

The Efficacy of Thai Massage for Urban Middle Class in Contemporary Thailand : Discourse, Body Technique, and Ritualized Process

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The Efficacy of Thai Massage for Urban Middle Class in Contemporary Thailand: Discourse, Body Technique, and Ritualized Process

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Compared to the rich body of literature on Chinese, Indian and Tibetan healthcare practices, there have been very few social scientific studies on Thai massage. To fill this lack of research, this article addresses how the efficacy of Thai massage is constructed in the urban settings of contemporary Thailand. The efficacy of Thai massage is firstly explored in the larger social context of the globalization of Thai massage and the standardization of Thai traditional medicine. In this context, discourse referring to Thai massage as a ‘natural,’ ‘holistic’ and yet biomedically verified therapy is predominant. After that, I will examine how some body techniques and the whole process of Thai massage are perceived to be efficacious. In this part, three points are revealed: first, people refer to multiple sources of knowledge including folk and anatomical knowledge to explain efficacy; second, sensory experience is an important factor for the perception of efficacy; and third, the ritualistic aspect of Thai massage constitutes the healing process. It is suggested that people in the urban middle class are now more likely to be persuaded that healing is possible through Thai massage.

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1 Introduction

Today, Thai massage is practiced in public biomedical hospitals and in private clinics as one of the methods of Thai traditional medicine, as well as in spas targeting tourists in Thailand. It seems that Thai massage treatment is regarded as a healing alternative in certain situations. How, then, is Thai massage perceived to be effective? Or how is the efficacy of Thai massage constructed? This article addresses these questions.

The efficacy of traditional medicine has been a controversial issue in medical anthropology. Young has defined 'medical efficacy' as 'the perceived capacity of a given practice to affect sickness in some desirable way' (Young 1983: 1208), which he defines broadly as either 'curing disease,' i.e. treating biomedical dysfunction, or 'healing illness' i.e. alleviating suffering experienced by individuals. Waldram has criticized this latter distinction characteristic of much of the efficacy literature, as it erroneously implies 'that the healing of illness and curing of disease are separate, unrelated aspects of the treatment of sickness' (Waldram 2000: 606). He also points out that the three kinds of standards of efficacy suggested by Young (1979), namely 'empirical,' 'scientific,' and 'symbolic' proofs, are not mutually exclusive but often interrelated. He argues that '(i)t is essential that we conceive of efficacy not as a fixed concept anchored to a singular perspective of health, illness, and disease, but, rather, as something that is constantly shifting and being negotiated between the various role players in the sickness episode' (Waldram 2000: 615). He concludes that 'we need to better conceptualize how these various measures of efficacy relate to and affect each other within both cultural and temporal contexts' (Waldram 2000: 619). As Lock and Nichter argue, '(a)t issue in the case of efficacy is who gets to define what constitutes evidence, what sources of information and forms of knowledge are privileged as well as overlooked, and who determines the way "disease categories" are classified as well as samples of subjects selected' (Lock and Nichter 2002: 4).

There have been several studies dealing with the relations between, and influences of, various measures of the efficacy of traditional medicines. For example, Adams argues how modernity is appropriated for Tibetan medicine by describing how certain practitioners in Lhasa claim that Tibetan medicine is scientific in order to 'prove' its efficacy, whereas Tibetan exiles emphasize their medicine's efficacy and its holism by exoticizing Tibetan culture (Adams 2001). The relationship of various measures could be more complex. Examining what efficacy means in the practice of acupuncture in the United States from 'multiperspectival view,' Barnes concludes that '(p)luralism within acupuncture itself intersects with, and even embodies, the medical pluralism of American culture' (Barnes 2005: 259). An uneven relationship among plural forms of knowledge is also at stake. Zhan shows that 'it is precisely through the process of

marginalization and Othering in relation to “scientific,” “biomedical” mainstreams that the clinical efficacy of traditional Chinese medicine becomes construed as “miracles” (Zhan 2009: 93). She suggests that ‘the marginality of Chinese medicine is constructed and constantly transformed through a set of uneven, interactive sociohistorical processes of knowledge formation, and at the same time marginality is itself a set of heterogeneous processes that mediate the transfiguration of various knowledges, identities, and communities’ (Zhan 2009: 93). In line with these studies, this article is concerned with the social contexts, pluralism, and dynamics of the construction of the efficacy of Thai massage.

On the other hand, anthropological interest in embodiment (Csordas 1990, 1994) made questions of efficacy ‘resituated in relation to issues of embodiment, sensation, imagination, and experience’ (Laderman and Roseman 1996: 5). Oths and her colleagues, for instance, deal with the bodily experience of various forms of manual medicine in different socio-cultural settings, including touch, pain, and perceived changes of movement and posture, which have a close connection with efficacy negotiated in the local and global politics (Oths and Hinojosa eds. 2004). Hsu demonstrates the importance of focusing on the subjectivities of patients and their feelings for the evaluation of medical treatment by analyzing the ritualistic process and the body techniques of generating synchronicity between participants in acupuncture and Ayurvedic *panchakarma* treatment. She suggests that more research is needed in the future to ‘identify and focus on other body techniques in religiomedical traditions (...) that the patients and practitioners themselves explicitly identify as crucial for evaluating a treatment’s effectiveness’ (Hsu 2012). Thai massage is a case to use for tackling this task.

