

Donn V. Hart

4

*Disease Etiologies of Samaran Filipino Peasants*¹

Introduction

The main purpose of this chapter is to examine the folk explanations for the causes of disease or illness (*sakit* or *mara-ot eton lawas*) that are accepted by the residents of a Filipino village in Eastern Samar Island. The analysis is in light of George Foster's proposal that non-Western disease etiologies are characterized by either *personalistic* or *naturalistic* principles.

A secondary purpose, essential to achieving the first, is to present a comprehensive, if abbreviated, outline of ethnomedicine in this peasant community. This summary includes not only the etiologies of most locally recognized diseases, but also their diagnosis, varied treatment and associated curers. The data for this chapter were gathered in this village in 1955-56 and partly updated in 1977.²

The Setting

The central islands of the Philippine archipelago (e.g. Panay, Negros, Cebu, Bohol, Leyte and Samar) are known collectively as the Bisayas and their inhabitants as Bisayans. Within the Bisayas, Samar and eastern Leyte are settled by a cultural-linguistic group called Samarans.³ Samar, whose eastern coast faces the open Pacific Ocean, is the third largest island in the Philippines. Eastern Samar province, our research area, is a series of small deltaic lowlands, partially divided by mountain spurs stretching from the

57

1

densely forested central highland to the Pacific. Lalawigan is a village (*barrio*) of 889 persons in 187 households (author's census, 1956). It is located five miles south of Eastern Samar's provincial capital, Borongan.

Lalawigan's economy is based on the production of *copra* (dried coconut meat), *abaca* (Manila hemp), and rice. In-shore non-motorized fishing is another major economic activity. Most residences are of bamboo and palm thatch raised above the ground on sturdy poles. Kinship is traced bilaterally and the nuclear family is the most important social unit. No type of unilineal organization exists. All Lalawignons are Roman Catholics. In 1956 the nearest priest resided in Borongan. Each house has a family altar with saint figures and pictures of the Holy Family. The altar is the focus of household religious activities. Social life mainly involves the various life crises (baptisms, marriages, funerals, etc.), the annual fiesta for the patron saint of the community, the Catholic religious calendar and public school functions.

Causes of Illness

In a personalistic medical system, according to Foster, sickness is explained as resulting from the

*active, purposeful intervention of an agent, who may be human (a witch or sorcerer), nonhuman (a ghost, an ancestor, an evil spirit), or supernatural (a deity or other very powerful being). The sick person literally is a victim, the object of aggression or punishment directed specifically against him, for reasons that concern him alone. Personalistic causality allows little room for accident or chance. . . .*⁴

The etiological system of Lalawigan, in this aspect, is primarily personalistic. Although detailed statistics on morbidity were not collected in Lalawigan, extensive interviews, household census data, and participant observation indicated that the causes of the majority of serious illnesses were believed to be actions of environmental spirits, sorcerers (and their familiars or 'pets'), and ancestral souls. Sickness was diagnosed, either by the patient, a family member, or the curers, as punishment for offences against these various

agents. A description of these agents, and their disease-creating powers, is now provided.

Environmental Spirits

Maglimbunganon (from *maglimbung*, a cheat or deceiver) is the generic name in Lalawigan for the environmental spirits who inhabit the land (trees, caves, rivers, springs, etc.) and the sea. These spirits are usually referred to in everyday conversation (often to avoid using their real names) as 'People who are not like us' or *mara-ot nga tawo* (bad persons). The invisible spirits (that may and do show themselves at will) resemble tall humans, often Spanish or American *mestizos* (i.e. Filipinos one of whose direct ancestors, usually the father, was a Spaniard or an American). With the exception of their supernatural powers, the spirits' lifestyle is almost identical to that of mortal Filipinos. Some are farmers, others fishermen; they marry, have children, christen their young as Catholics, gamble at the cockpit, grow old and die. They dress like Filipinos and eat the same diet except that their food is never salted. Some spirits are poor, although others (probably the majority) live in spacious, elaborately furnished mansions. They drive automobiles and fly airplanes. Although the origin of these spirits is pre-Hispanic (and pan-Southeast Asian), the barriofolk through reinterpretation have made them members of the folk Catholic pantheon of supernatural beings.⁵

Environmental spirits in eastern Samar are also commonly named after their primary residence (see Table 1). *Dagatnon* or *lawodon* who live in the sea rarely cause sickness, perhaps because their contacts with humans are limited. They are believed to be the 'masters' of the fish; fishermen have various rituals relating to the *dagatnon* to ensure successful fishing activities.⁶ One variety of *tunanon*, the *botbot*, is similar to 'a giant worm' that makes the earth tremble when it moves. Its name is derived from the sound it makes when moving – 'bot-bot-bot'. During late afternoon or at twilight, the *botbot*'s head or nose may protrude above ground. If one accidentally steps on the *botbot*, a boil or abcess occurs.

TABLE 1

Varieties of Environmental Spirits in Lalawigan

Names	Residences
<i>Dagatnon, lawodnon</i>	<i>Dagat</i> , sea water, or <i>lawod</i> , sea or a large body of water
<i>Tunan-on</i>	<i>Tuna</i> , earth
<i>Kahoynon</i>	<i>Kahoy</i> , tree
<i>Guban-on</i>	<i>G</i> <i>orest</i>
<i>Lungibnon</i>	<i>Lungib</i> , cave

Kahoynon usually live only in large trees such as the balete, *lauan*, *dungon*, and *da-o*. The most virulent of all *kahoynon* is the *tugopnon* that resides in the *tugop* tree. This spirit is unusually ugly, has a twisted nose, a fair skin covered with red or black spots, and wears a G-string. There are also three types of *kahoynon* known as *dalakitnon* (*dalakit*, balete tree, *Ficus payapa* Blanco).⁷

Although the *guban-on* live in the forest, they rarely inhabit trees. One variety of *guban-on*, called *tahoy* (*pagtaghoy*, to whistle), is reputedly a tall, thin spirit with a 'sharp face like a bird'. One type of *lungibnon* is the *agta*, a fierce, tall, black-skinned savage who wears a necklace of centipedes and clothing of bark. *Agta* are hirsute with silky head hair touching their shoulders. On the whole, they do not hurt humans but delight in frightening or playing pranks on the barriofolk, for example, making one lose one's way.⁸

Usually, these spirits are described as 'evil' in the Philippine literature, although many are neutral towards humans until molested, offended or disturbed. The intent of one's action towards them is irrelevant. 'A traveler in the forest who innocently and injudiciously urinates on their [invisible] gardens is struck down as ruthlessly as a person who consciously violates their domain.'⁹

Although these spirits rarely sicken humans unless provoked, they live everywhere around them (although not within the barrio), so often it is difficult not to offend them. To live Lalawignons must

fish, open new swiddens in the mountains, cut bamboo, travel in the forest, etc. Since the spirits and their residences are invisible, one must constantly be alert not to antagonize them, invade their privacy, or destroy their property. A wise person avoids, whenever possible, known spirit habitation sites, e.g. certain trees, springs, or caves.¹⁰ It is best not to work during the afternoon siesta since the spirits are peeved if their naps are disturbed. If possible, one should not wander outside the house or around the barrio at night, for this is when spirits (and sorcerers) are most active. However, during a lifetime, no matter how careful one may be, it is impossible not to enrage some of these vengeful spirits.

No one ailment is attributed to any specific category of spirits. On the other hand, if one were in the forest, cutting bamboo or planting a swidden, and shortly thereafter became ill, the suspected agent would be a *kahoynon* or *guban-on*. Many etiologies, for this reason, are based on situational or behavioural factors preceding the sickness. In Lalawigan, as in eastern Negros Island,¹¹ known or putative contacts with the spirits are usually more important in diagnosis than symptoms of the ailment. Some illnesses, however, are invariably attributed to the spirits, e.g. the intrusion of invisible foreign objects, known as *turok* or *hangin*, into the patient's body. Another ailment is believed to be caused only by the spirits. When a human is befriended by a spirit (known as *sinasangkayan*) mental illness occurs. (Incidentally this is an exception to the rule that the spirits never harm a human unless offended.)

Souls (Kalag)

Other illnesses in Lalawigan are traced to the punitive action of angered and vengeful ancestral souls: 'Souls may punish their descendants since they can talk with God.' Briefly, souls cause sickness primarily for violation of generally accepted values, e.g. disrespect of one's elders, failing to care for sickly or aged parents, dishonesty, physical violence (stabbings, etc.), incestuous marriages (such as first cousins), or failure to hold proper rituals. Rituals for the souls are regarded, in part, as 'rent' paid them for the inherited land presently farmed by their descendants. Souls that are properly respected by the living in deed and action and are honoured by these rituals reward their descendants with abundant harvests,

healthy and multiplying children and farm animals (chickens, pigs, carabao, etc.) and general good fortune.

According to the barriofolk the rituals for these souls (usually a novena, i.e. nine consecutive evenings of prayer or a rosary) have two purposes. One is to remember the anniversaries of the deaths of all of one's ancestors; the other is to maintain a close, intimate relationship among living kinsmen. In pursuit of these two purposes the *katig-uban* (*tig-ub*, to add), once popular but rarely held today, used to be organized by several families in memory of their deceased relatives. It was said that in the past, when Lalawigan was less populous, one *katig-uban* was held for the souls of the deceased residents of the village. Today the more common ritual is the *katu-igan* (*tuig*, year, or 'yearly') held by a single family for its souls. Sometimes a *katu-igan* is started on the recommendation of the shaman when the cause of a family member's sickness is diagnosed as angered ancestral souls. In some instances the sickness may be traced to a particular soul. For example, the 'orphan soul' (*ilo nga kalag*) of a childless man or woman may sicken a sibling for neglect to perform rituals.

Once a *katu-igan* is done it must be repeated annually. The duty is 'inherited' along with the other property one receives from a deceased person. All members of the family should attend the *katu-igan*. If return to Lalawigan is impossible, absent members may light a candle in a church in their community and recite a prayer for the souls. Some Lalawignons working in Manila return for the annual *katu-igan*, especially if they have been 'sickly' or have had 'sleepless nights'. In the past an elaborate food offering was part of the *katig-uban*.¹² Only a snack is served at the *katu-iga*.

A blameless person may become ill through the action of a specific ancestral soul despite an affectionate past relationship. For example, a dead mother who was inordinately fond of one of her children, perhaps the 'pet', or a deceased grandparent who cared for and was unusually devoted to a grandchild, may 'long' for the child to join them. In this instance sickness is not the result of an offence but of loving souls' desire to be reunited with loved ones. For example, one sick young man in Lalawigan claimed he saw an old woman lying next to his sleeping mat. The more he gazed upon this figure, invisible to all but him, the sicker he became. The shaman decided that the ghostly figure was his maternal grandmother who 'longed' for her grandson whom she had reared. After

the parents held a novena for their maternal grandparents, their son recovered. It is also said that living kinsmen, separated from a loved one, may 'long' for a reunion so intensely that they sicken the desired person.

