

## Unfolding the Local Folk Healers (*Sorhano*)

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### ABSTRACT

Non-western folk healers (local healers or *sorhano*, in Western Visayas) and their methods are often dismissed by westerners, who feel that only physicians schooled in the Hippocratic tradition at an established university, can provide adequate health care (Byard, 1990; Kantarjian & Steensma, 2014). The author does not assert that local healers have a valuable role in medicine nor argues that they provide a cure-all to all illnesses. This paper rather looked into how they become *sorhanos*, how they consider themselves as *sorhanos*, their views of themselves as local therapists, their patients' perceptions of them, conditions of patients being treated, explore on their methods/processes of treatment, and perceived effects of their treatment. The highlights of this study include: the process of becoming a *sorhano* begins at birth, continues throughout the lifespan and ends at death, a period in which the tag lugar choose the next person to take on the responsibility left by the previous *sorhano*. The patients' perceptions of them as folkhealers; conditions that they treat as physical, psychological, and spiritual; their methods/processes/procedures of treatment ranged from *lana* or a kind of oil made from coconut, *luy-a* (ginger), also a common remedy for any kind of body pain. This paper may serve as a preliminary study that can nevertheless be sources of insights for a succeeding study to probe design into the perceptions about *sorhanos*.

**Keywords:** Folk healer, *sorhanos*, alternative healing, local therapists

## INTRODUCTION

The *babaylans* were the first healers within the tribal communities of ancient Philippines. As Philippine history progressed, folk doctors emerged and the training and deployment of true medical practitioners can be seen. At present, medical personnel trained based on Western medicine - such as Filipino nurses, physicians, physical therapists, pharmacists, surgeons among others - coexists with the still thriving group of traditional healers that do not have formal education in scientific medicine who often cater to people living in impoverished areas of the Philippines. In almost all parts of the country, one or two traditional healer still exists up to this time.

Calasin, Facon, Maguad, Quimpo, & Zagala (2012) on, *Sorano: The Indigenous Psychotherapist*, served as the main reference of this investigation. These authors stress that in the Philippines, this medical practice was rooted from ancestral medical customs that could be traced back to as early as the time of the first Filipinos. It has endured time, industrialization, and even discrimination, and remains a medical practice still existent and patronized nowadays despite the emphasis on, and wider acceptance of modern and scientific medicine. Filipinos call the practitioners of this medical practice *albularyo*, *manghibilot* and in Iloilo, which is the focus of this study, *sorhano* (which is also used vis-à-vis the term local healer).

Moreover, they add that these medical practitioners exercise different treatment procedures and make use of a variety of indigenous materials to heal patients. *Soreness* often makes use of the plants and other native ingredients around them to formulate medicine, which they use in their rituals when healing or to making charms that are believed to ward off undesirable entities. Some of these include the well-known example, which is the *pagluluy-a*, characterized by a piece of luy-a (ginger) pressed flat or crushed. The *sorano* (*sorhano*, in some parts of this paper) presses on the ailing part of the patient's body. Because the researchers had immersion among the *sorhanos* interviewed and observed, they noticed that it could also be used in *paghuyup* wherein they press the flatten *luy-a* on the patient's forehead and blows warm air at it. Some *sorhanos* even prescribe these home-formulated medicines and homemade charms or *carmen* to their patients. But they also prescribe medicine sold in the pharmacy like those prescribed by professional doctors. They also have their own "clinic", where people could see them for consultations, or to have themselves checked up or cured of a malady. They could also have a line of supporters who assist them when they perform

rituals and surgeries and help keep the “center” in order.

In Iloilo, most *sorhanos* are found in the rural communities. Faith healers in the city are rare that city folks know almost nothing about them and their methods of treatment. *Sorhanos* are widely known around their barrios and their healing capabilities are spread through words of mouth. People from outside their municipalities and even from outside Iloilo come to them to be healed despite the trouble of travelling far distances.

Literatures about folk healers point to their ‘curing’ all sorts of bodily pains and illnesses. *Soranos* cure all sorts of diseases and illnesses, ranging from common colds to different kinds of cancer. Some of them also perform dental surgeries. At the whole sense of the medical profession, they are doctors. But aside from healing diseases through herbal medicine, sacred rituals, spiritual practices and *hilot*, *soranos* also act as indigenous psychotherapists (Calasin *et al.*, 2012).

