, who devoted himself unconditionally to becoming the object of the healer’s trials. San was a native of the same village as Mo Somsak, though two years younger. His elder sister was a friend of Mo Somsak, so they had been acquainted with one another since they were young. San and his wife, a Burmese immigrant worker with whom he had lived since 1990, had moved to another district where they found jobs. In 1993, something unusual happened to them. After his wife had had an annual health check-up, she did not receive the results from the factory where she worked and no explanation was given.

One afternoon, San fainted and lost consciousness after he had eaten pickled wild boar meat at lunch. He was taken to a hospital and treated until he recovered. Before he was released from the hospital, a doctor told him to have more blood tests at a hospital close to where he lived, but did not explain why. Not long afterwards, his wife became chronically ill with severe coughing and weight loss. When she died, San knew that he had AIDS and thought of committing suicide, but the thought of his children and parents changed his mind, and he decided to fight the disease.

When San came to see Mo Somsak, to whom a relative had recommended him, the sick man asked the healer not to feel constrained in prescribing him any medicines for experimentation, because he would die from AIDS anyway. San complained of symptoms ranging from chronic headache, occasional diarrhea, weight loss, and whitish stains on his tongue. He had fever when he returned from catching fish, and another time he passed out for half a day in the rice fields when spraying insecticides. He could not take a bath in cold water, and if he ate bamboo shoots he would develop a ‘snake blow’ (ngu sawat) or herpes zoster.

After trying a number of traditional drugs for one year, Mo Somsak and San finally found formulas which could cure illnesses caused by eating improper food. Together they compiled a list of forbidden foods that HIV/AIDS patients should avoid if they want to improve their condition. Additionally, they experimented with formulas that acted as blood tonics and with recipes that normalized inner elements. They found that these medicines could lessen the negative effects of the ingestion of improper foods. San learned that drinking beer would give him severe headache, while local spirits were refreshing and had no bad effects. After three years of these trials, San regained his health, although the results of his blood tests from the hospital showed that he was still HIV positive.

Meanwhile, San took a second wife. The couple had a troubled relationship, which worsened when she ran away with another lover. San went after them and brought her back. The woman was also infected with HIV and was being treated by Mo Somsak, but she was

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1 From now on, I will use Mo (doctor) Somsak instead of Noi Somsak, since at this point he started to act as a healer.
not very cooperative in the treatment. The couple often had quarrels and the healer had to mediate between them. There was also a time when San got into trouble with a neighbor. The man, seeing San helping to cut the meat to be cooked for the village’s merit making activity, lashed out at him: ‘You have AIDS. What is your business chopping meat here?’ San was enraged and punched him in the mouth. When the neighbor filed a complaint with the village chief, Mo Somsak had to intervene to settle the dispute.

To help San reduce his stress and prevent him from becoming suicidal, Mo Somsak asked him to work as his assistant. San proved to be very useful and was able to share his mentor’s workload. He helped with all sorts of work, including harvesting medicinal plants in the forest, then washing, cutting, and drying them, before grinding them into powder. At a certain point, he became familiar with all the herbs. Whenever Mo Somsak earned some money, such as medicine fees paid by well off patients, gifts from study tour groups that visited his practice, or payments when he was invited somewhere as a resource person, he would give half of the money to San. If San had no money left over to buy rice, the healer would share his meal with him. Mo Somsak also had San’s old pickup truck overhauled and paid the gasoline when it was used for his work. When the two went off to the forests to collect herbs, the healer would buy fresh food and ask his assistant’s wife to prepare food for their trip.

San had been both a patient and assistant of Mo Somsak for eight years when another disaster befell him. San’s second wife took her own life by hanging herself in the bathroom. Deeply depressed, San took to drink, and for two months he stopped eating food and taking medicines. His condition deteriorated, and Mo Somsak could do nothing to save his life. San once told his healer that when he died, he wanted to be cremated with wood that made such an intense heat that it would destroy even his bones and leave nothing but ashes, because the torment he suffered due to the disease was so great that he did not want to be reborn. Despite this, at his last moment, San grasped Mo Somsak’s hands and said with his dying breath: ‘See you in the next life, Doc.’