The preceding section has summarized disease etiologies traced either to non-human entities such as environmental spirits or to ancestral souls. However, many sicknesses are blamed on humans with preternatural powers, particularly on the sorcerers known as *barangan* and *sigbinan*. Their roles in the traditional etiological system of Lalawigan are now discussed.

Sorcerers: Barangan

Sorcerers known as *barangan* and *sigbinan* are blamed for numerous illnesses occurring in Lalawigan. The *barangan* is discussed first.¹⁴

This sorcerer (always a male) may on his own account sicken (sometimes to death) humans he dislikes. More typically his powers are used against the victim at the request of others. *Barangan* can be hired to retaliate against those who have attacked or slandered a client or his close kinsmen, stolen their property, etc.

The *barangan* purchases his vicious 'pets', insects called *tawa* (similar to the rice weevil, *bokbok*), that are kept in a bottle of coconut oil. When the *barangan* wishes his insects to attack a victim, he inserts a small wooden cross in the neck of the bottle. He then instructs his 'pets': 'You are my servants and I have someone to punish.' He gives the name (and describes the physical features) of the victim and tells the insects where the victim lives. The insects are then sent on their gory errand. If they return to the *barangan* covered with blood, it means they successfully penetrated the victim's body. The *barangan* also has the power to 'shoot' invisible foreign objects into the victim's body. Typical ailments associated with *binarang* (the act of being sorcerized by the *barangan*) are sores, body swelling, and painful joints, and especially diseases that result in leprosy-like disfigurements of the face.¹⁵

The *barangan*, as is typical of others with supernatural powers, is subject to a number of constraints. He cannot enter a church for ten years after the purchase of his 'pets'. During this period he cannot eat salted food and must fast on certain days. After the first

decade, the sorcerer may attend church services but he must leave before Christ is consecrated during the mass. He never permits anyone to secure any of his loose hair and expectorates into a bottle. Hair, saliva, and other personal items may be used by a sorcerer to cast a spell on an individual.

Sickness caused by the intrusion of foreign objects into the victim's body, through the actions of environmental spirits or the *barangan*, is called *hangin*, *turok*, or *to-onay*. Its treatment is known as *haplas*. An angered spirit, using a 'bad' wind (*hangin*) also 'shoots' (*turok*, pierce) or 'sows' dirt (*dahora*) in the victim's body. The objects enter the body without making a wound; when they are extracted no bleeding occurs. The patient may diagnose his own illness, consult the shaman, or seek treatment from a specialist in this disease (the *haplasan* or *parahaplas*). One patient claimed he had forty thorns removed from his body. Another informant had a large sore on his foot. After treatment a centipede emerged from the lesion. *Haplas* is also used to treat certain skin diseases.

Symptoms of *hangin* or *turok* are an initial cold, with fever and headaches, followed by aches and pains in the muscles and joints. There are four methods to treat this sickness. First and second, the healer removes the objects with a needle ('the most painful way') or his fingers; third, medicinal coconut oil (sometimes called *lana nga eharaplas*)¹⁶ and 'smoking' are used; and fourth, herbal medicines are used, either as a poultice or as a liquid that is drunk. There are also home remedies for *hangin*, particularly if the initial affliction is not serious. For example, one woman explained that she removed thorns from under an eye by applying half of a cut citrus-like fruit, *makalpi* (similar to *kahit*). Another similar remedy is to heat *paleyo* leaves (from a small shrub whose cut branches 'quickly wilt' if not put in water) and apply them to the sore spot.

One *parahaplas* in Lalawigan removed foreign objects from her patients' bodies with her finger. (The prefix *para* means 'one who does'.) After the objects were extracted, she 'smoked' the patient with *ambal* (ambergris?). Sometimes Tiger Balm (a popular Asian ointment) is also massaged on the sore spots. She required her patients to remain in her residence for three days after the treatment. Space permits only a partial listing of the various herbal concoctions used to treat *hangin*.¹⁷

When medicinal coconut oil is to be used to treat *hangin*, the

patient first bathes and then dresses in clean clothes. The patient then either lies on a white sheet or the afflicted spots are covered with white cloths after a massage with coconut oil. Sometimes the curer makes the sign of the cross with coconut oil on the patient's tongue. While under the sheet the patient may also be 'smoked', as in the treatment of *lanti*. Later the foreign objects appear on the sheet or cloths. This treatment should be repeated for three consecutive days; each session takes about an hour. (One informant reported, however, that he was treated for *hangin* three times in one day - 'I was in a hurry to get well for the fiesta was coming.') The extracted objects are burned, for they can infect others. Informants claim that once one is treated with *haplas*, the treatment 'becomes a habit'. It must be repeated in the future, without any choice on the part of the patient if the illness is diagnosed as *hangin* or *turok*.

Sigbinan

The second kind of human agent responsible for illness (and death) is the *sigbinan*.¹⁸ They are men or women who inherit from their parents small, fantastic, puppy-like creatures covered with fine hair whose bite is venomous - 'far more poisonous than a centipede bite'. These creatures often are called 'puppies' when the *sigbinan* are discussed. Many families in the barrio who had lost children in their infancy attributed one or more of these deaths to *sigbin* bites. One mother claimed that three of her children had died in this way, while in another family four children had died from *sigbin* bites. Although *sigbins* may bite adults (especially if children are not available), they rarely die from the venom. The *sigbinan* are said to prefer infants or small children since they cannot explain what causes their illness and 'are more susceptible to the poison'.¹⁹

Sigbins are dangerous in Lalawigan because their owners are too poor or too lazy to feed them, so the creatures are forced to seek human victims. Rarely, if ever, does the *sigbinan* use his animals to punish people who have offended him; he cannot be hired by others as may a *barangan*. During the day their owners keep the *sigbins* in a large earthenware jar (*tadyao*). When the *sigbins* are fed, they are given chicken or carabao meat at midnight. *Sigbins*

eat only during the periods of the new and full moon. It is at this time that the *sigbinan* may put his 'pets' in a basket and go in search of possible victims. The *sigbinan* substitutes a banana stalk or another object that looks exactly like the victim's corpse. The corpse is taken by the *sigbinan* to feed his animals. Since the *sigbinan* shares the corpse with the *sigbins*, they are considered cannibals and have a 'pale appearance'.

In 1977 some Lalawignons claimed a man was seen walking along the beach in the early morning, carrying a basket on his back. From the basket dangled two small hands that moved. Behind the *sigbinan* followed his 'pets' which kept biting the exposed hands of the child who was still alive. Informants claimed that the *sigbinan* was taking the child home so that the *sigbins* and he could feast on it.

The *sigbinan* can become invisible, 'hide under a stick' or 'pass through a hole as small as the one in a needle'. They are able to travel rapidly; it is difficult to catch a *sigbinan* since his body is slippery from the coconut oil (*lana*) he applies before leaving home. A *sigbinan* cannot die until one of his children agrees to inherit his animals 'just like they do any other property'. If the *sigbin* are buried with their owner, they later return home. They cannot be drowned or burned; such attempts only result in their multiplication.

The *sigbin* may bite its victim in any part of the body, but the favourite spots are the nape of the neck, below the ear, or on the cheek. Bites are more virulent in these areas than elsewhere on the body. The symptoms of a *sigbin* bite are a high fever, spasms, difficulty in breathing ('one feels pressed'), etc. The bitten area does not throb or swell as is typical of a centipede or spider bite. Some parents move a child bitten by a *sigbin* to a relative's house because the *sigbin* will return if the victim does not die. Unless the bite can be located, the victim dies, since herbal medicines are ineffective unless applied directly to the wound. Frequently the bites are invisible, appearing only after the patient has died. However, one shaman claimed he could locate an invisible bite 'because heat is concentrated in that spot'.

Once the patient's ailment is diagnosed as a *sigbin* bite, various treatments are possible. Although this illness is common in the barrio, no traditional curer specialized solely in its treatment. Some parents treat their children, but most request the diagnostic and

therapeutic services of *sunahan*, a curer specializing in treating all poisonous bites. Medicine purchased in Borongan for poisonous snake and insect bites may be used, including Vicks. Other patent medicines are bought from travelling Boholan peddlars who visit the barrio.

Various herbal concoctions are used to treat *sigbin* bites. The leaves, bark, new shoots, and roots of numerous plants are soaked in water (hot or cold) or in blessed vinegar.²⁰ The water or vinegar is either administered orally or rubbed on the bite area. Sometimes heated leaves (or their juice) are applied to the bite.²¹ 'Smoking' (*paglo-on*) is another treatment for a *sigbin* bite. Certain herbs are put in a coconut shell with live coals. The patient is then 'bathed' or 'smoked' with the fumes. A hair from the *sigbin* (if available), a pungent sap (*ingo-ingo*), or a feather of a supposedly poisonous bird (*obonobon*) may be added to the coals. As much as possible the fumes should be directed to the bitten area of the body. One mother advised that in treating the patient, only the third finger (three is a magical number in the barrio) should be used to rub the body.²² During this treatment the sign of the cross may be traced on various parts of the patient's body.

If the *sigbin* bite is visible, treatment normally results in a cure. One additional complication of *sigbin* bites is that the child may become apprehensive and develop *lanti*, an emotional disturbance caused by fright.

It is impossible to classify disease etiologies in Lalawigan as of wholly pre- or wholly post-Hispanic origin. The environmental spirits are certainly pre-Hispanic (and pan-Southeast Asian), yet the barriosfolk have reinterpreted their origin on the basis of their folk Catholicism. Therapy for illnesses caused by the spirits includes many post-Hispanic, especially Catholic, elements. Pre-Hispanic Filipinos were equally solicitous in maintaining amicable relationships with ancestral souls, although today these are placated primarily by Catholic rites. However, the etiologies of some illnesses of a personalistic character appear post-Hispanic, the result of the Christianization of the Filipinos. These sources of sickness are briefly described next.