They are indigenous in the sense that their practice was developed and practiced in the environment where it originated. The major difference of *soranos* from the doctors who practice mainstream or Western medicine is they embrace the spiritual, even mythological, approach of looking at human maladies, which the medical professionals chose to deviate from. This characteristic of the *soranos*, can be traced back to its origins which rooted from the Filipino *babaylan* (Villariba, 2006).

During the Pre-Hispanic periods, an *albularyo* or *sorano* is known as the *Babaylan* (Villariba, 2006). The *Babaylan* is the spiritual leader of Filipino communities who acts as the healer, shaman and miracle worker of the community they lead. According to Leny Strobel (2010), the *babaylan* in Filipino indigenous tradition is a person gifted with the ability to heal the spirit and the body. They serve the community through acting as the resident folk therapist, wisdom-keeper and philosopher who keeps the community’s social structure stable. The practices of both are designed based on the needs of the natives, hence, are indigenous. They are psychotherapists too, in the sense that the *babaylans*, the *soranos*’ and *albularyos*’ origins and from whom they inherited their treatment practices, also functioned as psychotherapists. The *babaylans* have access to the spirit realm and can tap on other states of consciousness. They can walk in and out of these worlds easily, an ability relevant in their healing therapies (Strobel, 2010). *Babaylans* give their patients a lot of counselling and they regard their patients as spirits or souls and not merely a composition of cells. This is a similarity the *babaylans* share with the present-day *soranos* and *albularyos* in general. In an interview by the Manila Standard, Dr. Marie Therese Burgos, the chair of the non-government Medical

Action Group (MAG), stated that the *babaylans'* approach "can be traced back to their multi-dimensional understanding or perception of the human being." (1996). This explains why the *Babaylans* can cure ailments related to *kulam* (witchcraft), *usog*, *bati*, *naligaw na kaluluwa* (wayward soul) among others. These illnesses that are spiritual in nature are illnesses *soranos* and *albularyos* today also attend to. According to Enriquez (1994), the *babaylan* or also known as *katalonan* were the first psychotherapists in the Philippines. They administered the harmonious relationship between *ginhawa* and *kaluluwa*.

Even today, Filipinos recognize the treatment practices of *albularyos* and the *albularyo* became a prominent health-care provider in the Philippines. However, with the rise of modern medicine, and with urbanization giving the masses greater access to modern and scientific medical treatments, the role of the *albularyos* as healers was overshadowed. Undeniably, the *albularyo* is still present and is practicing, especially in areas where medical treatments are deemed expensive and inaccessible. They are called different names in different provinces. In Iloilo, they are called *soranos* or *sorhanos*.

## FRAMEWORK

This study, *Unfolding the Local Folk Healer (Sorhano)*, determined the local folk healers' views of their healing power, their medicines, and remedies. The Ilonggo folk healers, four (4) of them were utilized as respondents as well as their patients. The interview and the FGD were utilized as main methods of data collection. Views, perceptions, conditions, methods and processes of these participants were generated to establish the objectives advanced in this study. Figure 1 shows the research paradigm.

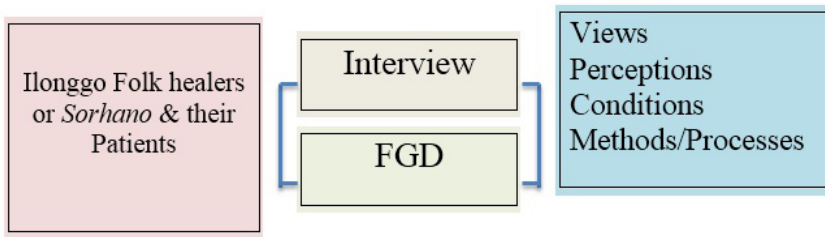


Figure 1. The Schematic Presentation of the Study

The study revisits indigenous healing in the Philippines by looking at the relevance of alternative healing and its benefits. Moreover, it will establish the validity of folk healing and give importance to the role, help, and contribution of local folk healers.

It can be a contribution both to culture and literature. First, by knowing the demography of local folk healers, it will provide an overview of the availability of alternative healing in the countryside implying the practice of healing as part of culture and as a source of material for literature.

It can be an eye opener to all readers. The details about local folk healers can be an added information to them in order to enhance their understanding of folk healing.

Finally, it will serve as baseline data for future researchers who may be interested in topics like folk healing and may add to the knowledge of Filipino culture and psychology.

## OBJECTIVES OF THE STUDY

This study, *Unfolding the Local Folk Healer (Sorhano)*, explored the local folk healers' views of their healing power, their medicines, and remedies. This study likewise sought to determine the following: (1) how the *sorhanos* become local therapists; (2) the *sorhanos*' views of themselves as local therapists; (3) the patients' perceptions of the *sorhanos* as healers; (4) the conditions of the patients they treat; (5) the methods/processes/procedures of treatment; and (6) the perceived effects of their treatment.

