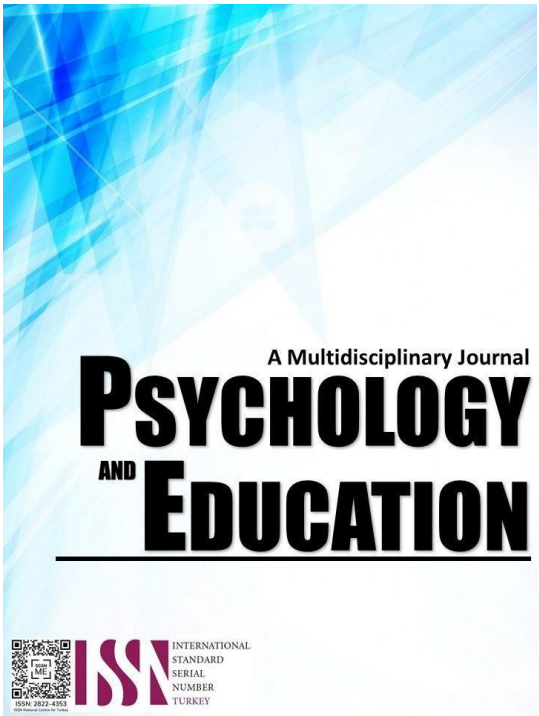
CULTURAL MAPPING OF TRADITIONAL HEALERS IN A LOCAL COMMUNITY



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Research Article

Cultural Mapping of Traditional Healers in a Local Community

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Abstract

Despite centuries of colonization in the Philippines, the traditional Filipino healing system has survived. However, as modern education has continued to spread and Western medicine has grown in influence, traditional healing practices have been pushed to the margins and labeled as unscientific or mere superstition. This also suggests that unrecorded information may be lost forever. For future generations to appreciate this rich cultural heritage, cultural mapping of traditional healers in a local community is necessary. Thus, the researcher explored, identified, documented, and analyzed the cultural profile of the traditional healers in a local community. Specifically, he studied the (1) background information, (2) description of the intangible cultural heritage, (3) stories/narratives associated with traditional healing, (4) significance of the practice, (5) assessment of the practice, and (6) references/supporting documentation of the traditional healers. The study was conducted in one of the local communities in the province of Quezon. The research participants were selected using inclusion criteria, and 11 traditional healers served as the key informants of the study. This study also employed qualitative research through cultural mapping, and pertinent data were obtained using participant observation, documentation, and interview guides. Qualitative content analysis was used in analyzing the gathered data. The findings revealed that the traditional healers have diverse background information, reflected in the element types, the geographical location and range of the element, and the related domains of the intangible cultural heritage. Likewise, the description of the intangible cultural heritage gave a wide array of descriptions of the history of practice, occasion/season, processes, and procedures involved, beliefs associated, settings, aims, social functions, and cultural meaning, culture bearer/s and practitioner/s of the element, mode of transmission, list of significant tangible movable heritage used associated with the element and list of significant flora/fauna used associated with the element. Meanwhile, spiritual guides and supernatural claims, healing severe cases, and being accused of malpractice or maltreatment were some of the stories/narratives associated with the element. In addition, traditional healing has historical, aesthetic, scientific, social, socio-economic, socio-political, and spiritual significance. Moreover, the assessment of practice exposed the condition/status of traditional healing, which is in danger because of the elderliness of the traditional healers and because no one is accepting the knowledge and practices. Furthermore, the constraint, threat, issue, or challenge experienced by the traditional healers is making false accusations against them. Nevertheless, traditional healers have identified several safeguarding measures in their traditional healing practice. These are transmission through informal education, identification, documentation, research, promotion, enhancement, and revitalization. Finally, sacred texts, books, pictures, prayers, and saints are the references or supporting documentation used in traditional healing. Based on the findings and conclusions, it is recommended to utilize the two research outputs: "*Kaalaman at Kasanayan*: Cultural Profile of Traditional Healers," a booklet, and "*Tanging Healing*," a documentary film about traditional healing for the preservation of local heritage, community development, and heritage education.