Sins Against God

The role of God as a disease agent appears to vary among different Christian Filipino groups. Jocano claims that '*Diyos*, or God, is often seen as a revengeful environmental spirit' who causes illness.²³ This belief was found in a story in a Philippine elementary school reader.²⁴ Lieban mentions that only a 'few illnesses' are attributed to God.²⁵ A psychologist writes that the notion of sin does not seem 'especially salient in the Philippines and a disease theory based on such a concept might not be a very powerful one'.²⁶ Finally, Nurge found in her east Leyte community that 'No ailment was ever reported to be a visitation from God as a punishment for sin or as a trial of one's faith, ideas prominent in some Christian circles.'²⁷

In Lalawigan the barriofolk believe all sickness can be traced indirectly to God. In fact, everything that happens to one is the result of God's will. Yet God is rarely (if ever) petitioned to punish an individual with sickness. However, a person may pray to St Antonio, San Roque, Mary or the patron saint of Borongan to punish another with sickness. Lalawignons pray to St Antonio to cure the sick; the assumption is that since St Antonio can cure, he also can sicken. One holds a novena for the saint. During the prayers the image is stuck with a pin in the part of the body where one wishes the victim to suffer. No specific sickness is associated with these saints and such petitions are rare, made only when one has been gravely offended. Some informants claim that this method is used only to punish thieves. Two women in Lalawigan were claimed to be skilled in this technique. In fact, one allegedly caused a cousin, who had stolen her *copra*, to have a mental disorder. In 1977 a person who had been ill for nearly a year consulted several *tambalans* who told him his malady was the result of prayers to a saint. The patient was advised to go to the person he had offended to request forgiveness for his sin.

Gaba

Gaba, another cause of illness and general misfortune in Lalawigan, is mainly limited to younger couples. *Gaba* is initiated by an

offended person who petitions God to punish one who has wronged him with illness.²⁸ The major causes of *gaba* (more common among kinsmen than non-kinsmen) are when a younger person is disrespectful towards an elderly person, especially his parents, towards those born with physical defects, or when he wastes food. For example, *gaba* may sicken a child who quarrels with or disobeys his parents, steals, marries without parental permission, ridicules a cripple, etc.²⁹ In some cases the offending person may escape punishment but it will be afflicted on his children. If one suspects illness is due to *gaba* (no specific ailment is associated solely with *gaba*), the cure is to request forgiveness from the offended person. For example, if a woman suspects *gaba* is the reason for a difficult pregnancy, the wronged person is requested, after forgiveness is granted, to touch her swollen abdomen with a finger.

Gaba is not a frequent cause of illness in Lalawigan. However, one woman used *gaba* to punish her daughter's husband's brother for stealing from her. His body swelled and he died in a few days. In retaliation the deceased man's wife invoked *gaba* against this woman, resulting in the death of two (some say three) of her children.

Finally, *gaba* may cause misfortune, not sickness. One who wastes food may be punished with meagre harvests or consistently bad luck in fishing.

The preceding sections of this chapter have summarized numerous personalistic etiologies. Our research did not systematically collect detailed statistics on the frequencies of various illnesses (or on the causes of death) in this village. However, a conservative estimate (based on observation, interviews with both informants and curers, and household censuses) is that the barriofolk explained about 65 per cent of all serious ailments (and deaths) in this village as the result of actions by supernatural entities of sorcerers. The two most common agents probably are the environmental spirits and *sigbinan*.

Lalawigan data also confirm Foster's proposition that 'in personalistic systems illness is but a special case in the explanation of all misfortune'.³⁰ The spirits and ancestral souls have the power both to reward and punish humans. In most instances the spirits punish only when Filipinos violate their domain or anger them.

When they and their invisible world are avoided or respected, the spirits can and do reward the barriosfolk. Numerous examples of the beneficial actions of spirits were reported. For example, the healing powers of some shaman are gifts of friendly spirits (and souls). A bountiful swidden harvest cannot be achieved without the co-operation of the *kahoyons*. One resident allegedly had a spirit as his compadre; as a result he was quite prosperous. One sympathetic spirit thoughtfully left a meal for a group of hungry harvesters. A fisherman with a *katao*³¹ as a friend always has full traps and nets: 'We all use the same equipment and fishing technique yet these two brothers *always* have bigger catches.'

Finally, the environmental spirits do not inflict sickness on Lali wignons for social deviancy. A thief, murderer or adulterer would not be punished by the spirits with illness for his misdeeds. When illness is diagnosed as a result of such wrongdoing, the agents identified are ancestral souls, saints, or sorcerers. For those who follow faithfully the 'old customs', the souls are a source of support and benefit. All one must do, to avoid sickness or other forms of misfortune by these agents, is to honour the basic values they cherished when among the living. In many societies illness is conceived as punishment for violating accepted values.³² The Filipino social order is also identified with the moral order of the universe; health is the reward for conformity.³³

Foster wisely recognized that '*the two etiologies [personalistic and naturalistic] are rarely if ever mutually exclusive* as far as their presence or absence in a particular society is concerned. People who invoke personalistic causes to explain most illness usually recognize some natural, or chance, causes.'³⁴ He distinguishes between the two systems.

In contrast to personalistic systems, naturalistic systems explain illness in impersonal, systemic terms. Disease is thought to stem, not from the machinations of an angry being, but rather from such *natural forces or conditions* as cold, heat, winds, dampness, and, above all, from an upset in the balance of the basic body elements.³⁵

He continues by stating that 'In naturalistic systems, health conforms to an *equilibrium* model: . . . Causality concepts explain or account for the upsets in this balance that trigger illness.'³⁶ One

illustrative example he suggests is humoral pathology. Since in an earlier monograph I reported in detail on humoral pathology as part of the traditional etiological system of Lalawigan and elsewhere in the Philippines, this chapter gives only a brief summary of this 'Great Tradition' medical complex.³⁷

Humoral Pathology

Greek humoral pathology was brought to Spain by its Muslim conquerors (eighth to eleventh centuries); from there it diffused to Latin America during the Conquest (sixteenth to seventeenth centuries). For the most part, humoral pathology concepts in the Philippines were carried from Latin America (or directly from Spain) after most of the archipelago was conquered by the Spaniards in the sixteenth century.³⁸

Lalawignons believe that good health requires the proper balance between 'hot' and 'cold' elements in the body. If this balance is disturbed, illness occurs. Numerous rules exist on how to retain a 'healthy' balance of these elements in the body. For example, various foods and diseases are classified as 'hot', 'cold', or 'neutral or regular'. Some 'hot' foods are chicken, duck and squash (*ampalaya*); 'cold' foods include beef, goat, cucumbers and eggplant; and some 'regular' foods are cabbage and rice.³⁹ Beri-beri and stomachache are 'cold' illnesses; fever, malaria, and tuberculosis are 'hot' ones; boils, flu (colds), and earaches may be either 'hot' or 'cold'. Only 'cold' foods or medicines should be taken to counteract a 'hot' disease.

Even the most fastidious observation of this metaphysical 'equilibrium' does not assure good health since many etiologies, as already described, are personalistic. Some diseases have multiple etiologies. For example, dysentery may be caused by overeating (especially of fruit) during the summer when food is abundant, by 'thorn' projectiles 'shot' into the body by the spirits or *barangan*, or by excessive 'heat' in the body, often blamed on failure to take a daily bath (see Table 2). Finally, the barriofolk do not use humoral pathology to explain misfortunes other than illness.⁴⁰

The dichotomy of etiologies as either personalistic or naturalistic is not always clear-cut.

Most troublesome, at least at first glance, are those illnesses believed caused by emotional disturbances such as fright, jealousy, envy, shame, anger, or grief. Fright, or *justo*, widespread in Latin America, can be caused by a ghost, a spirit, or an encounter with the devil; if the agent *intended* harm to the victim, the etiology is certainly personalistic. But often accounts of such encounters suggest chance or accident rather than purposive action.⁴¹

Again, Lalawigan offers an excellent example of a sickness based on emotional upsets.

Lanti is a common illness allegedly caused by fright (*hadlok*).⁴² With a few exceptions, this ailment sickens only infants or young children. The illness is not fatal in itself, but if the patient is not cured he may weaken physically until he succumbs from another cause. The etiology of *lanti* is not traced to the environmental spirits, ancestral souls, or humans with supernatural powers. There are two causes of *lanti*. First, the child is directly frightened, e.g. by seeing two men fight, barking dogs, a large fire with black clouds of smoke, falling into a ditch, tumbling out of a bamboo 'walker', or hearing a sudden loud noise. *Lanti* is also caused indirectly when a permanent member of the child's household is frightened. Some typical examples that have resulted in the transference of fright to the child are when a household member saw or killed a large snake, was attacked by an infuriated carabao, helped put a body of a neighbour into his coffin, visited a large cave, or fired a gun.

Most Lalawignons are uncertain why *lanti* is restricted to the youngest child or how someone else's fright is transferred to him. One informant speculated that the transference was a process 'like magnetism'. Most barriosfolk think the diffusion of fright occurs because the involved individuals are kinsmen, live permanently in the same household, and have an intimate relationship with the child. The principle of contagious magic best explains this invisible bond that channels fright from one member of the household to the youngest child.

In other societies this magic affinity is regarded as existing among related persons, among agnates, and among members of social groups of many other kinds. Whatever good or harm befalls objects or individuals of one class also befalls other members of the class without any necessary direct contact, unless

magical preventive measures are taken.⁴³

Lanti has many symptoms but curers who specialize in treating it claim that the three most recurrent symptoms are fever, boils, and reddish blotches where the skin folds on the arms, legs, and neck. When a child is ill either the parents or a curer diagnoses the sickness. The treatments are too esoteric to be handled by home remedies. The three kinds of Lalawigan specialists in *lanti* and how they treat this sickness have been described elsewhere.⁴⁴ The practitioners who treat only *lanti* have no supernatural source of their knowledge and skills. The curing rites are neither the gift of a spirit nor learned from a sorcerer. It is obvious *lanti* should be classified as having a naturalistic etiology.

Disease and Supernaturalism

Literature on folk medicine, including most sources for the Philippines, usually emphasizes that it is impossible to separate into discrete categories beliefs and practices associated with disease and supernaturalism (magic and religion). The presence of intricate linkages between supernaturalism and disease is a diagnostic trait of personalistic medical systems.⁴⁵ In comparison, naturalistic medical systems make little use of supernaturalism 'insofar as we are dealing with etiology. . . .'⁴⁶ Foster cites as an example Latin American societies whose traditional etiologies he classifies as 'largely' naturalistic. 'In Tzintzuntzan, for example, in many hours of recording ideas about origins and cures of illness, not once has religion been mentioned – even though most villagers, if asked, would certainly agree that illness ultimately comes from God.'⁴⁷ The votive offerings of Latin Americans to Christ, the Virgin Mary, or powerful saints are not to the agents of disease but to 'merciful advocates who, if moved, can intervene to help a human sufferer'.⁴⁸

As indicated earlier, it is impossible to discuss ethnomedicine in Lalawigan without repeated references to the supernatural. Although God and the saints are most often petitioned to cure a patient, the latter may also (though rarely) be involved in the causation of sicknesses. A primary agent of illness in the village is the spirits whose origin and powers are a blending of pagan and

Christian elements. In fact, one might blame God (at least indirectly) for disease caused by the spirits for He is responsible for their earthly presence. Even a partial sampling of cures vividly documents the melding of religious, magical, and naturalistic elements. For sicknesses such as *lanti*, elements of Catholic ritual are a prominent part of therapy. Further, although several hundred herbs were identified as possessing curative qualities, their preparation often requires a religious sanction, e.g. 'blessing' in church or making the medicine on Good Friday, while their efficacy is also partly based on imitative magic. In previous publications the striking similarities between many aspects of the peasant cultures of Latin America and the Philippines, both sharing Spanish conquest and Christianization, have been documented.⁴⁹ In this regard the two culture areas are starkly contrasted.