## METHODOLOGY

### Research Design

This study utilized exploratory qualitative research design. When the purpose of research is to gain familiarity with a phenomenon or acquire new insight into it in order to formulate a more precise problem or develop hypothesis. If the theory happens to be too general or too specific, a hypothesis cannot to be formulated. The results of exploratory research are not usually useful for decision-making by themselves, but they can provide significant insight into a given situation. Although the results of qualitative research in this respect can give some indication as to the “why”, “how” and “when” something occurs, it cannot tell us “how often” or “how many”. Research experts point to the fact that an exploratory study is undertaken when not much is known about the situation at hand or no information is available on how similar problem or research issues have been solved in the past. In such cases, extensive preliminary work needs to be done to gain familiarity with the phenomenon in the situation and understand what is occurring. In essence exploratory studies are undertaken to better comprehend the nature of the problem since very few studies might have been considered in that area. Extensive interviews with many people might have been undertaken to get a handle on the situation and understand the phenomena. More rigorous research could then proceed. Some qualitative studies where data are collected through observation or interviews are exploratory in nature. When the data reveal some pattern regarding the phenomena of interest theories are developed and hypothesis formulated for subsequent testing.

In this study, the researcher employed exploratory qualitative research design, in reference to Sainsbury and Weston’s exploratory qualitative research (2010). As such, verbal texts were generated from the local folk healers. The participants of the study were the *sorhanos* and their patients. The *sorhanos*, were either male or a female, must have been practicing *sorhano* medicine for at least 10 years. The patients, on the other hand, must have personally experienced being treated by a *sorhano*. He or she must be at least 18 years old and psychologically stable. Both the *sorhanos* and their patients were from Iloilo.

### Sampling

Convenience sampling for *sorhanos* while snowball sampling was done for the patients. In obtaining the patients, the *sorhanos* were asked if it is possible to refer some of their patients.

Convenience sampling is a statistical method of getting representative data by selecting people because of the ease of their volunteering or selecting units because of their availability or easy access. This is advantageous because the sample might not represent the population as a whole, but can still be a valuable source of data. Due to dearth of *sorhanos*, this sampling was used.

Snowball sampling on the other hand is a non-probability sampling technique where existing study subjects recruit future subjects from among their acquaintances (Morgan, 2008).

### Research Instruments

In gathering the data, the researcher conducted interviews for *sorhanos* and focus group discussions (FGD) for the patients. Guide was utilized to make the data gathering possible. There were 27 questions reflected in the interview guide. These questions represent the objectives of the study. The sample questions for the interview are the following:

*Paano ikaw naging Sorhano* (How did you become a local healer?)

*Anu ang mga kabudlay nga naagyan mo bilang isa ka sorhano?* (What difficulties have you experienced as a local healer?)

*Nagareseta ka bala sang mga bulong sa imo mga pasyente?* (Do you prescribe medicines to your patients?)

*Nakaeksperyensya ikaw atubang sa pasyente nga gin sudlan ka demonyo?* (Have you experienced dealing with patients who were possessed by evil spirits?)

Moreover, the FGD guide consisted of 10 main questions was also used. These were designed to answer specific objectives. Questions 1, 2, and 3 which represented the patients' perceptions on the *local healer*; 4, 5, and 6 signified the circumstances the these *local healers* treat; 7, 8, 9 and 10 represented the perceived effects of the local healer on his or her patients.

The following were selected questions from the FGD guide:

*Ano nga mga kondisyon ukon sakit ang kalabanan mo nga ginapakonsulta sa sorano?* (What conditions do you usually consult with the local healer?)

*Ano mahambal mo parti sa pamaagi /proseso kang sorhano?* (What can you say about the procedures of the local healer?)

*Ano ang epekto kang pagbulong kanimo kang sorhano* (What are effects of the treatment of the local healer on you?)

### Research Procedure

The researcher employed the assistance of student researchers. A meeting was set with them for the final briefing and instructions. Next, letters were sent to local healers asking for permission regarding the study. Moreover, letters were also sent to the barangays where the local healers reside. The barangay captains were also asked about who the local healers in the locality are. The FGD participants were obtained, on the other hand, through referral by the local healer or other referrals.