Keywords: *booklet, cultural mapping, documentary film, local community, traditional healers*

Introduction

Globally, about 65–80 percent of healthcare practice involves traditional healing. In fact, traditional healing systems are still being used in the primary healthcare of different communities worldwide (Pan, Litscher, Chan, Yu, & Ko, 2014). Meanwhile, despite centuries of colonization in the Philippines, the traditional Filipino healing system has survived. However, as modern education has continued to spread and Western medicine has grown in influence, traditional healing practices have been pushed to the margins and labeled as unscientific or mere superstition (Gruyal et al., 2014). This also suggests that unrecorded information may be lost forever.

For future generations to appreciate the rich cultural heritage of traditional healing, cultural mapping of traditional healers in a local community is necessary. Cultural mapping and resource profiling, as mentioned by Antonio (2014), are systematic approaches to identifying, recording, and classifying all existing cultural properties or resources of a particular community to document, describe, visualize, and understand them. It is an ongoing process, and many of its benefits can be achieved through sustained efforts in generating and updating a cultural database over time. With this, modern science can shed a new light on this ancient and frequently misunderstood practice, indicating that there is always something new to learn from the old way.

Traditional Filipino healing is an organized body of practices and beliefs that reflect the country's indigenous culture and heritage. Healing practices were first documented in the 16th century, at the beginning of Spanish colonization. The babaylans, or shamans, were both women and men who dressed as women or changed genders, preserved culture, religion, and medicine for their tribes, and communicated with spirits associated with natural phenomena. Midwifery, pulse diagnosis, bone setting, herbology, suction cupping, skin scraping, herbal steam and smoke, energy medicine, and other forms of metaphysical healing were all part of the traditional

Filipino medical system (Nomoto, Los Santos, Sia, & Zhou, 2020).

According to Labastida (2016 as cited in Rebuya, Lasarte, & Amador, 2020), from the old name babaylan, the traditional healers now operate under various names, such as albularyo, manghihilot, mangtatawas, and faith healers. In rural areas, by tradition and because of chronic economic constraints, the albularyos are the general practitioners or the primary dispensers of healthcare. The manghihilot specializes in techniques and treatments applicable to sprains, fractures, and musculoskeletal conditions. In rural areas, hilot ambiguously refers to the midwife (magpapaanak) and the chiropractic practitioner (manghihilot, masahe). Meanwhile, the mangtatawas or tawas is a popular diagnostic ritual performed by providing clues as to the nature and cause of the person's illness. Traditional healers become instrumental in ensuring that their kapwa receives the healthcare they need regardless of gender and social status.

According to Article XIV Section 14 of the 1987 Philippine Constitution (n.d.), the State shall foster the preservation, enrichment, and dynamic evolution of a Filipino national culture based on unity and diversity in a free artistic and intellectual expression climate. Section 15, on the other hand, mentions that the State shall conserve, promote, and popularize the nation's historical and cultural heritage, resources, and artistic creations. In this regard, there is a strong need to conduct an inventory of cultural properties and empower Filipino communities to protect, conserve, and promote local and national heritage as mandated in the Philippine constitution.

Similarly, in 2009, the Philippine Congress passed into law Republic Act No. 10066, also known as the "National Cultural Heritage Act of 2009," which underscores a vision for cultural heritage pertinently stated as a balanced atmosphere where the historic past coexists in harmony with modern society; the use of an integrated and holistic approach to the problem conservation, cutting across all relevant disciplines and technologies; and, administration of heritage resources in a spirit of stewardship for the inspiration and benefit of the present and future generations. Furthermore, R.A No. 10066 stipulates the principles, policies, and guidelines for cultural agencies, government institutions, and the citizens of the country in raising the levels of people's appreciation of our shared heritage as well as to strengthen and advance the various interventions in safeguarding the nation's cultural wealth (Republic Act No. 10066, GOVPH, 2010). Likewise, this law is the guiding framework for cultural mapping projects as it orders the community to elect which properties must be included in the local heritage profile as part of cultural mapping. Once accomplished, this important profile can be used by the local government unit (LGU) and the local community to conserve and promote their heritage as people of the Philippines while also making the locality fertile for better livelihood projects, such as responsible tourism.