Levels of Causality

Personalistic etiologies postulate at least two levels of causality. First, there is the *efficient* cause or agent who brings disease. Second, there is the *instrumental* (or *immediate*) cause inducing sickness.⁵⁰ For example, one efficient cause of illness in Lalawigan is the spirits, while the primary, instrumental cause of afflictions they bring is invisible foreign objects 'shot' into the victim's body. Peck suggests a third level, the *final* (or *ultimate*) cause or an attempt to answer the question: "Why did *this* happen to *me* at *this time*?"⁵¹ According to Foster, 'Naturalistic etiologies differ significantly in that the levels of causation are much less apparent; in most cases they tend to be collapsed.'⁵²

To summarize, environmental spirits, ancestral souls, and sorcerers are the *efficient causes* of most serious illnesses of Lalawignons. The primary instrumental causes are the magic intrusion of foreign objects and the virulent 'pets' of the *barangan* and *sigbinan*. The final or ultimate cause is that the individual (or sometimes a kinsman) has disturbed the invisible domain of the spirits, antagonized ancestral souls, or angered another human.⁵³ When they are offended or treated disrespectfully all these agents – spirits, souls, and sorcerers – retaliate with sickness (the last often at the paid request of others). Spirits and ancestral souls demand the same deference and obedience. Lalawignons extend to older, wiser,

richer, or more influential persons. For souls, death ends their mortal lives but not their relationships with living kinsmen.

These several distinctive levels of causality are blurred or 'collapsed' when naturalistic etiologies are examined. For example, they are obscured as explanations for sickness associated with humoral imbalances. 'Although it can be argued that a person who wilfully or through carelessness engages in activities known to upset his bodily equilibrium is the efficient cause of his illness, in practice this line of argument has little analytical value.'⁵⁴ The etiology of *lanti*, another major disease syndrome in Lalawigan, is a more complex example. Here it does not seem sensible to identify the child, who accidentally frightens himself, as the efficient cause. The agent of fright may be a parent whose experience results in the child's *lanti*. The agent's act is not purposeful as in the efficient causes for personalistic etiologies. The instrumental cause of *lanti* is fright, it is psychic and differs from the material magical missiles or 'pets' of the spirits and sorcerers. As for the ultimate cause of *lanti*, most patients are infants who would not ask this question.

As argued earlier, if one were to classify the disease etiologies of Lalawignons as either essentially personalistic or essentially naturalistic, the first system would be the obvious choice. However, some etiologies lend themselves more to arrangement on a continuum than to placement in a dichotomy. Table 2 presents disease etiologies that were chosen to illustrate their 'shading' from totally personalistic to totally naturalistic. Finally, since some diseases have multiple causes their origins must be classified as sometimes personalistic and sometimes naturalistic.

Shaman, Other Curers and Diagnosis

According to Foster personalistic etiologies 'logically require curers with supernatural and/or magical skills, for the primary concern of the patient and his family is not the immediate cause of illness, but rather "Who?" and "Why?"'⁵⁵ After his diagnosis, the curer may administer treatment or turn the patient over to another healer. In explaining his dual taxonomy for non-Western medical systems, Foster continues by stating that:

Personalistic and naturalistic etiological systems divide along

TABLE 2

Various Disease Etiologies in Barrio Lalawigan

Diseases	Causes
Epilepsy (<i>Buntag</i>)	1) Poor blood circulation; 2) inheritance; 3) environmental spirits; or 4) sorcery.
Insanity (<i>Mara-ot et ulo</i> , bad head)	1) Failure to care for oneself during menses; 2) environmental spirits; 3) St Antonio; or 4) inheritance.
Dysentery (<i>Disenteriya</i>)	1) Overeating, especially during summer when fruit is abundant (starts as diarrhoea); 2) become hot and then immediately chilled; 3) 'thorns shot' by environmental spirits into body; or 4) failure to take daily bath.
Beri-beri (<i>Beri-beri</i>)	Caused by imbalance of 'hot' and 'cold' elements in patient's body. Three varieties: 1) <i>beri-beri ha ginhawa</i> (internal, with swelling of abdomen; when it reaches the heart, death usually occurs); 2) <i>beri-beri ha tol-an</i> (bones); and 3) <i>beri-beri ha panit</i> (skin). The first variety may also cause the second and third varieties.
Tuberculosis (<i>Tesis</i>)	Typical ailment of a <i>tabardilio</i> , a person who misses meals, eats irregularly, or neglects a cold. Also through inheritance.
Asthma (<i>Hicab</i>)	May occur when phlegm in lungs of newborn child is not immediately removed; such an infant always has a cold, coughs, and eventually develops asthma. Also through inheritance.
Scabies (<i>Katol</i>)	Caused by ant bites that child infects by scratches. <i>Katol nga oga</i> (dry scabies) is caused by a tiny insect.
Malaria (<i>Malaria</i>)	1) Occurs during cold (rainy) period; and 2) some say caused by mosquito bites.
Smallpox (<i>Pandok</i>)	Once believed to be caused by environmental spirits but now believe that the cause is germs.

still another axis, the nature of the diagnosis. In personalistic systems, the shaman or witch doctor diagnoses by means of trance, or other divinatory techniques. Diagnosis – to find out who and why – is the primary skill that the patient seeks from his curer. Treatment of the instrumental cause, while important, is of secondary concern. In contrast, in naturalistic systems diagnosis is of very minor importance, as far as the curer is concerned. Diagnosis usually is made, not by the curer, but by the patient or members of his family. When the patient ceases treatment with home remedies and turns to a professional, he believes he knows what afflicts him. His primary concern is treatment to cure him.⁵⁶

In summary, Foster believes that the 'primary role of the shaman or the witch doctor [in personalistic systems] is diagnostic, while in naturalistic systems it is *therapeutic*.'⁵⁷ With this introduction, and before an assessment is made for Lalawigan of any other aspects of the taxonomy, we examine first the various curers in the village and their basic diagnostic techniques.

The barriosfolk of Lalawigan had available thirty-two folk healers practising eleven different specialities. It is these curers who diagnose and/or treat most of their major illnesses. Table 3 lists their categories, their sex, and medical specialities. Among the thirty-two healers in Lalawigan the four most common categories of curers were the *parahilot*, *partera*, *paratubod*, and *parabirik*. Healers in all but two of these four categories limited their practice primarily to diagnosing and treating *lantî*. As Table 4 indicates, one-half of all the curers in Lalawigan specialized in only one type of illness; additionally 80 per cent of the curers were female.⁵⁸

The Shaman: Tambalan

Among the most important curers in Lalawigan are the general practitioners. These are shaman known as *tambalan* (*tambal*, to cure) or *paragbulong* (one who cures). They are noninspirational shaman whose supernatural helpers communicate with them without possession.⁵⁹ None of these shaman was an epileptic, practised self-hypnosis, or had any visible personality disorder. They were all respected members of the community. There are three ways to become a shaman: 1) selection by an ancestral soul; 2) selection by an environmental spirit; or 3) finding a magic book

TABLE 3

Curers and Their Medical Specialities in Lalawigan: 1956

Name	Sex	Primary Medical Speciality
<i>Tambalan</i>	Either male or female	General Practitioner
<i>Paratubod</i>	Female	<i>Lanti</i>
<i>Paralo-on</i>	Mainly female	<i>Lanti</i>
<i>Parabirik</i>	Female	<i>Lanti</i>
<i>Parahaplas</i>	Either male or female	<i>Barang</i> and <i>turok</i> , <i>to-onay</i> , or <i>hangin</i> , extracting foreign objects, etc. Also skin diseases caused by polluted water
<i>Parangiho</i>	Either male or female	Extraction of teeth
<i>Parahilot</i>	Mainly female	Massage, treating sprains, setting fractures, etc.
<i>Partera</i>	Mainly female	Pregnancy and post-natal care of mother and infant
<i>Sunahan</i> ⁵⁸	Either male or female	Poisonous bites
<i>Parabadak</i>	Either male or female	Treating <i>grano</i> boils and carbuncles
<i>Paragabat</i>	Either male or female	Extracting foreign objects (<i>hangin</i>)

TABLE 4

Number of Curers and Their Medical Specialities in Lalawigan: 1956

	Number of Curers	Number of Medical Specialities
	17	1
	7	2
	4	3
	4	4
Totals	32	

that instructs in the art of healing. None of the four shaman (two men and two women) in Lalawigan had received their medical knowledge and skills in the third way.

The case history of one female shaman in Lalawigan is typical of shaman who receive their powers from an ancestral soul. She was twenty-eight years old when the soul of her parental great-grandfather appeared to her in a dream – 'My eyes were closed but my mind was awake.' She initially refused to accept the responsibilities of a shaman and soon after became sickly. Her parents urged her to become a shaman, otherwise she would never recover. One night she dreamed that on awakening the next morning she would find a citrus-like fruit (*tabolili*) by her sleeping mat. She was told to eat the fruit and then put the peelings on top of her head that was to be wrapped in a cloth. The next morning she found the fruit, obeyed the instructions, and was quickly cured.

In a series of subsequent dreams her great-grandfather's soul returned and instructed her on how to diagnose and cure many illnesses, describing the different herbs to use, their preparation, etc. However, she still remained both suspicious and apprehensive about accepting the call.⁶¹ Additional dreams and the finding of unusual objects in the house occurred until she was convinced. She demanded that her great-grandfather meet her in church to seal the pact. During mass he made the sign of the cross on her right hand with a finger wet with his saliva. 'I never saw my great-grandfather again.'