The questions for the interview and FGD guide were originally in English. These were translated into Kinaray-a and Hiligaynon, local dialects used by the participants for effective communication between the participants and the student-researchers. In order to check for the accuracy of the translations, non-researchers Kinaray-a and Hiligaynon speakers translate the questions back to English.

Next, the student-researchers did a mock FGD and interview session among themselves. This served as the pre-testing of the questions. After which, questions were revised and finalized. Figure 2 shows the preliminary procedures.

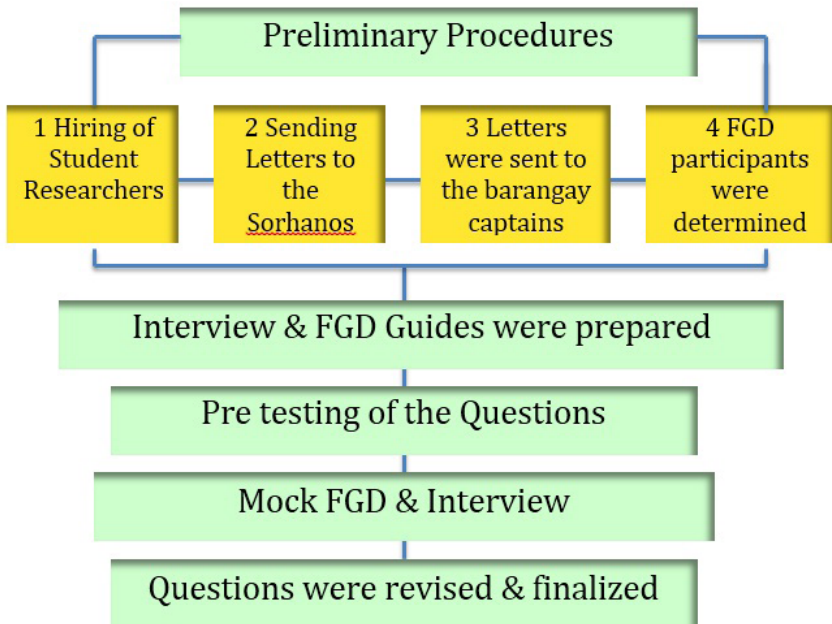


Figure 2. The Research Procedure



## **Study Proper**

Four local healers from Miagao, Molo (2), and Mandurriao, Iloilo were interviewed. The participants for the focus group discussion (FGD) were from Igbaras and Mandurriao, Iloilo. The duration of the data gathering lasted two months. The interview was conducted with the local healers prior to the FGD.

First, the researchers gave out informed consents to the local healers. This is to ensure confidentiality and anonymity of the participants.

During the interview proper, one of the student-researchers acted as the interviewer but the rest of the interviewers all interacted with the local healer. The flow of the interview is reflected on the interview guide.

The interview process lasted one to two hours. After which, the local healers were given tokens for participating in the study. After the interview process, the student-researchers asked them to refer some of his or her patients in the barangay. The researchers gathered 6 to 12 patients of each of the local healer to form a FGD group. The FGD process was done in the place wherein the participants are most comfortable with.

During the discussion, one was assigned as the facilitator. The others were the co-facilitators, content documenter, process documenter, and note taker respectively.

Before the FGD starts, informed consents to the participants were also sought. The flow of the discussion is reflected on the FGD guide.

The process lasted for about thirty minutes to an hour. After that, snacks were given out for the respondents as tokens for participating in the study.

## **Ethical Considerations**

The student-researchers were advised that anonymity and confidentiality among participants must be strictly observed. It was ensured that the researcher has issued informed consents and politely asked permission regarding the recording of the participants' respective interviews.

## **Data Analysis**

The researcher analyzed the data using thematic analysis. The themes were based on the study's objectives namely the views and perception of the local healers and patients towards the local healer as a therapist, methods of treatments, conditions of patients, and the perceived effects.

Thematic Analysis is one of the most commonly used methods of qualitative analysis. As a method, it has received little detailed attention and accounts of how

to carry out a thematic analysis. Many researchers gloss over what they actually did when carrying out a thematic analysis. This means that the method is not so easily accessed by novices as some other approaches.