Compared to the rich body of literature on Chinese, Indian and Tibetan healthcare practices, there have been very few social scientific studies on Thai massage. This paper aims to fill this lack of research. In what follows, the efficacy of Thai massage is firstly examined in the larger social context of the globalization of Thai massage and the standardization of Thai traditional Medicine. After that, I will examine how some body techniques and the whole process of Thai massage are perceived to be efficacious. This study is mainly based on fieldwork carried out at a clinic in Chiang Mai, intermittently since 1997.

2 The Historical Process of the Standardization of Thai Traditional Medicine

Contrary to the popular discourse that views Thai massage as an ancient therapeutic technique dating from the time of the historical Buddha, the earliest textual materials on Thai traditional medicine date to the seventeenth century A. D¹. For example, the oldest canonical text of Thai traditional medicine found thus far, *Tamra Phra Osot Phra Narai (The Pharmacopoeia of King Narai)*, was

compiled in 1661 at a time when trade among Asian and European countries flourished in Ayutthaya (Somchintana² 1986; Prathip 1998). The most famous historical sources of Thai massage instructions are the inscriptions and statues at Wat Pho, the royal temple in Bangkok. The inscriptions on the walls depict pressure points (Figure 1). Statues of hermits are posed in postures of therapeutic exercises (*ruesi datton*), which are said to have influenced the stretching technique used in Thai massage (Figure 2). These inscriptions and statues were constructed under the supervision of royal Thai physicians in 1832, a time when Thailand was significantly influenced by Western imperialism and Christian missionaries who helped introduce Western medicine to Thailand (Benja 1974: 9; Tambiah 1976: 204–213, Irvine 1982: 39; Prathip 1998: 91). Thai traditional medicine thus emerged alongside



Figure 1 Inscriptions on the walls at Wat Pho



Figure 2 Statues of hermits at Wat Pho

the region's encounter with the West and within the process of nation-building.

As the influence of Western medicine increased, traditional medicine became institutionally marginalized in Thailand. The use of traditional medicine was abolished at biomedical hospitals in 1915, and defined as a medical practice 'without scientific foundation' by the law *Phrarachabanyat Khuapkhum Kanprakop Rok Sinlapa* (Act for the Control of the Practice of the Healing Art) in 1936. Private institutions were established in urban areas to practice Thai traditional medicine, including massage, and became centres of traditional practice. With the development of the sex and tourism industries in Thailand in the 1960s, 'Thai traditional massage' began to be perceived as a tourist-oriented service and was often used as a cover for prostitution (Chantana 1989: 59–70). Since then, the phrase 'Thai massage' has had ambiguous overtones relating to relaxation, tourism and sexual services.

However, stimulated by both the policies of the World Health Organization (WHO) and domestic traditional medicine revivalist movements since the late 1970s (Chantana 1989), the Thai government has begun to standardize Thai traditional medicine³) and has been promoting Thai massage as one of its traditional therapies⁴). As shown elsewhere by studies on traditional Chinese medicine in China (Hsu 1999) and Ayurveda in India (Langford 2002), the standardization of traditional medicine in Thailand has been conducted on the basis of nation-state ideology and has been modelled after biomedicine. The making of this 'tradition' followed the official monarchy-centred national history, and its efficacy and safety were, and still are, subject to biomedical scrutiny.

The licensing and educational system in regards to Thai massage was also changed. In the licensing system for traditional doctors legislated in 1953, there were three kinds of licenses, namely medicine (*wetchakam*), pharmacy (*phesatchakam*) and midwifery (*phadungkhan*). The training time required was three years for medicine and one year each for pharmacy and midwifery. This system was criticized in the traditional medicine revivalist movements because there was no license for massage practitioners, which, it was insisted, became an obstacle to the practice's professionalization. Much later and based on this criticism, the Ministry of Public Health legislated new rules for massage in 2001. According to these rules, two years or 800 hours of training for certification are required to open a Thai massage clinic, 330 hours for an assistant to a traditional Thai doctor and 372 hours for practising at hospitals, although private schools continue to provide shorter courses. In the 2000s, several universities established undergraduate and graduate programmes in Thai traditional medicines.

This change in health policy has gone hand in hand with the commercialization of Thai massage on a wider scale. Since the 1980s, Thai massage has become increasingly popular with foreign tourists. As the Thai urban middle class who are

oriented towards ‘health’ and ‘nature’ increased in the late 1990s, the market of Thai massage for this group also widened. This has been influenced by the transnational circulation of the culture of ‘healthism,’ as well as by a shift in the main causes of death in the urban areas of Thailand. From the causes associated by the WHO to ‘low-income countries’ (malnutrition and infectious diseases) the pathological landscape in Thailand now increasingly involves what is called lifestyle diseases, such as cancer, cardiovascular disorders and diabetes (Komatra 1999: 8–9). As a ‘natural therapy’ or as a pain-relief technique, Thai massage has gained popularity among Thai urbanites as well as among foreigners, and has become one of the growing areas in the health industry, which also includes herbal remedies, herbal cosmetics and health foods.