The case history of one of the most active and respected male shaman in Lalawigan begins when he was ten years old. He was visited in a dream by Kagaskas who claimed to be the 'founder' of the village. Kagaskas urged him to become a shaman, promising that he would tell him how to diagnose illnesses and cure the sick. However, he was required to go to the cemetery at midnight. 'Since I was very young I did not go.' Kagaskas continued to visit the informant in his dreams over the years, leaving bottles of medicine in the house. He too finally agreed to become a shaman. In the beginning 'Kagaskas kept encouraging me for sometimes I did not cure my patients.'⁶²

A third female shaman was 'visited' in her dreams by an environmental spirit who invited her to become a curer. She refused. But when her younger brother suddenly died she agreed. The spirit gave her the usual instructions for diagnosing and treating

various sicknesses, assigned her a 'territory between [the towns of] San Julian and Llorente' and told her not to accept any payment except food for her services.

In the past most curers in Lalawigan were reluctant to accept payment for their medical services. 'In some instances the patient or his kinsmen demand that the curer accept a voluntary fee - usually a small sum of money, food or drink. Informants claim that the [*lanti*] rites are ineffective unless the curer is paid. However, one *lanti* curer insisted she had successfully treated many patients without being paid: "God cures without payments so why should not I?"'⁶³ By 1977, perhaps in response to the steady inflation of prices since 1956, most curers accepted a small money payment for their services.

Informants claim that shaman who receive their power (*gahum*) from ancestral souls practise longer than those who are assisted by the spirits. Eventually, the spirits desert their shaman. Then, since constant consultation with the spirits is required for effective diagnosis and treatment, they are forced to stop seeing patients. Moreover, the spirits may demand 'favours', not asked by the ancestral souls, that the shaman must grant. Informants told of individuals who had been offered supernatural healing powers by a spirit but who had rejected the gift. This is because the spirits always demanded a sacrifice, usually of the life of their spouse or children. In 1977 none of the shaman practising in Lalawigan claimed their powers to cure the ill were obtained from a spirit.

The third way to become a shaman is to find a magic book (*majica blanco* or white magic book). Some feel was originally the property of Jesuits. The book may be found mysteriously beside one's sleeping mat on awakening, in the river or the sea, or purchased from its owner. No informants had seen such a marvellous book, but many had heard stories about them. Any shaman who depends on such a book can treat illness but not diagnose its cause. His cures are limited to remedies listed in the book once the disease's etiology is known.⁶⁴

With the exception just noted, shaman both diagnose and treat illnesses. The most important diagnostic technique of the Lalawigan shaman is interpreting pulse beats taken at the wrist (the most important location), temples, and back of the heel. The tempo of the pulse beat tells the shaman the cause of the sicknesses, if the ailment is 'hot' or 'cold', etc. The curer also interviews the

patient, enquiring about his activities in the immediate past: has he been in the forest? quarrelled with a relative or friend? had any unusual experiences, etc.? All shaman were also well-versed in the use of herbal remedies. Divination is rarely used in diagnosing illnesses, trance never.⁶⁵

Shaman in many societies claim they are reluctant (sometimes coerced) to accept their responsibilities as curers. Filipino shaman are no exception to this general rule. For example, Lalawigan shaman must do 'penance' for their powers. Many of these behavioural and dietary restrictions occur before and during Holy Week.⁶⁶

The Midwife: Partera

The midwife is not described in detail in this chapter for several reasons. First, the two curers most fully described in the literature for the Philippines are the shaman and midwife.⁶⁷ Second, an extensive account of the midwife in a Cebuan Bisayan village (Caticugan) in Negros Islands has been published.⁶⁸ The *partera* in Lalawigan shares many beliefs and practices reported for the midwife in Caticugan, with one drastic exception. The midwives in Lalawigan do not claim their knowledge and skills are of supernatural origin. They were taught when young by other *parteras*, usually a parent or another older relative. The midwife begins her care of a pregnant woman several months after conception, continues it through pregnancy, delivery, and into the post-delivery period. The *partera* is both the village obstetrician and pediatrician.

Most informants claimed that in the past nearly all midwives were men. They were sought because of their greater strength, especially for difficult deliveries. During residence in the village in 1956 some *parteras* were male. In 1977 one of these male midwives was still living but no longer delivered. At present all practising midwives in Lalawigan are females.

Sunahan

Sunahan specialize in diagnosing and treating poisonous bites

(*sunugod*) of insects (spiders, centipedes, etc.), snakes, and punctures (*nahitunok*) by fish with venomous fins. They also treat *sigbin* bites (*tenucob hin sigbin*). The treatment is called *sunah*. The only *sunahan* practising in Lalawigan during residence was also a *tambalan*. In 1977 only one *sunahan* lived in Lalawigan, and he was not a *tambalan*. Informants, and the *sunahan*, claimed there were three types of this variety of healer: those (1) whose knowledge and remedies came originally from a twin who was a snake; (2) who treated bites only with saliva, unaccompanied by prayers; and (3) who used various herbal remedies and prayers. In 1977 both of the two *sunah* practising in the locality (one each in Lalawigan and Borongan) had an ancestor who had a twin snake. This power was transmitted to direct descendants to the seventh generation. By sucking the wound one Lalawigan *sunahan* (1956), who used herbs and prayers, could identify the poisonous snake that had bitten a patient. 'Some snake bites are sour while others are bitter or sweet.' He said that when a person is bitten by a poisonous snake, the *sunahan's* mouth immediately becomes unusually dry. Sometimes the snake bite is lanced before herbs are applied: 'When I do this the bite may "smoke" because of the poison.'²⁰

Parangiho

The *parangiho* (*ngiho*, to pull or to extract) extracts decayed teeth by slowly rocking the tooth with his fingers while reciting a secret prayer. No one hears this because the '*parangiho* recites it so softly one cannot understand it.' If the patient is frightened, the extraction is stopped for the 'person will become ill.' After an extraction, the patient gargles with 'blessed' vinegar. Some informants believe it is unwise to have teeth extracted in this manner since the other teeth will loosen and soon require removal too. This specialist learns how to extract teeth from another *parangiho*.

Parahilot

It is not surprising to find that the *parahilot*, whose primary skill is massage, is the most numerous of all curers in Lalawigan. The

moist, damp climate and the types of clothing and residences conspire to make aches and pains in the joints and muscles common, especially among older people. *Parahilot* skills as curers are taught to their children or other young kinsmen. For example, one *parahilot* said his father taught him how to massage: 'We were always together, I even slept with him.' This curer also uses various herbal remedies.

Parahilot who were breech births (*sohi*) have the inborn ability to remove obstructions (*bukog*, especially fish bones) lodged in the throat. Several but not all of these curers in Lalawigan were breech births. One *sohi parahilot* remembered that 'When I was small I was dragged to help a person with a fish bone stuck in his throat. I rubbed my hand across his throat. There must be some power in my hand because I was successful even though I was small and did it against my will.' The folk logic is that individuals who were abnormally located within their mother's womb yet were born alive can extract objects lodged abnormally in the throat. *Sohi parahilot* are considered the best of all *parahilot*.

Parahaplas

There were only two *parahaplas* (brother and sister) in Lalawigan. They had learned their skills from kinsmen when young. Neither of them limited their practice to *haplas*. Their treatment, as described earlier, was not restricted to anointing as done by their counterparts in Guinhangdan.

In summary, most patients seek healers in Lalawigan either for diagnosis and treatment of serious ailments or solely for treatment (if the etiology has been determined earlier). Rarely does a seriously ill patient go to a curer solely for diagnosis. As the preceding section on curers indicates, many are specialists whose diagnostic skills are innate (e.g. *sohi parahilot*) or esoteric (e.g. *tambalan*). Finally the use of trance or divination in diagnosis is rare in this community. An incomplete survey of the literature on the Christian Filipino suggests, however, that divination as a means of diagnosis may be more common in the Philippines than indicated by its rarity in Lalawigan.⁷⁰ In conclusion, Foster's taxonomy for

personalistic-naturalistic systems of etiologies does not fully apply to the curers of Lalawigan whose treatment of the instrumental cause of illness is as important as their identification of its efficient cause. The major role of the shaman and most other curers, for the predominantly personalistic etiological system of Lalawigan, is to act both as a diagnostician and therapeutician.

Preventive Medicine

Foster's 'highly impressionistic' opinion is that preventive medicine in naturalistic etiologies correlates predominantly with 'don'ts', while 'do's' are emphasized in personalistic etiologies.⁷¹ In naturalistic systems the individual, to maintain his health, avoids situations or behaviour that result in illness. Personalistic systems stress that good health is the result of successfully reaching out for harmonious relationships with supernaturals, kinsmen, and neighbours.

Although this means avoiding those acts known to arouse resentment—'don'ts'—it particularly means careful attention being paid to the propitiatory rituals that are a god's due, to positive demonstrations to ancestors that they have not been forgotten, and to friendly acts to neighbors and fellow villagers that remind them that their good will is valued.⁷²

The 'do's' appear to predominate personal health strategies of Lalawignons, although there are also the 'don'ts'. Numerous illnesses are interpreted as the result of antagonizing the environmental spirits, ancestral souls, or sorcerers. As in Latin America, many major sicknesses that afflict Lalawignons can be avoided if 'one's social networks, with fellow human beings, with ancestors, and with deities, are maintained in good working order'.⁷³

Another factor in preventive medicine, not mentioned by Foster, is charms, since reliance on them may be 'physically hygienic'.⁷⁴ They can be regarded as 'do's'. (Charms were not a major research topic in Lalawigan, but scattered information was gathered). Arens studied charms in some detail, with most of his informants coming from the Samaran cultural-linguistic area. He proposed that charms be divided into two categories, amulets and talismans.

The reason for the distinction between amulet and talisman lies in the folk belief that amulets have preventive force against witchcraft, sickness, accidents, and the like, whereas talismans bring good luck or transmit new qualities.⁷⁵

This general distinction between amulets and talismans was found valid by Scheans and Hutterer in their investigation of tattooed charms in Samar. Arens cautions, however, that this distinction cannot be maintained in all instances, e.g. some amulets also are said to bring the wearer good luck.

The common name for amulet, in Lalawigan and other Samaran localities, is *sumpa*, meaning to protect oneself from being 'overpowered' by supernatural entities and sorcerers. A popular name for talisman is *sangod*, best translated as a good-luck charm.⁷⁶ Some specific powers of the various amulets are to heal wounds, protect the wearer against poisoning, ensure a normal delivery, guard a child against *lanti*, ward off sicknesses caused by the spirits and sorcerers, etc. Amulets are usually worn only by children in Lalawigan since their health is more difficult to maintain than that of adults and they are most frequently the victims of the spirits. These amulets were often a small red cloth packet or empty bullet case, filled with magical items, and hung around the neck or pinned to the clothing. Inside the charm may be put a herb recommended by the shaman, an *oracion*, small crucifix, etc. Some contained a scrap of paper on which Latin words were written.⁷⁷ Amulets and talismans are purchased in the Borongan marketplace, supplied by the *tambalan*, or are bought from itinerant peddlers who pass through the barrio, e.g. a crocodile's tooth. Catholic medallions are also worn. A gold or diamond ring is also believed to be an effective amulet.⁷⁸ These charms are usually inexpensive, although one family reputedly paid fifty pesos (in 1956 about \$25 US) for an anti-*barang* amulet.