In thematic analysis, the task of the researcher is to identify a limited number of themes, which adequately reflect their textual data. This is not so easy to do well though the identification of a few superficial themes is generally quite easy but does not reflect the required level of analysis adequately. As with all qualitative analysis, it is vitally important that the researcher is extremely familiar with their data if the analysis is to be expedited and insightful. Thus, data familiarization is a key to thematic analysis as it is for other qualitative methods. For this reason, it is generally recommended that researchers carry out their data collection themselves (for example, conduct their own in-depth interviews) and also transcribe the data themselves. Otherwise, the researcher is at quite a disadvantage. Following data familiarization, the researcher normally coded the data. Then application to verbal descriptions to small chunks of data was done. Then, coding was done every two or three lines of text but there are no rules about this and some analyses may be more densely coded than others. On the basis of the coding, I tried to identify themes, which integrate substantial sets of the codes. Again, this is something of a trial-and-error process in which change and adjustment will be a regular feature. Then, I defined each theme so that it is clear to others exactly what the theme is. I then identified examples of each theme to illustrate what the analysis has achieved. It cannot be avoided that on the process of analysis, re-thinking and re-doing parts and analysis were also done.

## RESULTS AND DISCUSSION

There are five aspects to the local healers' role as indigenous psychotherapists: how they became local healers; how they are seen as therapists by themselves, how they are seen by their patients; what are the conditions they usually treat and how they treat it; and their perceived effects on their patients.

### **How the local healers become folk healers/local therapists**

For them, the process towards becoming a full-grown local healer begins at birth, continues throughout the lifespan and ends at death, a period in which the *tag lugar* have chosen the next person to take on the responsibility left by the previous local healer. Figure 3 shows how the local healers become folk healers/local therapists.

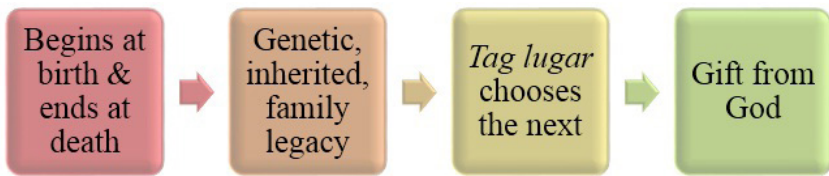


Figure 3. How Local Healers become Local Therapists

Local healers perceive that the ability to heal is genetic. They believe that being a local healer flows in their family's blood and is heritable. More than one person per generation could inherit the ability to heal, but only one can pursue being a full-fledged local healer. The particular person to succeed the previous elder local healer in the family is unknown to anyone in the family but to the elders who have the ability to heal and connect to the *tag lugar*. The *tag lugar* are good beings unseen to average people that help these local healers with their diagnostics, treatments and medicinal recommendations. They turn to them for guidance and follow their orders with the belief that it is for the good of human beings and the local healer himself or herself. The *tag lugar* also chooses who the next local healer in the family line would be and the elder local healers act upon this selection through making the selected one undergo processes that would confirm whether he or she is really capable of handling the responsibilities of being one. This process could be either through actually trying to heal someone with the guidance of the elder local healer he or she will succeed, or through a ritual called *Batakan-dungan*. If the selected person successfully heals his or her first patient, the choice is confirmed and he or she advances to the next step towards becoming a full local healer or *sorhano*. *Batakan-dungan* on the other hand is a ritual where the candidate gives the *tag lugar* an offering in the form of food. A total of 35 dishes, five groups of seven dishes made from five different main ingredients are given (e.g. seven dishes made with chicken, seven dishes made with shrimp). The elder who conducts the ritual will be the guardian and protector of the one who is *binatakan-dungan* or the successor local healer or *sorhano*. Once the ritual is through, the successor will be acknowledged and welcomed in the world of *sorhanos*. They also believe that as much as the ability to heal is heritable, it is also a gift from God.

After the process of confirming the choice of the *tag lugar*, the elder local healers who are to be succeeded host another ritual called *Paghalad* or the ritual of thanksgiving for the ability received and a show of respect to the *tag lugar* who

chose the successor to be the next in their family's line of *sorhanos*.

The "gift" is not all one needs to be a *sorhano* though. The local healer is required to embrace the reality of his ability and harness this ability through practice. *Sorhanos* heal for two reasons: public service and maintenance of their ability to heal. The *sorhano* should serve his or her people wholeheartedly just like how the previous *sorhanos* in their families did. They should also utilize the gift given to them because if they don't, their ability to heal will be taken back by the *tag lugar* who blessed them with it.

*Sorhanos* believe that their ability is genetic. When in reality, it seems that what is heritable is not the gene of being able to heal, but the privilege to heal. All of the interviewed *sorhanos* came from a long line of *sorhanos* who have been serving the same place for a long time. They were also born and raised in the same place their ancestors were from. They grew up watching their elders heal and practice *sinuruwano* and when their elders died, they took their place as the resident *sorhano* of their respective communities.