However, based on the preliminary data gathered by the researcher, there is no available data from the LGU of the chosen local community on the exact number of traditional healers in the locality. Few systematic studies conducted in the Philippines and abroad that record these significant intangible national resources can be accessed online. Even so, there is no published paper accessible online that documents the traditional healing practices of albularyos in the chosen local community. Therefore, it is crucial to record and identify the traditional healers in a local community through cultural mapping to map their exact numbers and locations.

Moreover, this study provides the dynamics of traditional healing in the study area. Hence, this also provides an appreciation for the cultural heritage of traditional healing, which can be used in developing books and instructional materials on local cultures and traditions and policy and development inputs for traditional healing practices. This study also adds to the emerging scientific literature on traditional healing in the country. Finally, as Filipino citizens, this study is very substantial to historical, aesthetic, scientific, technical, social, and spiritual values that unify the nation through a deep pride in common identities, cultural heritage, and national patrimony.

Research Questions

This study focused on the cultural mapping of the traditional healers in a local community. Specifically, this sought answers to the following questions:

1. What is the cultural profile of the traditional healers in a local community in terms of:
   1.1 background information;
   1.2 description of intangible cultural heritage;
   1.3 stories/narratives associated with traditional healing;
   1.4 significance of the practice;
   1.5 assessment of the practice; and
   1.6 references/supporting documentation?
2. Based on the study's findings, what booklet and documentary film about the traditional healers in a local community can be developed for the preservation of local heritage, community development, and heritage education?

Methodology

This section presents the methodology for securing the data needed for the research study. It includes the research design, research locale, research participants, units of analysis, data gathering procedure, data analysis plan, specialist informants, and ethical considerations.

Research Design

The study used a qualitative research method since it explored, identified, documented, and analyzed the cultural profile of the traditional healers in a local community. Meanwhile, cultural research was used to discover and identify all the variables needed in the study as it helps profile the traditional healers in the local community. Cultural research, as defined by Bioko (2023), means any endeavor, utilizing critical investigation and study of a subject, to discover new and collate old facts on a cultural subject, as any ethnographic or anthropological study, including primary data collection, studies of or incorporating traditional knowledge or classifications systems (e.g., studies of medicinal properties of plants like an ethnobotanical study), documentary films, archaeology, linguistics, and ethnohistorical accounts.

In context, the narratives of the traditional healers in the local community were collated to create a cultural profile and a documentary film regarding the practice of traditional healing in the area. Using this research design, the researcher had the opportunity to make visible how traditional healing local stories, practices, relationships, memories, and rituals constitute places as meaningful locations. The researcher also used cultural assets by identifying and recording tangible and intangible cultural assets, which strongly emphasizes information documentation.

Similarly, participant observation, documentation, and interviews were utilized to know and describe the cultural profile of the key informants. All of these were carried out through cultural mapping. Cultural mapping is a form of research; specifically, it is a form of cultural research. It is a cross-disciplinary endeavor that applies a range of methods. It is concerned with researching how communities and groups express their world knowledge. It focuses on the meaning of culture in all its diverse forms.

Furthermore, the data gathered using cultural mapping served as the reference of the researcher in crafting the outputs of the study, which are a booklet of cultural profiles of the traditional healers and a documentary film on the traditional healing practice in a local community for the preservation of local heritage, community development, and heritage education.

Participants

This research utilized purposive sampling technique in choosing the participants of this study. Using this technique, the researcher identified 12 traditional healers in the chosen local community. Unfortunately, one has decided to withdraw from being part of the study due to its sensitive nature. Therefore, there were only 11 traditional healers who functioned as the key informants of the study. Their understanding of the practices, representations, expressions, knowledge, and skills, as well as the instruments, objects, and artifacts associated with them, were used to meet the purpose of the study.

The inclusion criteria in selecting the key informants were patterned in the study about exploring ethnomedical practices among traditional healers in Southwest Cebu, Philippines, by Del Fiero and Nolasco (2013, as cited in Cerio, 2020). Initially, a research participant must be a traditional healer (of any kind) for more than five years. Finally, he or she has lived and practiced traditional healing in the selected local community.