While in the past Thai massage has mainly been practised at private clinics and shops, it has also come to be practised at public biomedical institutions. According to the Chiang Mai Provincial Public Health Office, 25 district hospitals and 271 subdistrict health centres in the province were providing Thai massage services in 2009. It is there in Chiang Mai, the largest city in northern Thailand, that I conducted my research in a clinic that offers both treatments and courses.

3 The Efficacy as a ‘Natural,’ ‘Holistic’ and Yet Biomedically Verified Therapy

The Old Medicine Hospital (*Sathanphayaban Phaen Boran*)⁵ is a private clinic that was established in 1962 by a man from Chiang Mai who studied traditional medicine at Wat Pho, the royal temple in Bangkok. Until the 1970s, the Old Medicine Hospital employed various therapies including herbal remedies and magical treatments performed by local healers⁶. However, when the clinic’s popularity declined in the 1980s, apparently because of the increase in the number of biomedical hospitals in Chiang Mai, it adopted Thai massage from Bangkok as a survival strategy. Today, the clinic offers Thai massage and herbal steam baths, as well as courses on Thai massage. It was the largest and one of the most well-known traditional therapy clinics in the northern region, and the massage course was the second most popular in Thailand, next to that of Wat Pho, in the late 1990s. In 1998, approximately fifty clients⁷, including about ten foreigners, came to receive massage at this clinic each day. The Thai clients’ ages varied, but a relatively high percentage of them were in their 40s and 50s. Following the trend mentioned above, most Thai clients at this clinic belonged to Chiang Mai’s urban middle class.

According to interviews with clients at this hospital, Thai massage is often said to be a ‘natural’ therapy to treat the root cause of their discomfort without using chemical drugs which have side-effects. For Thai people in particular, the root cause tends to be a disorder of *sen*, which refers to the conduits in the body

in folk anatomy. Since the disorder of *sen* including being stiff, tight or shifted out of alignment is considered to cause pain, massage is applied along the *sen*. Many clients at the Old Medicine Hospital comment that they prefer to receive massage when they have symptoms caused by *sen* as they feel massage is better able to treat the *sen* than western drugs (*ya farang*).

Thai massage is provided in the form of a combination of point pressing and stretching techniques. The pressure points are said to be located along *sen* as inscribed on the wall of Wat Pho (Figure 3), and the stretching postures are thought to be based on Thai ‘hermits’ exercise’ (*ruesi datton*) represented by the statues in Wat Pho (Figure 4). Many people especially from Europe and the US find similarities between the postures in yoga and the stretching techniques in Thai massage (e.g. Asokananda 1990: 9; Salguero 2004, 2007: 58). According to Singleton, yoga has been affected by Western harmonial gymnastics, mainly based on stretching and balancing movements together with breathwork in order to gain ‘spiritual’ relaxation (Singleton 2010). It is likely that the spread of ‘Modern Postural Yoga,’ those styles of yoga practice that put emphasis on *asanas* or postures (De Michelis 2005), has affected the popularity of Thai massage in the West (Iida 2013: 97).

Although basic Thai massage is currently provided in the form of whole-body massage, following a step-by-step routine from foot to head, in the past massage aimed to provide a targeted treatment for a specific body part related to the specific symptoms experienced by each client, similar to the massage still practised by rural

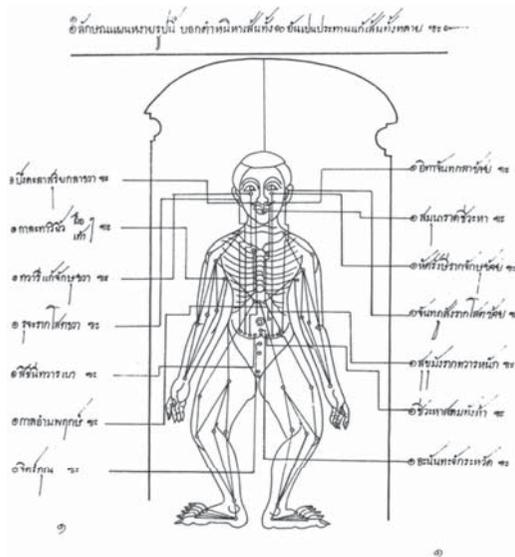


Figure 3 Ten primary *sen* inscribed on the wall of Wat Pho (Rongrian Phaet Phaen Boran Wat Phrachetuphon 1994: 1)



Figure 4 Thai 'hermits' exercise' (Rongrian Phaet Phaen Boran Wat Phrachetophon 1990)

villagers today (Iida 2006). While it is not clear when and who initiated the practice of whole-body massage, a teacher at the Old Medicine Hospital said that it was developed to satisfy the needs of foreign tourists who reported having no specific symptoms or disorder. And the whole-body style of massage was standardized in the process of interaction between Thai practitioners and Western students (Iida 2013: 97-100).