Not only the individual but his residence may be protected by amulets. The most common household *sumpa* in Lalawigan is the *asugi* (*asugui*). About one-half of the residences in Lalawigan had an *asugi*, often hung near the door or a window. The *asugi* was believed especially effective in guarding the occupants of the house from *sigbin* bites. Arens' informants also named the *asugi* as an excellent protection from the spirits. *Asugi* are small glass bottles filled with mercury, moss and pebbles, the latter often being silver

or gold in colour. The mercury in the bottle contains small oily bubbles called *asugi*. These bubbles are alive; they multiply constantly if most of the liquid is drained each Friday or on sorrowful days of the Catholic religious calendar.⁷⁸ Finally, crossing oneself is a common practice when leaving the dwelling. It is regarded as a preventative charm against a supernatural attack that might otherwise result in sickness and injury.

There are also 'do's' for maintaining good health such as taking a daily bath, maintaining the 'hot' and 'cold' equilibrium of the body, not bathing immediately if one has been working under a hot sun, not eating fruits or sweets before breakfast, not bathing while menstruating, etc.

There are numerous tabus (*maglihi* or *lihi*) whose violation is said to result in illness, abnormal mental behaviour, or to affect an unborn child. Tabus often are associated with pregnancy or prenatal influences. Not all Lalawignons believe in every tabu; indeed some tabus appear to be known to only a few people. Yet most of the barriofolk believe it is unwise to violate many tabus – 'It does not cost anything to be careful.'

An analysis of the tabus associated with pregnancy in the Philippines has been published elsewhere.⁸⁰ The four emphases of tabus that this analysis identifies also occur in Lalawigan. First, there are dietary prohibitions. These tabus are fewer in number than are behavioural restrictions and are not predominantly hygienic. Second, some restrictions are genuinely prophylactic, e.g. limiting excessive carbohydrate and salt intake during pregnancy. Third, the tabus reflect two basic concerns of a pregnant Filipina: the act of delivery and the physical condition of the infant. Fourth, they refute the popular belief in most societies that pregnancy and childbirth are casual and non-threatening events resulting in only a slight disruption of the mother's usual duties.

The Locus of Responsibility

Foster asserts that two etiological systems (personalistic and naturalistic) also differ in regard to an individual's responsibility for his sickness. For naturalistic etiologies 'the exercise of absolute care in avoiding disease-producing situations should, in theory, keep one healthy. Hence, illness is *prima facie* evidence that the patient has

been guilty of lack of care.'⁸¹ For the other system Foster notes:

But personalistic causality is far more complex than naturalistic causality, since there are no absolute rules to avoid arousing the envy of others, for doing just the right amount of ritual to satisfy an ancestor, for knowing how far one can shade a taboo without actually breaching it. Consequently, in such systems one has less control over the conditions that lead to illness than in the other [naturalistic], where the rules are clearly stated.⁸²

The preceding data for Lalawigan illustrate how relatively limited is the control the individual exerts over many causes of sickness. To exist one must fish, farm, cut trees in the forest, graze animals, and interact with kinsmen, friends, and strangers. All these activities may, often unknowingly and unintentionally, antagonize the environmental spirits or offend a sorcerer (or someone who hires him). It is equally impossible to ensure that one's every act is agreeable to the ancestral souls whose core of values is unchanging and conservative.⁸³ This is not to imply, as this chapter documents, that Lalawignons lack all control over situations causing sickness. Yet careful observance of 'naturalistic' rules for good health is not enough to protect one from illness.

Conclusion

The application of Foster's taxonomy to the disease etiologies of Lalawignons indicates that they fall primarily into the personalistic category. It is hypothesized that the personalistic model is typical of the disease etiologies of other Christian Filipino cultural-linguistic groups. For example, the Nydeggers report that 'By far the greatest number of illnesses, accidents, and deaths are attributed to the *not-humans* [environmental spirits].'⁸⁴ One major difference is that the Lalawigan shaman (and probably typical for Filipino shaman in general) has broader medical functions than those Foster assigns this curer for personalistic systems in general.

Perhaps the most important reason most curers in Lalawigan both diagnose and treat illness is that their procedures usually require specialized knowledge and skills, some 'inherited' or innate. Since illness is frequently interpreted as of supernatural

origin, specialists are required to determine the exact preternatural agent, e.g. whether the spirits, ancestral souls, etc. Once the etiology is known, treatment is often complicated for it may demand extensive knowledge of herbal remedies, exoteric rituals, etc. The average Lalawignon, lacking this specialized knowledge, would probably be apprehensive, for example, that a ritual improperly done might worsen not cure the sickness. Another reason, possibly more important in the past than today, is that the fee for consulting a traditional curer, when paid, was small (usually a token gift of food or drink) and covered both diagnosis and cure.

Some refinement of Foster's personalistic-naturalistic taxonomy is desirable. First, amulets and talismans should be added to the preventive medicines as a diagnostic characteristic. Second, in numerous societies it is impossible to put some diseases into a single category. Others have written that a disease may be assigned different etiologies by various individuals in the same community.⁸⁵ The traditional categories of supernaturally and naturally caused diseases have recognized limitations. Ackerknecht has argued that some medical beliefs and practices are neither supernatural nor natural in origin, but *habitual*. 'Tradition determines certain almost automatic acts in certain situations. . . . To call such attitudes "naturalistic" or "rational" seems to inject into the data contents they actually do not have. People in this case operate below the threshold of full consciousness.'⁸⁶ However, his habitual category has not been widely adopted by medical anthropologists.

For the Philippines Lieban divides etiologies into natural and supernatural.⁸⁷ Jocano separates disease etiologies for the Tagalog area into three classes: supernatural, natural, and innate. Innate disorders are those illnesses traced to heredity, psychic experiences (auditory, visual, haptic, and mephitic phenomena), blood composition, etc. However, his own detailed and excellent account of folk medicine indicates this scheme is not entirely satisfactory. Finally, the same affliction may be blamed on different causes among Filipino groups. Mental disorders that Jocano classifies as of innate origin for Tagalogs are blamed on both natural and supernatural etiologies among Cebuan Filipinos, e.g. heredity, spirits, sorcery, etc.⁸⁸

Third, the etiology of a disease may be assigned an efficient cause that is supernatural, while the instrumental cause is believed natural. For example, among some Mexican-Americans witch-

craft may be considered the source of sickness but germs are the instrumental cause,⁸⁸ and among the Azande, where a burn is believed to be caused by scalding water, the accident is also seen as the result of witchcraft.⁸⁹ For one Tagalog community a naturally caused disease may later be categorized as of supernatural origin if the patient does not respond to treatment.⁹⁰ Gould found in India that various informants gave different etiologies to the same disease. Since the symptoms of a disease varied, it was impossible to assign it a single slot in the precise classification scheme he proposed in an earlier publication.⁹¹ This same theme is discussed by Bidney as the principle of multiple etiology that denies there is a final efficient cause for any single illness.⁹²

Future researchers should heed Fabrega's recommendation that attention be given to the 'Presumed sources of types of ultimate causes that are attributed to the illness in its *various stages* [emphasis added].'⁹³ It would be wise to get various informants to discuss each case for they may offer different interpretations of its causes.⁹⁴ These varying factors could, in some societies, significantly influence the classification of an etiological system as either personalistic or naturalistic, depending on the selection of one of several etiologies assigned to various diseases.

NOTES AND REFERENCES

1 This research was done when the author had a Fulbright Research Fellowship to the Philippines. He acknowledges the superb co-operation of the Philippine-American Educational Foundation (Fulbright) in Manila and the skilled ongoing assistance received from his research associate in eastern Samar, Mr Felipe Dala. Information in this chapter for 1977 was obtained by Mr Dala at the author's request. Drafts of this manuscript have profited from the criticisms of Fred Eggan, George Foster, Morton Netzorg, and Ronald Provencher. The language of Filipinos living in eastern Leyte and Samar has also been called *Waray-waray* ('Nothing-nothing') or *Lineyte-Samarnon*.

2 Although considerable ethnographical detail (and variations) has been omitted from this account, some illustrative examples are given in the footnotes. Most references (often without giving any comparative content) are limited to the literature on ethnomedicine among Samaran Filipinos. How-

ever, for comparative purposes, references are made to the numerous and perceptive publications on traditional medicine by Richard Lieban, although his research pertains to Cebuano Filipinos in Negros Oriental Province and Cebu City, Cebu.

3 Donn V. Hart, 'Christian Filipinos', in Frank M. LeBar (ed.), *Ethnic Groups of Insular Southeast Asia*, New Haven, Conn., HRAF Press, Vol. 2, 1975, pp. 16-22.

4 George M. Foster, 'Disease etiologies in non-Western medical systems', *American Anthropologist*, Vol. 78, 1976, p. 775.

5 The *maglimbunganon* greeted the first Spaniards to set foot on the Philippines in the sixteenth century. These spirits are now regarded as humans ousted from heaven because they refused baptism. One popular and widespread explanation of their origin is that one day when God (or St Peter) was absent from heaven, Rosbel (the brother of St Michael) or Lucifer sprinkled holy water on the ground. Each drop miraculously became a human with supernatural powers. When God returned to heaven He insisted that these newly-created people be baptized to remain in heaven. The priest in the Philippines, during a christening, puts a pinch of salt on the child's tongue as a symbol of the preservation of the faith. This action or principle of imitative magic was interpreted differently by the unbaptized persons in heaven. They reasoned that as salt vanishes in water, baptism would result in the immediate loss of their supernatural powers. They refused baptism. In retaliation God spent forty days and nights sweeping heaven of these ingrates who 'fell to the earth like rain', dropping upon the ocean, land, forest, rivers, springs, etc. Sometimes the environmental spirits are also referred to as *panolay*, demons who have horns and tails, live in hell and are under the authority of *Yawa* (a contraction of *Yaweh*) or Lucifer. The *panolay* fell from heaven directly into hell, while the environment spirits landed on the earth and sea. Since they may roam the earth, deceiving people, the *panolay* are also *maglimbunganon*. For a similar version for Samarans see Villegas, note 14. These spirits are known here in the Philippines as *anitos*, *inghantos* (*encantos*, from the Spanish *encantar*, to enchant).