Hence, *pagkasorhano* (to be a *sorhano*) is like a family heirloom that is passed from one generation to the next. It is their family's way of "owning" the privilege to heal in their respective communities. And passing this privilege to the next generation after generation is their way of maintaining strong hold on this privilege.

The confirmation of the *tag lugar's* choice is also a way of ensuring that the elders themselves made the right choice. It is their way of confirming confidence on their decision and securing that their family will survive another generation of being the resident healers in their community. The ritual *Binatakan-dungan* is a way of securing this privilege further. The ritual is comparable to baptism; the one to be succeeded is equivalent to a godfather and the one to succeed him is the godchild. This is a way to guide the successor towards effective *sinuruwano*, all the while protecting him or her especially on his or her first years of being a *sorhano* to ensure that the successor will carry on effectively and efficiently. This increases the possibility that the successor will become a fully developed *sorhano* who will be able to live out what his or her successors did during their time.

*Sorhanos*, it seems, believe in the Law of Use and Disuse which states that if a particular ability is unused, it will deteriorate and disappear. The tendency of *sorhanos* then is to utilize their ability in order to keep it and the perfect way of doing so is through practicing as full-time *sorhanos*.

### The *sorhanos*' views of themselves as local therapists

*Sorhanos* carry themselves with great humility and kindness, all the while treating their practice with utmost respect despite the discriminations they face. They see themselves, not as *sorhanos* who are really good in their practice. Rather, they see themselves as *sorhanos* whose effectiveness resulted from their long practice and experience.

Figure 4 shows the matrix of the results of this study. This was followed by the discussion.

Views of Sorhanos as Therapists	Patients' Perception of Sorhanos as Therapists	Method of Treatment	Conditions of Patients	Perceived Effects
Humble healer	Last recourse	<i>lana</i> or oil applied to the ill part of the body	Physical like psoriasis, stomachache, headache, fever, infertility etc.	Pains eased or lessened
Public servants	Second opinion	<i>luy a</i> or ginger heated/ compressed applied to the ill part	Psychological like infidelity, mental blindness etc.	Illness cured/ vanished
Pride to serve others	Confirmation of maladies	create their own medicine from herbal components & give to their patients	Spiritual like possession of an evil spirit etc.	Psychological effect
	referrals from relatives who have been healed	ritual or praying over especially for those who are psychologically or spiritually		

Figure 4. Matrix of Unfolding the Local Folk Healer

Serving others was their main concern. That is why they consider their work as pure public service. In fact, they do not ask anything in return for the services they render. In healing patients, they are simply contented with the patients' genuine gratitude. They are happier if patients recommend them to others. They also accept donations. According to them, they are proud that people come to them to help them with whatever body ailments they are suffering from.

### **The patients' perceptions of them as folk healers**

People who have experienced consulting to a *sorhano* see *sorhanos* as doctors to whom they go only for second opinion. They still prefer to seek help from a medical doctor first before consulting a *sorhano*. They feel they have more confidence on medical doctors than on *sorhanos* because they are not sure if *sorhanos* can really heal illnesses or at least provide concrete explanations to their health maladies. Yet at times, they have no choice but to go to *sorhanos* especially if they need to confirm the findings of the medical doctor they sought first. And even if they seek out second opinion from *sorhanos*, they will still follow what was told by the doctor even if it goes against what was told to them by the *sorhano*.

Moreover, they go to a *sorhano* if they do not have anyone else to turn to or when everything else failed. They will not go to the *sorhano* unless recommended by someone they personally know, a friend or a relative who have experienced consulting to a particular *sorhano*. They also have weak/poor ideas of what *sorhanos* are and most of their background on *sorhanos* is from stories they heard from older relatives who have been cured by them successfully.

### **The conditions of patients they treat and their methods/processes/ and/or procedures of treatment**

Most *sorhanos* start their treatment by first acknowledging the presence and assistance of God in their practice. Originally, *sorhanos* came from the *babaylans*. With the arrival of the Spaniards who promoted Christianity, these *babaylans* were considered to be pagan and were cast out from society. In order to continue their practice without being prohibited, they incorporated the Catholic prayers into their own prayers to be consistent with the established religion and for people to continue their patronage.

There are three kinds of conditions and treatments usually consulted to and used by *sorhanos*: physical, psychological and spiritual problems. The usual physical problems *sorhanos* heal are stomach pain, headaches, psoriasis or skin eruptions, fevers and colds, infertility, enlargement of any part of the body and cancer.