Despite the fact that tourism has thus played an important role in the production of whole-body Thai massage, the style of whole-body massage is highly evaluated as the representation of the 'holism' of Thai massage. Many clients including both Thai and foreign clients believe that Thai massage is effective as it treats not only the body part with a symptom or on the surface of the skin but also the whole body and thus it is perceived to be good for the balance of the body (Iida 2013: 90).

In spite of the discourse contrasting Thai massage with biomedicine, many people refer biomedicine to explain the efficacy of Thai massage. They say that Thai massage is efficacious because the efficacy is verified through biomedical research. And a person is regarded as unqualified if he or she has never studied massage at school or in a training programme, in which biomedically safe and effective techniques are supposed to be taught.

4 Body Techniques and Ritualistic Process Constructing the Efficacy of Thai Massage

Bearing in mind the examination of the discourse on the efficacy of Thai massage in a broad social context, the next step of this paper is to analyse how each body technique and the whole process of Thai massage are perceived to be efficacious. In the following description, I would like to discuss three points: first, people refer to multiple sources of knowledge to explain the efficacy; second,

sensory experience is an important factor in the perception of efficacy; and third, the ritualistic aspect of Thai massage constitutes the healing process.

Drawing on Csordas, who identifies three stages of the psychic process of charismatic healing among Pentecostals in the US, in line with the rites of passage by Victor Turner and van Gennep, Hsu emphasized that ‘the efficacy of medical treatment is a *process*’ (Hsu 2012: 165, emphasis in the original text). While the whole-body style of Thai massage was originally created under the influence of foreign tourists and students, the process of the whole-body massage now constitutes an important part of the efficacy of Thai massage.

In general, a client takes four positions while receiving Thai massage: lying on the back, on the side, on the stomach and sitting. One course of Thai massage provided at the clinic above consists of four steps following the same order of these positions. A teacher at Wat Pho, the temple from which the clinic adopted Thai massage, explained that Thai massage starts with the position of lying on the back because that is the most general posture for Thai people while sleeping, and then move on to the position of lying on the stomach via lying on the side to finish with sitting position as that is a ‘natural’ flow of movement. Following the procedure of the whole body massage at this clinic, I shall examine how the body techniques of Thai massage are perceived to be efficacious.

4.1 Lying on the Back

Thai massage starts with the treatment of feet. There are several explanations, varying from explanations based on cultural meaning of the body part to more or less scientific explanations, for the reason why practitioners start with feet. For example, a teacher at the clinic explains the reasons as follows: (a) because feet are the lower and inferior (*tam kwaan*) part of the body and (b) because feet are the most exhausted part as they support the weight of the body. On the other hand, a teacher at Wat Pho says that they start with feet (c) to accelerate blood circulation from the tip of the body.

After pressing legs with palms, a practitioner presses *sen* on both back and instep on feet with thumbs, and then stretches feet. Some techniques used at the Old Medicine Hospital are similar to those used at my rural research site in Mae Jaem District, Chiang Mai Province. That might be because the Hospital incorporated massage techniques from northern local practitioners as well, as the teachers at the clinic said. For example, practitioners at both places press the depression where the upper instep meets the ankle, which is thought to be an important pressure point.

The next step is the treatment of legs. First, they work on *sen* on both inner and outer sides of legs one by one. After stretching the leg with hands holding both the foot and the place where the inner thigh meets the groin, palm pressing is

applied on the leg. Practitioners call this process of palm pressing ‘warm,’ using English, to literally mean ‘to warm up.’ Then, thumb pressing is applied along *sen*. There supposed to be three *sen* on each side of a leg. Thai people think that pressing along *sen* (*jap sen*) is efficacious for treating pain, as it makes tensed (*tueng*) *sen*, which cause pain, relaxed. Practitioners say that the tension of *sen* often causes pain in the part of the body connected to that *sen*. They thus say, for instance, that it is effective to work on *sen* along the leg to treat the pain in the knee. Finishing the thumb pressing on all the three *sen*, they do ‘warm’ and then stretching. The same process is applied on each side of both legs.

At the end of this process of the treatment of *sen* on the legs, palm pressing is applied on the inner legs, and practitioner presses on the crease where the inner thigh meets the groin area for about 10 to 15 seconds, and then releases slowly. This method is called ‘*pit pratu lom*’, which means ‘to close the wind gates,’ supposing that ‘wind’ is flowing in *sen*. This technique is assumed to be effective as releasing wind flow after stopping it for a while accelerates wind flow, although some people say that it stops and accelerates blood circulation. ‘Wind gates’ (*pratu lom*) are supposed to be located at the roots of inner arms as well.

Then, various techniques of stretching as well as massage are applied on the legs (Figure 5). A teacher at Wat Pho says that stretching applied as finger pressing is not enough for treating muscle with several layers. Thai massage thus involves not only cutaneous receptivity but also the perception of the whole bodily state, including somatic sensations such as kinaesthesia (movement), proprioception (position) and the vestibular sense (balance) (Paterson 2007: 3–4, 27; Geurts 2002: 50–53; Iida 2010: 144–145). Quite a long time is dedicated in Thai massage to the treatment of the legs. A teacher at Wat Pho explains that is because ‘poisonous things’ accumulate in the legs after walking.