Since San’s death, Mo Somsak has gone every year to pay his respects to San’s mother. On special occasions, such as the start of the Buddhist Lent, the local New Year’s Day, and Tan Khao Mai Day, the healer makes merit and dedicates it to San to show his gratitude to the man who had been his helper as well as his ‘teacher.’ Mo Somsak said that San was a ‘living school’ from which he learned how to treat the deadly disease, and he had given his own life to prolong others. This gave the healer strength to continue in his dedication to help people with HIV and AIDS.

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2 The Thai belief in rebirth is based on Buddhism and Brahmanism. Every being is wandering in the continuous flow of life. This is called *samsara* – the cycle of birth, life, death, and rebirth or reincarnation. From this point of view, life does not start with birth and end in death, but is a continuous life stream from past to present and beyond.

3 *Tan Khao Mai* Day is, according to the lunar calendar, the full moon day of the fourth month when the in-season rice has already been harvested. Northerners celebrate this traditional event by donating cooked rice and other food on behalf of the deceased ancestors who once possessed the rice fields, and by feeding the monks.
Aside from learning from his patients, other events made it clear that Mo Somsak is an enthusiastic learner. In 1996, he participated in a class conducted in the district hospital to provide knowledge of traditional Thai medicine. The course intended to prepare students for the national license examination. Mo Somsak was one of the students who succeeded in passing the examination. He told me that he wanted to better understand the principles of traditional medicine so that he would be able to formulate the proper traditional drugs for his patients. He learned how to differentiate between hot and cold qualities of the materia medica and their effects according to taste and quality. He also learned from other more experienced healers how to identify medicinal plants in the jungle. All these learning activities occurred after he had been inspired by his inner calling to search for ways to help his patients.

During the period of my fieldwork, I learned that only eight HIV positive patients still had contact with Mo Somsak. The number of his patients had gradually decreased after the arrival of free ARVs. This change lessened the time that Mo Somsak spent on his healing activities, because he kept close contact with only a few patients. Although some patients had changed to taking ARVs, they nevertheless still had a good relationship with him.

**Compassionate care: Its development and limitations in the case of Mo Somsak**

As mentioned in the previous chapter, helping patients is a kind of merit making. Local healers in Northern Thailand always consider it to be a core value of an ideal healer. This traditional value, however, has to compete with the new values of modern society in the local world of the villagers. The HIV/AIDS epidemic is a crisis that is perceived as a danger that can threaten the villagers’ way of life. HIV positive people are frightened that they will become isolated from normal relationships with their neighbors. At the beginning of the epidemic, many villagers were scared and refused to help others, even family members. This situation greatly shaped the ways in which HIV positive people and other villagers related to one another, and brought about many problems, among them a moral one.

The HIV/AIDS epidemic affected the social and moral life of the villagers in Ban On Klang so much that Mo Somsak could not ignore it. Nevertheless, he actively involved himself in caring for HIV and AIDS patients. Starting from a place of a complete lack of knowledge about HIV/AIDS, he gradually searched for, tried, and evaluated several healing methods step by step. The question may be raised, however, of why he immersed himself so strongly in this mission for over a decade. The following will explain how the HIV/AIDS epidemic urged the healer to play a role and adopt such a responsibility. The Buddhist concept of compassion (*karuna*) and the concept of moral sensitivity can be applied to explain how Mo Somsak treated his healing as a moral mission in which the activity of merit making in helping others is the core moral value.

Compassion in Buddhism is the desire to help others to be free from suffering. According to the Dalai Lama (2005: 49), ‘genuine compassion must have both wisdom and loving kindness. That is to say, one must understand the nature of the suffering from which we wish to free others (this is wisdom), and one must experience deep intimacy and empathy with other sentient beings (this is loving kindness).’ Compassion is not sympathy or empathy.
alone, but rather an empathetic altruism that actively strives to free others from suffering. True compassion has therefore no expectation of reward. Moral sensitivity means attention to the moral values involved in a conflict laden situation. It is a capacity to feel and to sense the moral significance in a situation that requires a decision, so that the process of moral deliberation can begin. It is also a cognitive capacity to distinguish whether or not it is a moral problem, and a self-awareness of one’s own role and responsibility in the situation (Lützén et al. 2006).