The participants were sought through the researcher's contacts. The participants covered ages ranging from 37 to 87 years old, including male and female traditional healers, varying their civil status and educational attainment. However, they all have the same religion, Roman Catholicism. Nevertheless, they all presented their perspectives and feelings regarding the research topic.

Procedure

To gather the qualitative data thoroughly and ethically, the following procedures were done upon the approval of the oral examination committee. Initially, with the endorsement of the researcher's adviser and through the help of the Dean of Graduate Education of Sacred Heart College of Lucena City, Inc., a letter of request for a cultural mapping project on the traditional healers in the chosen local community was drafted for the municipal mayor. The letter includes the study's expected participants, the time frame, the logistical requirements of the study, and a memorandum of understanding between the researcher and the local government unit. When it was checked and approved, the researcher set an appointment with the municipal mayor to discuss the cultural mapping project and for the communication letter to be signed by the municipal mayor for his consent and approval. The researcher likewise assured the approving authority of the ethical protocols in the conduct of the study. Great care was considered, and the research was purely for cultural and academic purposes only. At that point, the researcher and the LGU had already built a partnership and commitment to implementing the cultural mapping of the traditional healers in the local community.

Moreover, this study obtained data using participant observation, documentation, and structured interview guide / cultural mapping form. By employing such techniques, the researcher asked questions, and the key informants frankly explained their ideas about the research subject. The data gathering started by purposively choosing the traditional healers with the help of the inclusion criteria set by the researcher. Prospected participants were asked if they would like to join the research process. Written informed consent was also provided to the study participants, stating they voluntarily wanted to be part of the interview process. The interview, on the other hand, took place during the scheduled contact sessions. In addition, the participants were asked for a convenient time to be interviewed. The volunteer participants were confirmed after being assured of the safety of the data gathered from them. After that, the interview days, times, and places were determined. After receiving permission, the interviews went as planned based on the agreement between the

key informants and the researcher. It happened on July 10-26, 2023, during weekdays from eight in the morning up to five in the afternoon. Meanwhile, the interviews were video recorded to allow the researcher to concentrate on the interview rather than writing notes.

After completing the interview, the researcher manually transcribed it. The next step was the conduct of follow-up visits by the researcher and the members of the cultural mapping team. They took time to check and edit the filled-out mapping forms. The researcher also asked the research participants to verify if what had been transcribed in the interview was what they had said during the interview. They were also asked to sign a certification about the correctness of the interview transcription and give consent to the researcher to use the gathered information for the study.

Then, it was followed by the data validation, where the data gathered were analyzed and interpreted with the support of related information from reliable sources. Verified and trusted online resources were also utilized. The qualitative content analysis also analyzed the interview results and the participants' responses. Moreover, internal and external experts, stakeholders, and other community members were presented with the data gathered by the researcher/mapper to confirm or corroborate the validity of the mapped entries. After the study was completed, the participants had the opportunity to inquire about the study because the researcher went to each of them to share the results and findings of this research.

The schematic diagram of the data gathering procedures is illustrated in Figure 1.