The treatment of the legs is followed by massage on the stomach. After



Figure 5 Stretching legs

‘warming up’ by gently massaging the centre of the stomach in a circle with the palm, points around the navel are pressed with the palm slowly toward the navel while client is breathing out. Then, thumb pressing is applied to the points on the both sides of the navel. Stomach massage is thought to be good for constipation and backache. Villagers in my rural research site also provide stomach massage to soften *sen* on stomach when someone loses their appetite (*kin khau bawh lam*). They also apply massage on the stomach, at the clinic as well as in the village, when someone has a backache because *sen* in the stomach are supposed to be connected to *sen* in the back.

At the end of lying-on-the-back position, the arms and hands are treated. The process of the treatment of *sen* on the arm is similar to that of the legs: stretching, warming, thumb pressing, warming and stretching. The lying-on-the-back position finishes with the stretching of the hand and arm.

4.2 Lying on the Side

Thai people say that the position of lying on the side makes it possible to treat the back side of the body without adding pressure to the front side of the body. They say the chest hurts if massage is applied on the back in the position of lying on the stomach.

After treating the legs again, thumb pressure is applied on the three points on the hip, which are the tip of the three *sen* on the outer legs. Pressing these points seems to be effective not only for problems of the legs but also for those of the back as I have observed a practitioner repeatedly pressing them while treating a client with back pain. They are perceived to be important points among practitioners in my rural research site as well.

Then, palm and thumb pressure is applied to *sen* on the back. That is followed by various techniques combining the massage and stretching of the shoulder, arm, back and leg. Practitioner sometimes uses his/her own elbow and knee to press the



Figure 6 Stepping on back (The Old Medicine Hospital 2006: 30)

receiver's body, and even steps on the receiver's back (Figure 6). Although these stepping techniques are represented by the statues of hermits at Wat Pho (Figure 2), they are not so popular, especially among Western people. A student from New Zealand said these techniques are not good for those who have problems in the back. A woman from Australia said it would be difficult to adopt some of them in Australia as these step techniques would be thought to break backbone. Some Thai people, particularly elderly people, are also afraid of these stretching techniques, worrying that their bones might be broken.

4.3 Lying on the Stomach

The position of lying on the stomach begins with foot massage by stepping on feet. That is followed by the stretching of the legs, which is supposed to affect the lower back. The technique which crosses the receiver's feet and presses lower leg is also used by the villagers in my rural research site. The stretching of the legs gradually shifts into the stretching of the whole body by bending the back backward.

The techniques include sitting and stepping on the receiver's body, although these kind of 'dangerous' techniques are excluded in the nationally standardized Thai massage, and are sometimes criticized as impolite (*mai suphap*). For example, a teacher at a Thai massage training programme at Chiang Mai University in 1999 said, 'It is sometimes not so polite to sit on the receiver's body, depending on the receiver.' Many clients I interviewed also said they do not like to be stepped on, because it is impolite, painful, likely to press wrong points, not suitable for elderly people whose bones are prone to breaking, and it seems lazy. However, in practice, there are many clients who want to be stepped on as they prefer strong massage. A client said that stepping is the easiest way to make *sen* relaxed (*khlai*). A practitioner also said that the stepping technique, inherited from ancestors, makes good feeling (*sabai*) and is more effective (*dai phon*) than finger pressing. The stepping technique has been practiced in daily life in Thailand as well, although by children. Thai people often ask children to step on their body when they want massage. Thus, some clients said it would be appropriate for children to step on their body. A client even said that they used to step on the receiver's body, but do not do that anymore, implying that it is a premodern custom.

Before going on to the sitting position, practitioner asks the receiver to lie on his or her back again, and treats the shoulder, neck, head and face. Although some clients, especially senior clients, say they do not like head massage as the head is considered a sacred body part for Thais and should not be touched, most clients enjoy it, saying that it relieves them from 'stress.'

4.4 Sitting

There are many clients who fall asleep while receiving massage, and sitting position works well to wake them up. After the treatment of *sen* on the shoulder and back, various techniques combining stretching and massage are applied to the neck, shoulder, arm and back. Some people do not like the technique of twisting the body, saying that it may strain *sen* or it is not good for bones. In contrast to the slow tempo of other part of the whole body massage, this final part goes on with speed and rhythm, which also help the receiver wake up and go back to daily life. The final procedure is to chop loudly the back with hands joined together. A practitioner said that this action is equal to *wai*, the courtesy in Thailand.

5 Discussion

5.1 Multiple Sources of Knowledge

The description above reveals, firstly, that people refer to multiple sources of knowledge to explain the efficacy of Thai massage. While Thai people rely on folk knowledge such as *sen*, ‘wind,’ and ‘poisonous things,’ as well as some of the local massage techniques, they also explain the efficacy from a more or less anatomical point of view, mentioning, for example, blood circulation and muscle. These different sources of knowledge do not usually contradict with one another, but sometimes they do. For instance, some people are afraid of being stepped on or being twisted because they think their bones might be broken. Thai urban middle class’s perception of efficacy is not the same as foreigners,’ but the former, especially in the evaluation of efficacy and safety based on anatomical knowledge, overlaps with the latter.