The analysis of the case of Mo Somsak shows that compassion is a moral disposition that grew from the moral training that he received and the meditation he engaged in during his ordainment. Such a disposition was also internalized through learning from the conduct of his grandfather, who was also a healer. Intimacy between a healer and his patients, either through kinship, neighborhood, or collegiality, serves as a proximate condition for the manifestation of compassion. Compassion accounts, to a great extent, for the ability of Mo Somsak to sympathize with his patients’ feelings, especially when they are suffering. It directs his attention to the search for ways to help his patients.

Compassion promotes the emergence of other kinds of moral dispositions. When Mo Somsak sympathized with patients’ suffering and learned about their troubled situations in the community, he found it very difficult to let the situation be without any attempt to deal with it. He thought about his inability to help his nephew since he lacked the necessary knowledge about HIV/AIDS. However, he decided that as a relative who had learned local healing knowledge, he had a responsibility toward him. This decision, which came in part from his moral sensitivity, brought a great change to Mo Somsak’s life, and he has conducted healing practices as his life’s mission ever since. At the same time, compassion, which incorporates the idea of no expectation of reward, led him to conduct his healing mission in the way of merit making, as it was always done by his ancestors.

The various moral dispositions that emerge from compassion continuously guide Mo Somsak in the evolution of his healing practice. They consist of the will or ambition to help his patients, his efforts to search in traditional medical scriptures for possible ways to help patients, the conducting of trials, the thoughtfulness to observe and analyze the results, and his reflections on how to improve the healing procedures. In Buddhist teaching, this set of mind qualities is named the Four Paths of Accomplishment (ittohabt si). Other moral dispositions that should also be mentioned are hospitality, gratitude, and the feeling that one has to reciprocate with regards to the person from whom one has received some benefit.

The wisdom aspect of compassion enables the healer to go beyond the realm of disease treatment. All sentient beings who struggle in samsara – the repeating cycle of birth, life, death, and rebirth – have their own suffering and inescapably face suffering from birth, aging, sickness, and death. The healer enters the realm of caring not only as a healer but also as a neighbor and fellow human being. The shift from viewing ‘a patient in the healing setting’ to considering him as ‘a being in samsara’ broadens the scope of sickness in such a way that it encompasses aspects other than physical suffering. Healing thus requires that the healer sympathize with his patients’ feelings and care for them as fellow beings in the
world. Mo Somsak demonstrated this attitude when he helped San in the fight for his life, as he provided all possible kinds of support. Even after San’s death, Mo Somsak carried on actively providing spiritual support to him, to ensure a good next life for his patient. In addition, he extended his healing to other HIV/AIDS patients beyond his relations of kinship and neighborhood.

The scope of Mo Somsak’s actions, resulting from compassion and their consequent moral dispositions, was limited, however, by burdens that the healer and his family had to bear—both material and non-material. His material limitations were the lack of outside financial support and his inability to commercially exploit his healing. Mo Somsak depended on the help of patients who paid their respects to him. The stress from difficult cases also restrained his healing activities, since it often disturbed him psychologically. I observed that he often immersed himself in the suffering of his patients and developed feelings of tension. For example, he became sad when he received a call from an HIV patient whose family life had been disrupted. Sensitivity to the tragedies of his patients made him vulnerable to stress. Mo Somsak therefore had to limit the amount of patients he could see so that he could treat them well. The decision to limit his healing activities was, therefore, the result of self-reflexivity that Mo Somsak practiced, to adjust himself to a situation of mental constraint and limited support for his healing activities.

The core moral elements experienced as meaningful aspects of healing

The life history of Mo Somsak, as presented above, as well as the story of Mo Boon, as presented in the previous chapter, illustrate that in difficult times the compassion of healers can initiate their moral sensitivity and lead to decisions about their appropriate roles and responsibilities. As a consequence of this compassion, the growth of other moral dispositions needed for a healer’s meritorious healing practices is also affected. The extent to which healers can practice their healing relies on the extent to which they can arrange the related moral dispositions in a proper manner. It also rests on the ability of healers to reflect on themselves and their ongoing circumstances.

When healers practice meritorious healing, both they and their patients may experience something that is meaningful. In what follows, I will present the moral elements that healers and patients experience as meaningful: faith-related trust (*khwam chuea thue sattha*), the power of virtue (*khun*), and merit (*bun*). This experience can be considered a core component of local healing, something which apparently fosters and facilitates its effectiveness.