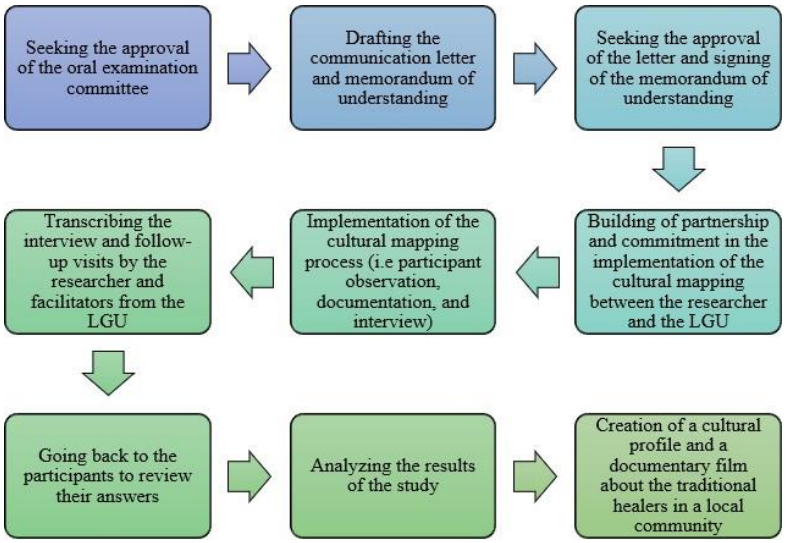

Figure 1. *Schematic Diagram of the Data Gathering Procedures*

Data Analysis

After completing the interview, the data analysis process then commenced. The gathered data were analyzed using the content analysis technique. According to Luo (2021), content analysis is a research method used to identify patterns in recorded communication. This technique generally aims to analyze similar data on a particular subject and have comments on it.

The schematic diagram of the steps to be followed in the qualitative content analysis technique is illustrated in Figure 2.

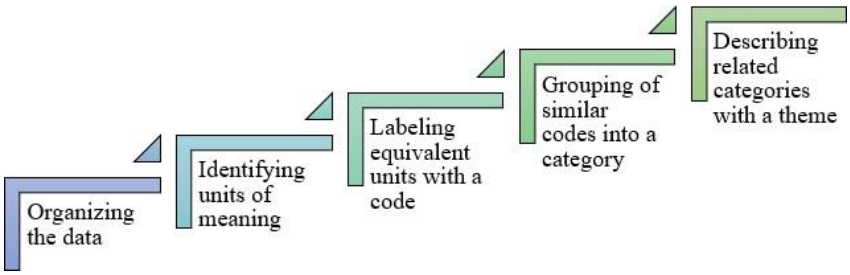

Figure 2. *The Process of Qualitative Content Analysis*

During the analysis process, first of all, the raw data were organized. That means each interview record was re-analyzed several times by listening to the recorded videotape to confirm the data's rightness. Each participant's interview transcript was analyzed according to the data analysis procedures described, which call for the development of coding categories, mechanical sorting of the data, and analysis of the data within each coding category. In this process, each participant's interview was coded separately following their answers or responses. At the same time, new emerging and repeated themes were categorized into three categories: definition, exemplification, and codification regulation. Here, the answers to each question were disunited into meaningful categories. Then, they were coded. The separated codes were compared with the researcher's, and then the conceptualized statements were assembled. After that, they were organized to avoid repetition of the words. Finally, the determined results were expressed, and their relationships were provided.

Ethical Considerations

Ethical approval was sought by the researcher prior to the commencement of the research. In conducting any research, the researcher must always be aware of the impact of the study on participants and society as a whole and act accordingly. Bhandari (2021) acknowledges that considerations protect research participants' rights, enhance research validity, and maintain scientific integrity. Therefore, the researcher clarified to all participants that their participation was voluntary.

In this study, the researcher ensured that informed consent was given to all participants. They were also advised that they were free to answer any questions which may not be comfortable for them. Participants were given advanced notice, a broad outline of the subject to be discussed, an indication of the type of information that would be required of them, the reasons why the research was being carried out, and how the information they would be providing would be used before doing the actual interview. They were also told of the length of time involved with the interview, and sufficient time was given before and after the interview for the participant to ask any questions about the research topic. All participants were also asked to sign a consent form stating that they were willing to participate in the interview while ensuring confidentiality and anonymity throughout the whole process of the research.

Results and Discussion

The study identified the cultural profile of the traditional healers in a local community in terms of background information, description of the intangible cultural heritage, stories/narratives associated with the element, significance of the practice, assessment of the practice, and references/supporting documentation. Based on the presentations, analyses, and interpretations of data, the following results were found:

Background Information. Traditional healers know about traditional ecological wisdom, indigenous knowledge, local flora and fauna, subsistence technology, traditional healing systems, rituals, beliefs, initiatory rites, possession rites, shamanism, and cosmology. The geographical location and range of the element is at home, nearby barangays, nearby municipalities, nearby provinces, and other areas. The related domains of the intangible cultural heritage are performing arts, social practices, rituals, festive events, oral traditions and expressions, and traditional craftsmanship.