5.2 Sensory Experience

However, it is rare for Thai people, both practitioners and clients, to explain the efficacy of Thai massage in terms of cause and effect or by interpreting the meaning of each movement. Although most of them assume that Thai massage is based on the pressure points inscribed on the walls at Wat Pho and the posture of *ruesi datton*, no one can tell exactly which technique is based on which inscription. They *feel*, rather than think or interpret, the efficacy. It is thus important for them that tensed *sen* become relaxed, and to ‘feel good’. Quite a few Thai clients say that the massage is effective when a practitioner presses the *sen* correctly (*jap sen thuk*), and it is from the sense of being touched that they can tell if the practitioner is working exactly on the *sen* (*thuk sen*).

Thai people often say that they do not feel the massage is effective if it is not painful (*mai jep mai dai phon*). Therefore, a good massage, especially for Thai clients, is supposed to be one which causes an overlapping sensation of pain and

pleasure: strong enough for the receiver to feel a little bit of pain but not too much. The Thai word for 'strong' in this context is '*nak*' which means 'heavy.' If a massage is too soft, receivers often say '*bau pai*' (too light). In order to give strong massage or to stretch a large client's body without becoming exhausted, practitioners say that it is important to 'use [a practitioner's] weight' (*chai namnak*) (Iida 2010: 145). 'Using weight' is a body technique crucial for the efficacy of Thai massage.

5.3 Ritualistic Aspect

In addition, Thai massage has a ritualistic aspect. Humphrey and Laidlaw suggested that 'action is ritualized if the acts of which it is composed are constituted not by the intentions which the actor has in performing them, but by prior stipulation' (Humphrey and Laidlaw 1994: 97). Whole body massage is ritualized as the acts are constituted by prescription. Just like ritual (Humphrey and Laidlaw 1994: 111, 124), Thai massage has a stereotyped sequence, although practitioners sometimes repeat some sections according to the symptom and need of each client.

Handelman points out that not only the interpretation of the meaning or exploration of the function but also phenomenological analysis is necessary for the study of 'ritual in its own right' (Handelman 2005). As Kapferer suggests on ritual, the whole body massage can 'shape human perception and thereby transform experience' by 'the aesthetics, repetitions, careful detailing, slowing of tempo, and shifting position of receivers' (Kapferer 2005).

Drawing on the example of *panchakarma* treatment, which involves violent purging and vomiting (Zimmermann 1992), and Chinese acupuncture, which inflict acute pain (Hsu 2005), as well as Csordas's discussion on ritual healing (Csordas 1983), Hsu points out that the violent and painful intervention is intentionally involved to awake the patient and prepare themselves for the imminent transformation that the treatment should cause (Hsu 2012: 168). Although Hsu suggests that this kind of intervention occurs in the opening phase of treatment, similar strategy is observed intermittently, and especially in the latter part of the process of Thai massage. In this paper, I have examined the process of whole-body massage following the four steps. The first part of each step focuses on point pressing, while the second part concentrates on stretching. The point pressing makes the receiver relax, through the stereotypical procedure of 'stretching, *warming*, thumb pressing, *warming* and stretching.' On the other hand, stretching part stimulates the somatic sensations including kinaesthesia, proprioception, and the vestibular sense. In the positions of lying on the side, lying on the stomach, and sitting, more acrobatic techniques including stepping on and twisting the receiver's body are used. And as I described above, clients experience a feeling of pain during the whole process of massage. The whole body massage can be a healing process not only to help receiver relax away from a stressful daily life, but also to make them experience

transformation through unusual somatic sensations including pain before returning to their daily life.

6 Conclusion

The efficacy of Thai massage is constructed by multiple factors situated in the specific social and cultural contexts. In the context of the globalization of Thai massage and the standardization of Thai traditional medicine, discourse referring to Thai massage as a ‘natural,’ ‘holistic’ and yet biomedically verified therapy is predominant. Influenced by this dominant discourse, Thai urban middle class people refer to multiple sources of knowledge including folk and anatomical knowledge to explain the efficacy, while the sensory experience and ritualistic aspect of Thai massage also constitute the healing process.

This perception of efficacy is specific for the contemporary Thai urban middle class. Although the Ministry of Public Health has promoted Thai massage throughout the country, rural villagers have not adopted it for it does not suit their way of life well. Thai massage is appreciated by the urban middle class with pain and stiffness in their bodies caused by a lack of exercise rather than by the physical labourers of the countryside. Rural villagers do not share the notion of the ‘natural’ and ‘holism’ with urbanites either. Some techniques and postures of Thai massage also clash with the body techniques of elderly rural villagers. Instead, villagers in my rural research site use chemical drugs or local therapies including a type of folk massage. While the folk massage has some techniques similar to those in the Thai massage as I described in this paper, the similarity is mainly the location of the pressure points. Folk massage differs from Thai massage in that it rarely uses stretching, focuses on very strong finger pressing not on the whole body but on the specific part with symptoms, and is contextualized within their everyday social relationships (Iida 2005, 2006). In short, Thai massage fits with the daily life of the urban middle class, not with that of the rural villagers in Thailand. In other words, people in the urban middle class have acquired the predisposition, in Csordas’s term (Csordas 2002), to be persuaded that healing is possible by Thai massage.