**Faith-related trust (*khwam chuea thue sattha*)**

Faith-related trust is a kind of trust that a person confers on somebody who is respectable and faithful. Trust is conventionally viewed as fundamental for a successful doctor-patient relationship. The need for interpersonal trust appears particularly necessary where there is uncertainty and risk regarding the performance of the practitioner on whom the patient has to rely, vulnerability associated with sickness, and the presence of an overwhelming amount of complex medical information. Trust mediates healing processes and indirectly
influences health outcomes through its impact on patient satisfaction, adherence to treatment, and continuity with a provider. Trust encourages patients to access health care and facilitates the disclosure of important medical information so that an accurate and timely diagnosis can be made (Rowe and Calnan 2006: 4). Although the significance of trust and its role in the health care system has been well studied, studies on trust in local healing are rare (Ahern and Hendryx 2003; Gilson 2003). Loss of trust is caused by medical errors, drug side effects, and the poor adoption of evidence-based medicine and clinical guidelines.

Further analysis of Mo Somsak’s treatment method can partly fill this gap. Mo Somsak and San grew up in the same local world and therefore shared the same moral values to a great extent. San had been acquainted with Mo Somsak for so long that he believed in him. He made himself available for a healing trial, not only because he had no other choice but because he believed that the healer would act in his best interest or at least not harm him. The patient-healer interpersonal engagement that takes place in a local world where fundamental moral values are shared can create faith-related trust when the healer performs altruistic behavior according to the expectations of the patient. Faith-related trust can be counted as altruistic trust, which is morally praiseworthy when its ends are correspondingly praiseworthy (Mansbridge 1999).

Another example is offered by Mo Boon. He was, in contrast to Mo Somsak, never ordained as a novice when he was young. He spent his adolescence and early adult years like other lay persons. What he shared with Mo Somsak before becoming a local healer were the fundamental moral values of the local world, which are based upon local Buddhist culture (as elaborated on in Chapter 6).

Both Mo Boon and Mo Somsak belong to a generation whose local moral world underwent a process of change. People around them have gradually adopted values that represent a compromise between Buddhist teachings and materialism. The expectation of material wealth and merit are unified into a new dominant value. The healers realize that the new values have the potential to radically undermine their healing tradition. The only thing that they can do is to prove themselves in the eyes of the people. Mo Boon, however, had an advantage over Mo Somsak. Both his grandfather and father were famous healers in the region. Furthermore, his father had been insistent in teaching him that the aim of being a healer is to accumulate merit. Among the main points, healers must not ask for fees for their services, for if a healer works for financial gain, this will diminish the merit that he gains from his practice. Mo Boon’s father taught not only by words, but lived by what he taught.

If we look back at Mo Boon’s healing activities in the abandoned temple during the HIV/AIDS crisis, we can see clearly how this teaching became concrete. He succeeded against all odds to set up a healing center for HIV and AIDS patients at the deserted temple. While he lived modestly in a small house, he was able to accomplish a great task by raising a large amount of money for the project. To show his integrity, he did not handle the donations himself but appointed a committee of respected elders to oversee it. The healer also sold his medicines at a low price. Through these practices, Mo Boon earned faith-related trust from the villagers, who regarded him as a virtuous local healer.
A healing practice such as Mo Boon’s removes all doubts that a patient may have about the healer’s motives and assures him that the healer will do his best to cure his illness, since his purpose is to help others and not to trade his services for money. The tradition, in which healing practices are held in high esteem as meritorious acts, therefore implies the idea that trust seems to develop naturally. In the following, I will show, from the perspective of the healers, the role that faith-related trust plays in the healing process.

During the life of Ui Ta Kham, Mo Boon’s paternal grandfather and a local healer, Chiang Mai was ravaged by an outbreak of smallpox that killed a large number of the local population. At that time, the McCormick Hospital was the only place where patients could seek modern medical treatment against the disease, thus most of those afflicted had to find a way to care for themselves. Patients flocked to Ui Ta Kham to seek his care in such large numbers that the space inside his house could not accommodate them all. Many had to lie in the yard using banana leaves as mats. The results of his treatment were mixed. Many patients were cured while some perished. Several survivors, now at a very advanced age, still live in the village. Recounting their stories, they attributed their recovery to the fact that they had complete trust in Ui Ta Kham and followed his instructions faithfully, whether he prescribed certain medicines or forbade them to eat certain foods. The patients who succumbed to the disease, they said, had failed to take his prescriptions seriously, and some had left him too early to seek treatment from other healers.