Description of the Intangible Cultural Heritage. The traditional healers gave their description of the practice. They have shared their traditional healing experience in the practice of traditional healing. It varies from six years up to more than 40 years of helping people heal with their ailments. They also mention that their practice originated from possessions, dreams, and prophetic claims, having attended formal training, inherited/learned from parents, grandparents, or relatives, and through self-discovery and experiences. The traditional healers also provided the occasion/season of their practice. Although they have different schedules, they said that the schedule of traditional healing has no definite time; it can also be done after praying every Sunday, Tuesday, and Friday or daily. Some also shared that there are certain events when traditional healing is not practiced due to illness and during the holy week. As for the processes and procedures involved in traditional healing, they stated that the common illnesses or diseases being treated by them are bali, balis, barang, bukol, depression, hilotin, kabag, kulam, kulebra, lagnat, lamig, lason, luslos, naputol na buto, pilay, pulmonya, rashes, sakit ng tyan, sakit sa balat, sapi, sipon, stress, sugat, suobin (nabati), trangkaso, usog, uyag, and other medical related diseases.

Meanwhile. the methods being used when treating those illnesses or diseases are through a pulse reading, pagsusuob (using candle, and insenso't kamangyan), paghihilot (using oil), bulong and orasyon, using ointment, using laway, using holy water, and buga. Meanwhile, there are beliefs associated with traditional healing. The traditional healers do rituals through praying, and they give prescriptions to their patients, like to pray and be thankful to God, do not drink cold water, do not eat forbidden food, and do not taking a bath yet; the patients need to follow also their herbal instructions. Part of their traditional healing practices is visiting sacred places such as Mt. Banahaw, the waterfall and cave, and the church. For the settings of traditional healing, the healers have a specific location for practicing traditional healing. They may do it on the balcony, in the bedroom, and outside the house. Moreover, traditional healing has social functions, cultural meanings, aims, and benefits. As the culture bearers/practitioners of the element, the traditional healers could describe themselves and state the typical patients visiting them.

Furthermore, the mode of transmission is subdivided into two: the acquisition and imparting of traditional healing. The traditional healers also listed significant tangible movable heritage associated with the element. These are plates, pottery, blessing (booklet),

prensa (skillet pan), voodoo doll, bell, and skull (made of various materials). They also listed significant flora/fauna associated with the element. For the flora, they are using Abokado (leaves), Alipayong Pula (leaves), Alugbati (leaves), Atis (leaves), Banaba (leaves), Bangkoro (leaves), Bayabas (leaves), Gmelina (leaves), Guyabano (leaves), Herbabuena (leaves), Ikmo (leaves), Kasopangil (leaves), Katakataka (leaves), Katunggal (leaves), Lagundi (leaves), Lukban (leaves), Luyang Dilaw (rhizomes), Luyang Itim (rhizomes), Luyang Pula (rhizomes), Madre Cacao (leaves), Makahiya (leaves), Malunggay (roots), Maria (leaves), Mayana (leaves), Oregano (leaves), Pandan (leaves), Pinya (leaves), Saging (leaves), Sambong (leaves), Serpentina (leaves), Spearmint (leaves), Star Apple (fruits), Tagbak na Itim (leaves), Tawa-tawa (leaves), Tobacco (leaves), and Tubang-aso (leaves). For the fauna, they are using apdo ng sawa, sungay ng usa, dugo ng manok, itlog ng manok, and kalapati.

Stories/Narratives Associated With Traditional Healing. Some of the stories that the traditional healers have shared are about spiritual guides and supernatural claims, healing severe cases, and being accused of malpractice or maltreatment.

Significance of the Practice. The participants specified that their traditional healing has historical, aesthetic, scientific, social, socio-economic, socio-political, and spiritual significance.

Assessment of Practice. This revealed that the condition/status of traditional healing is in danger because of the elderliness of the traditional healers and because no one is accepting the knowledge and practices. Additionally, the constraint, threat, issue, or challenge experienced by the traditional healers is making false accusations against them. Nevertheless, traditional healers have identified several safeguarding measures in their traditional healing practice. These are transmission through informal education, identification, documentation, research, promotion, enhancement, and revitalization.