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Notes

- 1) The description in this section overlaps with a part of my recent work (Iida 2010: 139–41, 2013: 82–85). A record of *Sakdina* (a social hierarchy system in pre-modern

- Thailand) in mid-fifteenth century contains the rank of royal physicians (*mo luang*), including massage practitioners (*mo nuat*) (Prathip 1998: 28–29).
- 2) As in conventional usage, Thai names are referred to by their first names in the text and are entered in the list of references according to first names with full surnames after that.
 - 3) The phrase ‘Thai traditional medicine’ is the official English translation for the Thai phrase ‘*kanphaet phaen thai*’, which literally means ‘Thai-style medicine.’ The latter has been in use since the 1990s, replacing the old-fashioned term ‘*kanphaet phaen boran*’ (‘old/traditional style medicine’).
 - 4) For details, see Iida (2005, 2006).
 - 5) The formal name is *Sathanphayaban Banthaothuk Boran Phak Nuea* (North Region Traditional Relief Clinic).
 - 6) For details on folk medicine, especially ethnobotany in northern Thailand, see Viggo Brun and Trond Schumacher (1994). Benja Yoddomnern and Walter Irvine also discuss the activities of this clinic in the 1960s and 1970s (Benja 1974: 19–28; Irvine 1982: 53–56).
 - 7) I use the word ‘client’ to mean various people who receive Thai massage including both patients with specific symptoms and clients without them. In fact, the border between the former and the latter is blurred. For details, see Iida (2006: 119–122).

References

Adams, Vincanne

- 2001 Particularizing Modernity: Tibetan Medical Theorizing of Women’s Health in Lhasa, Tibet. In L. Connor and G. Samuel (eds.) *Healing Powers and Modernity: Traditional Medicine, Shamanism, and Science in Asian Societies*, pp.222–246. Westport, Connecticut: Bergin & Garvey.

Asokananda (Brust, Harald)

- 1990 *The Art of Traditional Thai Massage*. 6th edition, Bangkok: Editions Duang Kamol.

Barnes, Linda L.

- 2005 American Acupuncture and Efficacy: Meanings and Their Points of Insertion. *Medical Anthropology Quarterly* 19 (3): 239–266.

Benja Yoddumnern

- 1974 *The Role of Thai Traditional Doctors*. Bangkok: Institute for Population and Social Research, Mahidol University.

Brun, Viggo and Trond Schumacher

- 1994 *Traditional Herbal Medicine in Northern Thailand*. Bangkok: White Lotus.

Chantana Banpasirichote

- 1989 The Indigenization of Development Process in Thailand: A Case Study of the Traditional Medical Revivalist Movement (Thai Massage). Ph.D. Thesis, University of Waterloo.

- Csordas, Thomas J.
 1983 The Rhetoric of Transformation in Ritual Healing. *Culture, Medicine, and Psychiatry* 7: 333–375.
 1990 Embodiment as a Paradigm for Anthropology. *Ethos* 18: 5–47.
 1994 *The Sacred Self: A Cultural Phenomenology of Charismatic Healing*. Berkeley: University of California Press.
 2002 *Body/Meaning/Healing*. Hampshire and New York: Palgrave Macmillan.
- De Michelis, Elizabeth
 2005 *A History of Modern Yoga: Patanjali and Western Esotericism*. London/New York: Continuum.
- Geurts, Kathryn L.
 2002 *Culture and the Senses: Bodily Ways of Knowing in an African Community*. Berkeley: University of California Press.
- Handelman, Don
 2005 Introduction: Why Ritual in Its Own Right? How So? In Don Handelman and Galina Lindquist (eds.) *Ritual in Its Own Right*, pp. 1–32. New York and Oxford: Berghahn Books.
- Hsu, Elisabeth
 1999 *The Transmission of Chinese Medicine*. Cambridge: Cambridge University Press.
 2005 Acute Pain Infliction as Therapy. *Etnofoor* 18 (1): 78–96.
 2012 Treatment Evaluation: an Anthropologist’s Approach. In V. Scheid and H. MacPherson (eds.) *Integrating East Asian Medicine into Contemporary Healthcare*, pp. 157–172. London: Churchill Livingstone.
- Humphrey, Caroline and James Laidlaw
 1994 *The Archetypal Actions of Ritual: A Theory of Ritual Illustrated by the Jain Rite of Worship*. Oxford: Clarendon Press.
- Iida, Junko
 2005 The “Revival” of Thai Traditional Medicine and Local Practice: Villagers’ Reaction to the Promotion of Thai Massage in Northern Thailand. Paper presented at the 9th International Conference on Thai Studies, Northern Illinois University, DeKalb, Illinois, 3–5 April 2005.
 2006 *Tai massaji no minzokushi: “taishiki iryo” seisei katei ni okerushintai to jissen* (Ethnography of Thai Massage: Body and Practice in the Process of the Creation of “Thai Traditional Medicine”), Tokyo: Akashi Shoten (in Japanese).
 2010 The Sensory Experience of Thai Massage: Commercialization, Globalization, and Tactility. In D. Kalekin-Fishman and K. E. Y. Low (eds.) *Everyday Life in Asia: Social Perspectives on the Senses*, pp. 139–56. Surrey: Ashgate.
 2013 Holism as a Whole-body Treatment: The Transnational Production of Thai Massage. *European Journal of Transnational Studies* 5 (1): 81–111.
- Irvine, Walter
 1982 The Thai-Yuan “Madman” and the “Modernizing, Developing Thai Nation” as Bounded Entities under Threat: A Study in the Replication of a Single Image. Ph.D. Thesis, SOAS, University of London.