One may argue that such a view unfairly blames the patients as being responsible for treatment failure, and gives all the credit to the healer for every instance of successful healing. Yet we should consider that in local healing, patients voluntarily seek and get treatment for their illnesses; they themselves decide whether to continue with a healer or to switch to another. Arguably, a healer will have the most powerful healing effect when a patient willingly and continuously accepts and commits himself to his treatment. Furthermore, a good healer will refrain from persuading his patients to come to him for treatment, because such an act could be seen as serving his own self-interest rather than demonstrating a sincere desire to help the sick.

This was a lesson that Mo Boon knew from experience. A patient with HIV once asked him to come to a friend’s house to treat the person, who was also infected with the virus. The man’s family, however, accused Mo Boon of tricking them into buying medicines. Since then, the healer has made a rule for himself that he will never go to treat a patient at the patient’s house if he does not know him well, and will only help persons who come for care to his own house or with whom he is well acquainted.

Similar rules have been made by other local healers. Mo Som of Ban Mae Pha Haen asks new patients to come to his house first and pay homage to the healer teachers before he begins treatment. Mo Somsak evaluates the patients’ trust the first time they meet and if he senses any lack of confidence he will not offer his help, even though he has the ability to do so. This is a common practice among healers faithful to the Northern healing tradition, Mo Somsak said. If the patients do not approach the healer first, the healer will not offer his care.

I witnessed this practice at the National Herbal Medicine Expo, when Mo Somsak was
approached by a woman who asked for his prediction on the longevity of her 13 year-old
daughter, whom she had brought along. Upon examining the girl’s hands, Mo Somsak
realized that she was probably very sick from cancer. With the girl present, however, he
was reluctant to tell this information. Seeing the healer’s awkwardness, the woman asked a
relative to show her daughter around the exhibition. When they were alone, the woman told
Mo Somsak that her daughter had just been treated with chemotherapy. He felt pity for the
sick girl and wanted to help. But since her mother did not ask for his assistance, he told her
that it was difficult to say how long her child would live, and that it would depend on the
girl’s merit.

The information provided above about the practices of Mo Boon and Mo Somsak shows,
firstly, that healers who are concerned with the interests of patients will start the healing
process only when they are sure that the patient trusts them. Healers’ insistence that patients
from outside their village must first visit their house is significant. This act familiarizes the
patient with the life of their would-be doctor, his living conditions and status. Thus it will
inspire their faith and confidence before the treatment starts. Secondly, a healer who conducts
his life within the bounds of morality, as is expected for his status, will earn faith-related
trust. In contrast, it would be difficult to establish trust if the healer strays out of the bounds of
morality or trades his services for too much material gain. Thirdly, for local healers, patients’
trust is very important for successful healing. It can foster the full confidence and compliance
of the patient and contribute to the effectiveness of the healing.

**Power of virtue (khun)**

As mentioned before, both local healers and their patients, whose worldviews are embedded
in the same local world, see local medical knowledge as something that belongs to the healer
teachers who have passed it down through the generations. Therefore, when any healer
applies this knowledge to healing, he acts as a medium of the healer teachers. Moreover, the
medicines he dispenses have to be blessed in order to generate their power of virtue or power
of moral goodness (see Chapter 5). In this respect, successful healing can be ascribed not
only to the healer’s treatments and the medicines he prescribes, but also to the power that the
medicines receive when they are blessed.

The power of the healer teachers in healing is recognized, indirectly, through the healer’s
behavior towards his teachers. If he treats his teachers respectfully, his practice will produce
good results for the patients. Vice versa, improper behavior towards the teachers can have
adverse effects on patients. Ultimate respect is paid to the healer teachers in the ritual and
process of the preparation of medicines, when the power of medicines and healing are
requested by the healer in front of the shrine of the healer teachers and other sacred objects. It
is believed that the demand can be answered only when the healer is confident that he leads a

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4 I translate *khun* as the power of virtue or power of moral goodness. This translation differs from the
one given by Mulder (1979), since he separates power (*decha*) from moral goodness (*khuna*). In the
context of healing, *khun* or *khuna* express their effects in the form of power. Therefore, when villagers
mention the *khun* of something, they intend to mean both power and moral goodness.
moral life that corresponds with the moral values of his healing tradition. The request is also made by the patient, but mostly in front of the Buddha statue in his or her house. Reciting mantras and holding religious precepts are also recommended to cultivate the mind of the patient, so that the virtue of Buddha and other sacred objects, as well as the result of this merit making, can protect the patient from bad things and help him or her to recover from the illness.