References/Supporting Documentation. The traditional healers responded that they are using sacred texts, books, pictures, prayers, and saints as references or supporting documentation in the conduct of traditional healing. Most of them shared that Our Father, Hail Mary, and Apostle's Creed are the prayers they utter whenever they do healing rituals. Santo Niño is typical to all of them; others also use the Holy Bible.

Conclusion

This section determines the analysis of the cultural profile of the traditional healers in a local community regarding background information, description of the intangible cultural heritage, stories/narratives associated with the element, significance of the practice, assessment of the practice, and references/supporting documentation.

Based on the study's findings, it is concluded that: (1) Traditional healers have diverse background information, reflected in the element types, the geographical location and range of the element, and the related domains of the intangible cultural heritage. (2) The description of the intangible cultural heritage gives a wide array of descriptions of the history of practice, occasion/season, processes and procedures involved, beliefs associated, settings, aims, social functions, and cultural meaning, culture bearer/s and practitioner/s of the element, mode of transmission, list of significant tangible movable heritage used associated with the element and list of significant flora/fauna used associated with the element. (3) Spiritual guides and supernatural claims, healing severe cases, and being accused of malpractice or maltreatment are some of the stories/narratives associated with the element. (4) Traditional healing has historical, aesthetic, scientific, social, socio-economic, socio-political, and spiritual significance. (5) The assessment of practice reveals the condition/status of traditional healing, which is in danger because of the elderliness of the traditional healers and because no one is accepting the knowledge and practices. Additionally, the constraint, threat, issue, or challenge experienced by the traditional healers is making false accusations against them. Nevertheless, traditional healers have identified several safeguarding measures in their traditional healing practice. These are transmission through informal education, identification, documentation, research, promotion, enhancement, and revitalization. (6) Sacred texts, books, pictures, prayers, and saints are traditional healing references or supporting documentation. (7) “Kaalaman at Kasanayan: Cultural Profile of Traditional Healers,” a booklet, and “Tanging Healing,” a documentary film about traditional healing, are the outputs of the study, which can be used for the preservation of local heritage, community development, and heritage education.

Furthermore, based on the findings and conclusions, the following recommendations are offered: *For the Traditional Healers.* Follow the safeguarding measures they have identified, such as transmission, mainly through informal education, identification, documentation, research, promotion, enhancement, and revitalization, to preserve their traditional healing practice for preserving local heritage, community development, and heritage education. *For the Consumers of Traditional Healing.* Demonstrate unwavering support through consistent patronage of traditional healing services. By actively seeking and utilizing these services, they contribute to the sustainability and vitality of traditional healing practices. *For the Local Government Units’ Officials*. Fulfill the mandate of Republic Act 10066, otherwise known as the Heritage Law, to conduct the inventory of their cultural properties and to empower Filipino communities in their pursuit to protect, conserve, and promote their local and national heritage while also making the locality fertile to better livelihood projects, such as responsible tourism. Recognize the vastness of cultural properties within their political jurisdictions and how these resources can be enriched for cultural, social, economic, and political development. Create policies to ensure the preservation, promotion, and protection of the practice of traditional healing in the local community and their living human treasures. Implement programs, projects, and activities for culture and arts in the chosen locality.

Moreover, *For the Students, Teachers, and School Administrators.* Utilize the results of this study, especially the booklet and documentary film, in their respective institutions' lessons, programs, and projects as they advance a range of culture-focused interventions and curricula. Conduct local culture profiling in partnership with the local government unit (LGU) or serve as a volunteer member of the local cultural mapping team. *For the General Public*. Be involved in the sustainable development and management of cultural resources of their respective communities and participate in any phase or activity of the mapping process. Read the booklet about the cultural profile of the traditional healers and watch the documentary film to learn more about the traditional healing practices present in the local community. *For the Future Researchers.* Conduct the same study in their respective local communities. Conduct a quantitative study to verify the findings of this study. Use this study as a guide to explore more about traditional healing and other areas related to this cultural practice.

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