6 For an extensive account of the rituals associated with the *dagatnon* and *lawodnon*, see Richard Arens, SVD, 'Animistic fishing rituals in Leyte and Samar', *Leyte-Samar Studies*, Vol. 4, 1971, pp. 42-7. Originally published in *The Philippine Sociological Review*, Vol. 4, 1956, pp. 24-8.

7 The most powerful *dalakitnon* live in the balete tree known as *kalumpang*, next in power are those residing in the *tabas* balete. The *dalakitnon* living in the *momhanay* balete are relatively harmless and may assist humans if treated respectfully.

8 The male *agta* has a fin down his spine. When he moves rapidly he makes a slapping noise caused by his large testes hitting his inner thighs. *Agta* are fond of stealing chickens (only to eat their eyes) but can be scared away by the beam of a flashlight. Arens, op. cit., p. 25, reports that the *agta* in Leyte (Cebuano-speaking regions?) are believed to be small people, while

in Samar they are 'big, tall, and black' (1971a:20,25).

9 Donn V. Hart, 'The Filipino villager and his spirits', *Solidarity*, Vol. 1, 1966, p. 68.

10 Numerous signs identify where some spirits live. For example, the *pokdao* is a tree or rock formation (on land or sea) that 'looks like a human'. The formation is regarded as a sign that the 'spot is enchanted'. Although they grow in size they never move. They are considered 'alive' for a *pokdao* tree bleeds when cut. One woodcutter died ('His body looked like it was burned') when he tried to cut such a tree. In fact, it is said to be impossible to fell a *pokdao* tree for 'it does not fall to the ground when cut but merely spins.'

11 Lieban makes the identical statement about the spirits (*ingkanto*) for the Cebuanos of eastern Negros Island. Richard Lieban, 'The dangerous Inkantos: illness and social control', *American Anthropologist*, Vol. 64, 1962, p. 309.

12 Usually the *katig-uban* is directed by a female who specializes in Catholic folk ritual, e.g. *parapamatbat* (*pamatbat*, to lead a prayer) or a *padi-padi* (priest-priest, i.e., not a real priest). When a food offering is made it includes all common items in the diet. Cooked food is not seasoned with salt, for salted dishes are anathema to both the spirits and souls. Some families hold their annual ritual after the harvest (when food is plentiful) or co-ordinate it with the annual fiesta when food preparations are elaborate and most families entertain visiting kinsmen and friends. The offering in the past sometimes included a roast pig, minus its head and legs, covered with its own fat. On the pig's back is traced an outline of the *halo* lizard. Sometimes the pig's head is placed on a rice winnowing basket, surrounded by rice cakes. The participants consider the food as 'caten' by the souls when the *halo* lizard makes its customary sound.

13 Another involvement of the souls in curing is that on occasions food is placed on the residential altar as an offering to one's deceased ancestors. Later this 'blessed' food (the offering is accompanied by prayers) is fed to a patient for its curative qualities.

14 The *barangan*, whose powers and activities vary, is discussed in other sources for Leyte and Samar. See Ethel Nurge, 'Etiology of illness in Guinhangdan', *American Anthropologist*, Vol. 60, 1958, pp. 1158-72; and Sister Maria G. Villegas, R.S.M., 'Superstitious beliefs and practices in the coastal towns of eastern Leyte', *Leyte-Samar Studies*, Vol. 2, 1968, pp. 221-32.

15 For a more detailed description of the *barangan*, including data from eastern Samar, see Richard Arens, SVD, 'The *Tambalan* and his medical practices in Leyte and Samar Islands', *Leyte-Samar Studies*, Vol. 4, 1971, pp. 107-21. Originally published in *The Philippine Journal of Science*, Vol. 85, 1957, pp. 121-30.

16 The only effective sources of medicinal coconut oil are the first reddish-brown coconuts borne by a young tree or the only nut facing east on the tree. The oil (which can be extracted from the meat only on Good Friday) is poured into a bottle containing various herbs and a piece of coral. Some

herbs used are *puti* (the roots of a tall grass whose name also means white), *manawog* (a black sea plant), seeds of the *tangantangan* tree, and corals called *dalakit ha lawod* (balets of the sea). Herbal materials for curative purposes often are secured from the eastern side of a plant or tree, the direction the sun rises, hence 'rising' or improving the patient's condition. Items are also gathered from the western side of a plant, the direction the sun sets, when they are used to 'sink' or induce illness.

17 One shaman used a medicinal water in which the following herbs were soaked: *balodawi* (a vine similar to rattan), *tagum* (a shrub with long pointed green fruit), cogon grass roots, *bagakay* (a small thornless bamboo), and *papawran* (a tall sugar-cane-like grass similar to *talahib*). Most of the herbs grow wild, although several Lalawigan families cultivated a few popular herbs, e.g. *ganda*, *kusol*, *panigbin*, etc.

18 *Dalungdungan* also refers to the *barangan*, *sigbinan*, or *asuwang*. The *asuwang* is a human with preternatural powers who is particularly fond of preying on pregnant women or newly-delivered mothers.

19 Although effort was made to determine the cause of deaths supposed due to *sigbin* bites, their actual etiology remains unknown. Another source states that *sigbins* 'are goat-like animals with big, wide and prominent ears but no horns', Richard Arens, SVD, 'Witches and witchcraft in Leyte and Samar', *Leyte-Samar Studies*, Vol. 5, 1971, p. 92. Originally published *The Philippine Journal of Science*, Vol. 85, 1956, pp. 451-65.

20 The curer smuggles vinegar (*suka nga inorasion*) and medicinal coconut oil into church in a small bottle under his clothing. During mass he tries to stand close to the priest so the fluid is 'blessed'.

21 Space prohibits listing the herbal remedies, but some common herbs used to treat a *sigbin* bite are: *panigbin*, *ganda*, *tol-anmanok* (also means chicken bone), *amor secc*, *amomonti*, *puti papawran*, and *makaranas*. The last two herbs are grasses. Leaves from the *panigbin* bush, new abaca sucker leaves of the *tabolilid* and *kalamansi* trees, and *lupat* are also utilized.

22 See also Nurge, op. cit., p. 1166.

23 F. Landa Jocano, *Folk Medicine in a Philippine Municipality: An Analysis of the System of Folk Healing in Bay, Laguna, and Its Implications for the Introduction of Modern Medicine*, Manila, The National Museum, 1973, p. 32.

24 One story in a supplementary reader, approved for use in the public elementary schools, is about birds attending a class where the teacher is a parrot. One pupil, the hawk, claims she does not believe in God. Later the hawk returns to school, lamenting that all her children are sick. She has consulted many physicians without success. The parrot tells her pupils to pray to God for the recovery of the hawk's babies. Since the sick children are cured, the hawk is convinced that God exists. Trinidad Sion, *The Little Chicks and Other Stories*, Manila, 1949.

25 Richard Lieban, 'Fatalism and medicine in Cebuano areas of the Philippines', *Anthropological Quarterly*, Vol. 39, 1966, p. 174.

- 26 Lee Sechrest, 'Conceptions and management of mental disorder in some Negros oriental barrios', *Philippine Sociological Review*, Vol. 18, 1970, p. 8.
- 27 Nurge, op. cit., p. 1165.
- 28 Richard Lieban, *Cebuano Sorcery: Malign Magic in the Philippines*, Berkeley, University of California Press, 1967, p. 33.
- 29 Younger people can (extremely rarely) cause *gaba* to older people. When this occurs the curse is more dangerous for 'what older person can kneel to a younger person, requesting his forgiveness?'
- 30 Foster, op. cit., p. 776.
- 31 The *katao* is a 'merperson' (half-human and half-fish) who lives in the sea. One fisherman in another village was believed to have been befriended by a *katao*: 'He became rich.' However, when his house burned to the ground, the people believed the *katao* had deserted him. Lalawigan fishermen report hearing the sounds of animals (cows, chickens, quail, etc.) that belong to the *katao* coming from under the sea. A strand of *katao* beard is a good-luck fishing charm (*sangod*). Drowned fishermen whose bodies are not recovered are believed to become slaves of the *katao*.
- 32 Erwin H. Ackerknecht, 'Primitive medicine', *Transactions, N.Y. Academy of Sciences* (Series II), Vol. 8, 1945, pp. 27-8; and A. Irving Hall-owell, 'The social function of anxiety in a primitive society', *American Sociological Review*, Vol. 6, 1941, pp. 264-5.
- 33 Richard Lieban, 'Medical Anthropology', in John J. Honigsmann (ed.), *Handbook of Social and Cultural Anthropology*, Chicago, Rand McNally College Publishing Company, 1973, p. 1049.
- 34 Foster, op. cit., p. 774.
- 35 Ibid., p. 775.
- 36 Ibid.
- 37 Donn V. Hart, *Bisayan Filipino and Malayan Humoral Pathologies: Folk Medicine and Ethno-history in Southeast Asia*, Southeast Asian Program, Data Paper No. 76, Ithaca, New York, Cornell University, 1969.
- 38 Ibid., p. 71.
- 39 Ibid., p. 80.
- 40 It might be noted that the 'hot-cold' syndrome in Latin America has been extended to a world view (see W. Madsen, 'Hot and cold in the universe of San Francisco Tecospa, Valley of Mexico', *Journal of American Folklore*, Vol. 68, 1955, pp. 123-39) and a model of social relations (see R. L. Currier, 'The hot-cold syndrome and symbolic balance in Mexican and Spanish-American folk medicine', *Ethnology*, Vol. 5, 1966, pp. 251-63). Moreover, in some societies an imbalance of 'hot' and 'cold' elements can produce natural disasters, e.g. drought, Hart, op. cit. (1969).
- 41 Foster, op. cit., p. 776.
- 42 Since this syndrome has been discussed in another publication only a summary of *lanti* is presented. See Donn V. Hart, 'Lanti: sickness by fright:

a Bisayan Filipino peasant syndrome', *Philippine Quarterly of Culture and Society*, Vol. 3, 1975, pp. 1-19.

43 Edward Norbeck, *Religion in Primitive Society*, New York, Harper and Row, 1961, p. 56.

44 The specialists in *lanti* are known after the names of its three different treatments: *paratubod*, *paralo-on*, and *parabirik*. Some parents resist initiation of any *lanti* curing rite since 'It becomes a habit.' For example, one grandmother scolded her daughter for having the first *lanti* curing rite for her grandson: 'Now this treatment will be necessary in the future for his children and their descendants.'