- Kapferer, Bruce
- 2005 Ritual Dynamics and Virtual Practice: Beyond Representation and Meaning. In D. Handelman and G. Lindquist (eds.) *Ritual in Its Own Right*, pp.33–54. New York and Oxford: Berghahn Books.
- Komatra Chuengsatiansup
- 1999 Alternative Health, Alternative Sphere of Autonomy: Cheewajit and the Emergence of a Critical Public of Thailand. Paper presented at the 7th International Conference on Thai Studies, IIAS and University of Amsterdam, The Netherlands, 4–8 July 1999.
- Laderman, Carol and Marina Roseman
- 1996 Introduction. In Carol Laderman and Marina Roseman (eds.) *The Performance of Healing*, pp.1–16. London and New York: Routledge.
- Langford, Jean M.
- 2002 *Fluent Bodies: Ayurvedic Remedies for Postcolonial Imbalance*. Durham, NC: Duke University Press.
- Lock, Margaret and Mark Nichter
- 2002 Introduction: From Documenting Medical Pluralism to Critical Interpretations of Globalized Health Knowledge. In Mark Nichter and Margaret Lock (eds.) *New Horizons in Medical Anthropology: Essays in Honour of Charles Leslie*, pp. 1–34. London and New York: Routledge.
- The Old Medicine Hospital
- 2006 *Handbook for Traditional Thai Massage*. Chiang Mai: The Foundation of Dr. Shivagakomarpaj.
- Oths, Kathryn S. and Servando Z. Hinojosa (eds.)
- 2004 *Healing by Hand: Manual Medicine and Bonesetting in Global Perspective*, Walnut Creek, California: Altamira Press.
- Paterson, Mark
- 2007 *The Senses of Touch: Haptics, Affects and Technologies*. Oxford and New York: Berg.
- Prathip Chumphon
- 1998 *Prawattisat Kanphaet Phaen Thai: Kansueksa jak Ekasan Tamra Ya* (History of Thai Traditional Medicine: A Study from Pharmacopoeia Documents). Bangkok: Akhithai (in Thai).
- Rongrian Phaet Phaen Boran Wat Phrachetupon
- 1990 *Tamra Ruesi Datton Wat Pho: Ton Chabap Ruppan Ruesi Datton Wat Phrachetupon* (Textbook of Hermits' Exercise at Wat Pho: Script of the Statues of Hermits' Exercise at Phrachetupon Temple). Bangkok: Sahathammik (in Thai).
- 1994 *Tamra Mo Nuat Wat Pho: Jaruek Wat Phrachetupon* (Textbook for Massage Practitioners at Wat Pho: Inscription at Phrachetupon Temple). Bangkok: Sahathammik (in Thai).
- Salguero, C. Pierce
- 2004 *Encyclopedia of Thai Massage: A Complete Guide to Traditional Thai Massage Therapy and Acupressure*. Chiang Mai: Silkworm Books.

- 2007 *Traditional Thai Medicine: Buddhism, Animism, Ayurveda*. Prescott, AZ: Hohm Press.
- Singleton, Mark
 2010 *Yoga Body: The Origins of Modern Posture Practice*. Oxford: Oxford University Press.
- Somchintana Thongthew Ratarasarn
 1986 The Principles and Concepts of Thai Classical Medicine. Ph. D. Thesis, University of Wisconsin.
- Tambiah, Stanley J.
 1976 *World Conqueror and World Renouncer: A Study of Buddhism and Polity in Thailand against a Historical Background*. Cambridge: Cambridge University Press.
- Waldram, James B.
 2000 The Efficacy of Traditional Medicine: Current Theoretical and Methodological Issues. *Medical Anthropology Quarterly* 14 (4): 603–625.
- Young, Allan
 1979 The Dimensions of Medical Rationality: A Problematic for the Psychosocial Study of Medicine. In P. I. Ahmed and G. V. Coelho (eds.) *Toward a New Definition of Health: Psychosocial Dimensions*, pp.67–85. New York and London: Plenum Press.
 1983 The Relevance of Traditional Medicine to Modern Primary Health Care. *Social Science and Medicine* 17: 1205–11.
- Zhan, Mei
 2009 *Other-Worldly: Making Chinese Medicine through Transnational Frames*. Durham, NC: Duke University Press.
- Zimmermann, Francis
 1992 Gentle Purge: The Flower Power of Āyurveda. In C. Leslie and A. Young (eds.) *Paths to Asian Medical Knowledge*, pp.209–223. Berkeley: University of California Press.