For patients who have recovered from illness, in order to express their gratitude for the power of virtue that they have received they should pay their respects and deference to the healer teachers as the source of medical knowledge, to the healer as the medium through which the knowledge was transmitted, and to the medicines that originate from the healer teachers. Patients whose lives have been saved should regard the healer teachers, the healers, and the medicines as their benefactors and life givers, to which they should be grateful for the rest of their lives.

Belief in the power of virtue of the healer teachers, the medicines, and their impact on the effectiveness of healing can still be found among middle-aged Northerners such as Yada (see Chapters 4 and 5), Sathit (see Chapter 5), and the grandfather who visited Mo Boon (mentioned also in Chapter 5). These people were born and grew up in times when the local cosmology, as embedded in customs and traditions, still had an influence on their ways of thinking and living. The power of virtue was part of that reality. Patients of younger generations, residents who have migrated from other areas or visitors from other parts of the country are, in contrast, not familiar with this belief. The power of virtue means little or nothing to them. They do not appreciate the connection between the healer’s morality and conduct and the virtue of the teachers and the medicines. For instance, they will not keep their medicines on the shelf with the Buddha images or pray for the healing power of the medicines. Rather, they believe more strongly in the potency of the material substances present in herbal medicines. Spiritually, they prefer to meditate to ease their minds rather than to pray to sacred beings or objects.

In sum, from the perspective of healers and patients who share belief in the power of virtue, medical knowledge, morality, and the effectiveness of healing are inseparable. Through the concept of khun – the power of virtue of the teachers and sacred things – people involved in local healing can make the connection between morality and healing power. That is to say, moral behavior strengthens the ability of the healer to deal with sacred power and to harmonize this power with his medical knowledge in order to achieve effectiveness.

**Merit (bun)**

Most activities at Mo Boon’s healing center at the deserted temple – for example, the construction of the building, the ceremony to install a Buddha statue in the shrine hall, the opening ceremony, vocational training, and free lunches for orphans with HIV – were accomplished with the participation of villagers and communities through volunteer labor and donations. These activities were made possible because they were inspired by merit. Believing that helping others is a means of making merit, Mo Boon has proved this through his actions. To implement his project, the healer appealed to the Northerners’ benevolent
disposition derived from the belief in merit and he succeeded in rekindling the spirit of mutual help in the community for the benefit of people in distress.

Through his healing, Mo Boon educated his patients and the people in the community, and he corrected their misinformation about HIV and AIDS. They learned that having the disease did not necessarily lead to death; HIV/AIDS patients could recover and continue to live a healthy life. Gradually, the healer was able to dispel the fear of contracting the disease from the patients, as the villagers began to understand how the disease was actually transmitted. With this support, the beneficiaries of the center knew that they would not be neglected, and this reassured them of their own worthiness and strengthened their will to live.

Mo Boon’s initiative illustrates that in modern society, where health problems may give rise to social conflicts such as the stigma of HIV/AIDS, healing activities associated with merit can keep alive the function of ritual healing to resolve social conflicts stemming from illnesses such as AIDS, and thus alleviate patients’ suffering.

Merit also promotes the confidence of the healer and his family in dealing with deadly diseases. In caring for HIV/AIDS patients, Mo Boon had to come into closer contact with HIV/AIDS patients than anyone else in the village, yet he did not contract the disease himself. This was seen as proof of his family’s belief that merit protects people against deadly diseases:

In former times, people didn’t go to McCormick Hospital. They came to [my grandfather] Pho Ui to be treated for chicken pox or smallpox. The house was thronged with patients. But no one in our family caught smallpox. In my father’s time, there was [an outbreak of] cholera. He treated those who had cholera, but again no one in our family suffered from it. It seemed as if merit protected us.