45 Foster, op. cit., p. 777.

46 Ibid.

47 Ibid., p. 773.

48 Ibid., p. 777.

49 Donn V. Hart, *The Philippine Plaza Complex: A Focal Point in Culture Change*, New Haven, Conn., Yale University, Southeast Asia Studies, Cultural Report Series No. 3, 1955; Donn V. Hart, op. cit., (1969); Donn V. Hart, *Compadrinazgo: Ritual Kinship in the Philippines*, DeKalb, Illinois, Northern Illinois University Press, 1977.

50 Foster, op. cit., p. 778.

51 John C. Peck, 'Doctor medicine and bush medicine in Kaukira, Honduras', in Thomas Weaver (ed.), *Essays on Medical Anthropology*, Athens, Georgia, University of Georgia Press, Southern Anthropological Society Proceedings, Vol. 1, 1968, p. 78.

52 Foster, op. cit., p. 778.

53 The final cause of a *sigbin* attack is less apparent, but it seems to be that the *sigbinan's* 'pets' are hungry because their owner is a poor, lazy cannibal.

54 Foster, op. cit., p. 778.

55 Ibid.

56 Ibid., p. 779.

57 Ibid.

58 One popular *sunahan* in Lalawigan in 1977 treated *sigbin* bites with herbs and saliva, applied to the bitten part of the body. For snake or insect bites, only saliva was used. His mother, he claimed, had a snake as a twin.

59 Various factors explain this division of labour by sex among curers in Lalawigan. First, many curing procedures require extensive knowledge of formal and folk Catholicism (e.g. prayers, including novenas). This knowledge is primarily the possession of women. Women are far more active than most men in church affairs in Lalawigan. They decorate the chapel for religious events, attend mass more regularly, compose most of the members of sodalities, and organize and lead the various Catholic rituals performed before the family altar. Second, all but one of the specialists in *lanti* are females. This predominance probably reflects the fact that *lanti* is

associated almost entirely with infants and small children – who are the domestic domain of the mother. A third factor that partly explains the many female curers in Lalawigan is that these skills are usually transmitted from female to female or male to male. Finally, only a few families supplied most of the curers. Six families accounted for 19 of the 32 curers in the barrio. In one family five siblings (including one brother) were curers, while in another family six sisters represented every speciality in Lalawigan except the treatment of *grano* lesions.

Although there were two male midwives in Lalawigan, one was consulted only for difficult deliveries. Since rituals and medical skills (including use of herbs) for many illnesses are transmitted to kinsmen (parents to children, grandparents to grandchildren, etc.), one can expect most future curers in Lalawigan to be female members of a few barrio families. Lieban found that males predominated among folk curers in Cebu City (1967). All of the three midwives in Tarong were men. William F. Nydegger and Corinne Nydegger, *Tarong: An Ilocos Barrio in the Philippines*, New York, John Wiley and Sons, Inc., Six Cultures Series, Vol. 6, 1966, p. 85. They added that male midwives were not uncommon in the Ilocan region. There may be special or regional factors related to the sexual selection of curers.

60 Some might not classify these *tambalan* as shaman. See David Landy (ed.), *Culture, Disease and Healing: Studies in Medical Anthropology*, New York, Macmillan, 1977, p. 17.

61 She was unwilling, for example, to go as instructed to the cemetery to pray at midnight for nine consecutive Fridays. Finally, her great-grandfather urged her 'to try to cure my cousin' who had been bitten by a *sigbin*. 'If you fail,' he bargained, 'you do not have to be a shaman.' However, her treatment cured her cousin.

62 In another dream the informant was visited by a woman ('She was a pure Filipina') who told him to wrap his hand in a white handkerchief. When the handkerchief was removed, his hand had the 'power to cure any disease'. This woman (not an ancestor) also instructed him in how to prepare various herbs for treating his patients. Finally, he discovered that God (in a later interview he said it might have been his maternal grandmother who had been a shaman) had given him the gift of diagnosing illnesses by feeling a patient's pulse.

63 Hart, op. cit (1975), p. 6. See also Villegas, op. cit., p. 224.

64 One incident is reported of a man finding a similar book (of *oraciones*) while ploughing his field. The finder interpreted this discovery as a sign (later confirmed in dreams) that he was selected to become a *tambalan*. However, he also received training in healing from his paternal grandfather. Both his grandfather and father were *tambalan*. See Daniel J. Scheans and Karl Hutterer, 'Some Oracion tattoos from Samar', *Leyte-Samar Studies*, Vol. 4, 1970, pp. 30-31.

65 Some *tambalan* in this region do use divination for diagnosis and treatment of illnesses. Richard Arens, SVD, 'The use of amulets and talismans in Leyte and Samar', *Leyte-Samar Studies*, Vol. 5, 1971, pp. 122-3.

Originally published in *The Journal of East Asiatic Studies*, Vol. 6, 1957, pp. 115-27. (The original article includes photographs of amulets and talismans omitted in reprinting.) In this article Arens describes how one shaman tried to stand an egg on end on a bottle lying horizontally on the table. If the egg stood 'the sickness is due to some spirits of their dead ancestors who are angry because the family members have forgotten to pray for them' [Arens, op. cit. (1971), p. 109]. Arens adds that shaman in Bohol Island are reported to use a magical stone (*mutya*) to divine the cause of illness. Lieban briefly describes the use of divination by Cebuan shaman in diagnosing disease, op. cit. (1967), p. 82, and in his 'Symbols, signs, and success: he's' and power in a Philippine City', in R. D. Fogelson and R. Adams (eds.), *The Anthropology of Power: Ethnographic Studies from Asia, Oceania, and the New World*, New York, Academic Press, 1977, p. 59. Divination observed in Lalawigan was limited to *lanti*. A resinous substance put in the fire slowly took the shape of the agent causing the child's fright. No healers were seen going into trance during a curing session and all interviewed denied the use of this technique. Shakman reports that five of twenty-two traditional healers interviewed by him entered a state of trance as part of the treatment process, Robert Shakman, 'Indigenous healing of mental illness in the Philippines', *The International Journal of Social Psychiatry*, Vol. 15, 1969, p. 281.

66 Some said the shaman must not speak during Holy Week. One shaman fasted on Tuesdays and Fridays six weeks before and during Holy Week. He ate meat or fish only on Sunday; the rest of the week his only food was rice and salt. However, his friends advised him not to fast so intensively since he had to work hard to support his large family. Now he fasts by skipping breakfasts on Tuesdays and Fridays during the seven-week period.

67 Nurge, op. cit.; Jocano, op. cit. (1973); and Nydegger and Nydegger, op. cit.

68 Donn V. Hart, 'From pregnancy through birth in a Filipino Bisay village', in Donn V. Hart, Phya Anuman Rajadon and Richard J. Coughlin, *Southeast Asian Birth Customs: Three Studies in Human Reproduction*, New Haven, Conn., Human Relations Area Files Press, 1965, pp. 1-113.

69 One of numerous herbal remedies the Lalawigan *sunahan* used for poisonous spider bites was shredded bark of the *laglag* (*paglaglag*, to kill) tree or the young fronds of the *morokporok* fern or stems of the *badyang* mixed with 'blessed' vinegar and applied as a poultice (*hapas*). All bites must be first washed with kerosene. For centipede bites he used a poultice of *laglag* roots, chewed into a spongy mass while saying a secret prayer. For snake bites he heated a deer's horn, 'as hot as the patient can stand' and applied it to the bite region. If the horn stuck, the person would recover.

70 A medical doctor who practised in rural Luzon describes eight different ways one folk curer divined the cause of illness, Juan M. Flavier, *My Friends in the Barrio*, Quezon City, New Day Publishers, 1974, pp. 88-109.

71 Foster, op. cit., p. 780.

72 Ibid.

- 73 Ibid.
- 74 Lieban, op. cit. (1973), p. 1046.
- 75 Arens, op. cit. (1971), pp. 122-3.
- 76 Other terms for amulets are *biyao*, *pankontra*, *hapin ha lawas* (covering for the body), *sob-ong*, *pingkit* (to pin), and *quenta* (necklace). Another name for talisman is *saot*. See also Arens, op. cit. (1971), p. 123. There are talismans for good luck in gambling, love-making, to achieve invulnerability and invisibility, etc. (Also see Villegas, op. cit., p. 224). For a discussion of charms in the Ilokan region, see Nydegger and Nydegger, op. cit., p. 76. Charms have an important role in folk medical practices in this Ilokan village.
- 77 Would-be Latin is used in charms and also in curing rituals. Few if any of the barrio folk know the meaning of the Latin words and phrases that are usually confused, garbled and misspelled in the process of oral transmission. It is believed, however, that God used Latin when He evicted the ancestors of the environmental spirits from heaven. 'The spirits still hate these words because they are non-Christians.' Sometimes Latin words are written on paper that is soaked in water that the patient drinks as a medicine.
- 78 Villegas, op. cit., p. 231.
- 79 One obtains an *asugi* by getting a 'start' from a friend. Some moss is secured and put in a bottle with water. The moss supposedly generates the *asugi*. Some informants claimed the moss is the 'feces of the asugi'. Fluid from the *asugi* also has various medicinal qualities not described here.
- 80 Hart, op. cit. (1965).
- 81 Foster, op. cit., p. 780.
- 82 Ibid.
- 83 Lieban, op. cit. (1973), p. 1050.
- 84 Nydegger and Nydegger, op. cit., p. 73.
- 85 E. E. Evans-Pritchard, *Witchcraft, Oracles and Magic Among the Azande*, London, Oxford University Press, 1937, p. 129.
- 86 Erwin H. Ackerknecht, *Medicine and Ethnology: Selected Essays*, Baltimore, Maryland, The Johns Hopkins University Press, 1971, p. 146.
- 87 Lieban, op. cit. (1967), pp. 81-2.
- 88 Sechrest, op. cit., p. 6.
- 89 Margaret Clark, *Health in the Mexican-American Culture: A Community Study*, Berkeley, California, University of California Press, 1970, p. 164.
- 90 Evans-Pritchard, op. cit., pp. 507-8.
- 91 F. Landa Jocano, *The Traditional World of Malitbog*, Quezon City, University of the Philippines Press, 1969, p. 299.
- 92 Harold A. Gould, 'Modern medicine and folk cognition in rural India', *Human Organization*, Vol. 24, 1965, pp. 201-8.
- 93 David Bidney, 'So-called primitive medicine and religion', in Iago

Galdston (ed.), *Medicine and Anthropology*, New York, International Universities Press, 1963, pp. 141-56.

94 Horacio Fabrega, Jr., 'Medical anthropology', in B. J. Siegal (ed.), *Biennial Review of Anthropology*, Stanford, California, Stanford University Press, 1972, p. 189.

95 Alan Harwood, *Witchcraft, Sorcery, and Social Categories Among The Safwa*, London, Oxford University Press, 1970, p. 77.