*Sorhanos* use *lana* or a kind of oil made from coconut, which could heal almost any kind of illness. They apply and spread it on the ill part of the body (e.g to the stomach when they deal with stomach pain). It could be used along with *luy-a* (ginger) and is also a common remedy for any kind of body pain. Before applying the *luy-a*, it is first heated by placing it near a live coal. After heating, *luy-a* is compressed until it is flat. *Luy-a* is then placed on the aching body part,

say, stomach, while the *sorhano* blows air on the opposite side of the *luy-a*. *Luy-a* can also cure fever and colds.

One *sorhano* admitted that he creates his own medicine and prescribes it to his patients. His medicines are made purely from herbal components but the ingredients are strictly kept secret since anyone could copy the medicine and use it for wrong purposes which he believes are not good for the body. He makes medicines for all sorts of illnesses. He also makes medicines that could cut weight and minimize pimples.

When dealing with infertility, *sorhanos* usually simply give the couple a seminar or advice. One *sorhano* sometimes recommend his capsules which he believes could make the couple fertile.

*Sorhanos* are very used to dealing with enlarged body parts which they call *pasuk*. These swelling body parts are often caused by foreign objects stuck inside the human body such as stones, nails, candles, and other objects that are not of the body. The *sorhano* removes the swelling through smearing *lana* over the swollen part and applying *buyo* leaves on the affected part. Following this procedure, comes the extraction of these foreign items from the body.

People with cancer who have been considered hopeless cases by medical doctors come to *sorhanos* for help. The *sorhano* provides medicines to provide temporary relief to ease the suffering of the cancer patient. One *sorhano* gives medicines he personally made that could eliminate bad toxins that could probably be the cause of the cancer, out of the patient's body. Another *sorhano* on the other hand, tells her patients suffering with cancer to continue praying for their health and trust God to save them from their ailment.

*Sorhanos* also deal with psychological problems and emotional issues. The most common of these are polygamy and another one which one *sorhano* calls mental blindness.

Polygamy is one of the most common cases *sorhanos* deal with. They often find themselves talking to patients, who are usually women, who have been cheated on by their husbands or boyfriends. The patients often ask the *sorhanos* to help them bring their partners back. One of the *sorhanos* that was interviewed reads situations like cheating in marriage or the likes over the cards. She deals with the problem through asking the woman for her husband's picture. She then performs rituals to get the two together again. She claims that this method is almost always effective.

The other problem is called by one *sorhano* mental blindness. According to him, people who are on the verge of losing their minds are having mental

blindness or *nagabuang-buang*. However, he is not able to give any advice on dealing with mental blindness because he believes this is a psychological problem caused primarily by imbalances in the body such as being too much stressed.

In dealing with patients with psychological problems, *sorhanos* are very particular with ethical considerations. They value confidentiality and anonymity. They also ask their patients' history before applying or performing a treatment or prescribing a medicine.

They are also familiar with spiritual problems such as possessions of evil spirits and *halit*.

To ward off evil spirits that have corrupted a living body, *sorhanos* use healing—a term which here means, praying over the patient to calm his or her mind. The *sorhano* immediately performs healing to calm a raging patient down. They regard this as a difficult case especially when the cause of the person's *pagkabuang-buang* is not through evil spirits but through drugs. Other times, the *sorhano* will resort to giving the patient medicines.

*Halit* on the other hand, is a torment caused by *tag lugar* which are often just taking revenge on the patient for pestering them. This is treated either by medicine or healing (praying over).

### **The perceived effects of their treatment**

The perceived effects of *sorhanos* on their patients involve the feelings of the patients both during and after the treatment, the effects of *sorhanos* on them and the *sorhanos'* influences.

There are various reactions from the participants regarding the methods of the *sorhano*. Their perceptions were conflicting. Some patients who consulted with *sorhanos* feel that their pains were eased. Some did not feel any changes. Those who sought the *sorhanos* for second opinion felt confused as to who among the *sorhano* and the medical doctor, whom they sought first, actually cured them.

Consulting the *sorhano* for Filipinos, is one way of dealing with various health problems, whether one believes in a *sorhano* or not. Some were devotees of *sorhanos* while others are just in it for a try or for alternatives.

So why are the Filipinos views on *sinuruwano* divided? Why are their believers and non-believers?