Belief in merit was instilled in Somsri, a woman with HIV mentioned in Chapter 4, even though she was not a native of the North. Somsri survived in her struggle with AIDS after losing her husband and daughter to the disease between 1995 and 1996. She gave a few reasons for her recovery: her will to live on for her remaining twin sons, the use of herbal medicines, and merit making by means of practicing meditation and helping other HIV/AIDS patients. She was a volunteer in a district hospital in Chiang Mai, paying visits to patients’ houses: ‘I feed them water and foods till their ends, one by one,’ she said. It was, in her words, ‘merit extending merit,’ which means that the merit she made by helping patients kept her alive so that she could take care of her two sons and continue to offer help to others.

Surang, another woman with HIV, contracted the virus from her husband, who died in 1995. After his death, she had a dream in which she met dead people. She woke up feeling very frightened. The dream worried her so much that she went to see a nun at a meditation center and asked her to explain it. The nun said: ‘Your spirit is ready to leave. The life you were given is expiring. You must come right away to practice dharma. Only merit can extend your life.’ Surang wanted to stay alive for her two school going daughters. For a week she took a retreat at the meditation center, where she observed the eight precepts and practiced meditation. Back at home, she continued these practices, and then sought Mo Boon and took traditional drugs for five years. In 2006, she started taking ARVs and was then diagnosed with third stage cervical cancer. Nevertheless, when I met her in 2008, she looked healthy and was able to do normal work.
With both Surang and Somsri, the belief in merit played a significant role in the healing process. However, it was not imposed on them by the local healer, since the belief has permeated Thai society for a long time. When in trouble, many Thais will naturally think of making merit. Generally, people will choose to make merit through various forms of giving, among them offering alms to monks and freeing captive animals. A form of merit making that is more concerned with mental development is to stay at a temple or a meditation center for activities such as observing the precepts, reciting mantras, and practicing meditation.

The question of whether merit affects the results of healing is more difficult to answer because it involves the complexity of *karma* – the law of cause and effect – a Buddhist principle that explains that there are causes for all phenomena. If one attempts to determine the effectiveness of healing on the basis of merit and *karma*, one will realize that the possibilities of the outcome are infinite. When the merit and *karma* of the healer, the patient, the medicines, the healing methods, and so on are included in the equation, the problem is too complex for humans to solve. Instead of trying to analyze the impossible, what is possible to understand and practice is that everyone who is involved in the healing process – the healer, the patient, relatives – tries his utmost to do noble deeds, make merit, and produce the conditions that cause relief and heal sickness. Then they will let the law of *karma* take its course and accept whatever comes. From this perspective, the patient’s noble actions performed before and during the healing will influence the healing’s effectiveness. The extent to which meritorious actions and good deeds can produce positive results for each patient depends on his or her own actions, in the past and the present.

In sum, due to the fact that merit extends the capability of a healer to care for his family and patients, the career of a healer is mostly aimed at amassing merit – that is, helping others without expecting anything in return; offering things, including teaching and support that relieves patients’ suffering; and training himself in a religious way to strengthen his mental and spiritual capacities. For patients who believe that a person who is ill and near death has spent all his merit in this present life, the moral aspect in this difficult time is always concerned with making new merit to extend his or her life. These moral aspects influence the process of healing with the strong hope that merit will function in the end according to the law of *karma*. This explanation is still alive among the healers and patients who value merit as a thing that matters in their lives, not only in this current life but also in the next ones.

**Conclusion**

This chapter has demonstrated that the compassion of a particular healer, Mo Somsak – developed as the result of an intimate relationship with his patients and a process of moral socialization – is the significant moral disposition that facilitates the occurrence of moral sensitivity. Compassion, together with other related moral dispositions, enables Mo Somsak to perform meritorious healing, the components of which enhance the effectiveness of his healing.

This chapter concludes that faith-related trust, the power of virtue, and merit are meaningful core components of local healing and contribute to its effectiveness. This insight
comes from the analysis that shows that trust is the result of the relationship between healers and patients that is developed during the healing process, when the healer follows the moral conduct that is based on both parties’ shared moral values. This relationship can create full confidence in a patient towards his or her healer and thus his or her full compliance in the treatment. A healer’s moral behavior also empowers him to deal with the power of virtue that belongs to the healer teachers and other sacred objects. In the healing process, he exposes this power to his patients. The moral experiences of the healer and the patients, which aim to make merit, come from the same religious foundation, but they have different objectives. For the healer, making merit is to accumulate bun so that he can protect and support his family and patients more adequately. For patients, the objective is to extend their own lives, which, they believe, are nearly at an end.