Belief on *sorhanos* could be explained by the workings of the placebo effect. A placebo effect is a phenomenon wherein the patient believes that a particular medicine is effective when it is in fact not. Therefore, its effectiveness is not because of its internal medical properties but because of the belief the person holds that



the medicine can cure him or her. The person then acts in a way as if he or she is cured when in fact the medicine has done nothing to improve his or her medical malady. Usually, people who seek the help of *sorhanos* do so because it has been recommended by a friend or relative, or anyone the patient knows personally, hence, a reliable source. Because the *sorhano* is recommended by someone who the patient highly trusts and believes, the patient then tends to trust the *sorhano* as well and believe that the *sorhano* can cure him or her. Added to this, if the patient does not have enough knowledge on modern medical procedures, there is little tendency that the patient will question the effectiveness of a *sorhano* being recommended to him or her.

If the patient is successfully healed from his or her illness, the belief becomes paired with reinforcement; hence, the behavior of seeking a *sorhano* when ill becomes strengthened. There is a high possibility that the patient would again seek the help of a *sorhano* when sick and a tendency that they would recommend the expertise of *sorhanos* to other people.

On the other hand, the people who just came to the *sorhano* for alternatives, didn't attribute them being cured from the *sorhanos'* treatment, but from the doctor. It is because they are educated and have been more exposed to the modern medicine. Their mindset is that what is medical is better. Furthermore, they are aware that the doctors are the experts in the field of medicine and would therefore believe what doctors say more than what *sorhanos* will tell them. Doubt towards *sorhanos* therefore develops and the possibility that they will again seek the help of a *sorhano* is small. And they are least likely to recommend *sorhanos* to other people. Some, who have a background on psychology, know that *sorhanos'* effectiveness depend on the patients' perceptions. As they say, it is all in the mind. But then again, they go to the *sorhano* for ailments science cannot explain.

## CONCLUSIONS

*Sorhanos* are practitioners of *sinuruwano* which is an Ilonggo medical practice wherein the practitioner uses a mixture of a variety of indigenous treatment processes and medicinal plants, and connections to the creatures in realms not accessible to average people, to rid patients of their physical, mental and spiritual problems.

They come from a long line of *sorhanos* themselves and are chosen by the *tag lugar* to succeed the elder *sorhanos* in their families and maintain the privilege to be the resident healers in their respective communities. They undergo a series

of rituals before becoming full-fledged *sorhanos* such as *batakan-dungan* and *paghalad* that will confirm whether he or she can carry the responsibility of being a *sorhano* and bring them closer to the *tag lugar* who chose them. They practice *sinuruwano* to serve their people wholeheartedly and maintain their ability to heal which if unused will be taken back by the *tag lugar*.

*Sorhanos* see themselves as humble practitioners of a practice they inherited from their ancestors. They believe they should serve without asking any in return but if their patients insist on giving money in form of donation, they accept it gladly and give it to those who need it more. They are glad that people still patronize their service despite the availability of modern and scientific medicine and proud that some people recommend them to others.

However, most of their patients see them as providers of second opinion only. Patients believe that their help should only be sought if there is a need for a confirmation for the findings of the medical doctors they first sought, or when there is nowhere else to go, especially when the illness is considered medically hopeless or unexplainable.

*Sorhanos* cure three different kinds of conditions and exercise a variety of treatments. They deal with physical, psychological and spiritual problems. Some of these problems are swelling of different body parts, different kinds of pain, *pagkabuang-buang* and *halit*. They cure these health problems with treatments such as *lana* and *luy-a*. Some *sorhanos* make their own medicines and prescribe these to their patients. In dealing with psychological problems, they value ethical considerations and their patients' history. Their patients have divided views on *sorhanos*. Some agree to their methods and deem them effective while some think otherwise. Those who believe could be under the influence of the placebo effect, merged with reinforcement and poor exposure to modern and scientific medicine. Those who do not tend to value the opinion of doctors who are the experts on the field of medicine and undermine the opinions of *sorhanos*.

*Sorhanos* deal with psychological and mental problems but they are very rare and thus are not part of the usual activities of *sorhanos*. They are also very secretive with their methods of treatment of psychological disorders because they are cautious of people who can use their treatment methods and medicines for the wrong purposes; or worse, could use it against them. But they do encounter patients with psychological problems whom they deal with counseling, seminar and sessions where they give them advice. They value the anonymity of their patients and check their history before acting upon their patients' problems, which is also practiced by professional psychotherapists.

## RECOMMENDATIONS

1. For further study, the researcher recommends the increase in the number of *sorhanos* to be studied.
2. A deeper and more discrete probing into the practices of the *sorhanos* must be conducted.
3. A deeper probing into the definition of *sorhano* and *sinuruwano* should be done since the definition used in this study was limited.
4. Future researches may use the findings of this study as a preliminary data and sources of insights about the *sorhanos*.

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