

# ***Towards a Filipino Metaphysics: Particularist Narratives of Traditional Healing Practices***

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Metaphysics, seen as a legitimizing narrative or a paradigm (Lyotard, 1984), prop up a certain practice in providing the basis for its assumptions. While Western medicine can be properly characterized as governed by a biophysical model (Hewa, 1994; Bates, 2002), such a model for traditional healing practices in the Philippines has yet to be derived. No philosopher has attempted to derive an indigenous metaphysics from traditional healing practices. The only study made so far (Fajardo & Pansacola, 2013), however, needlessly pigeonholes these unique practices into incommensurable Western scientific concepts. While they collated data from healers all over the country, they attempted to use Western scientific concepts such as oxygen, carbon, electro-magnetic force, and others. These concepts dangerously obfuscate indigenous understandings of the human body and reality as a whole since they are directly lifted from a language and practice informed by Western metaphysics. Therefore, there has yet to be an adequate extraction of a locally derived metaphysics that informs and self-legitimizes these medicinal practices. Conscious of recent critiques to homogenizing tendencies in Philippine Studies (Guillermo, 2009) and Filipino philosophy (Pada, 2014; Abulad, 2016), specifically that of Mercado (1972) and Timbreza (2017), I attempt to derive a Filipino

metaphysics from the traditional healing practices of two traditional healers in San Mateo, Rizal of the Southern Tagalog Region in Luzon through a particularist anthropological approach in Filipino philosophy. I derive four distinct characteristics of this metaphysics which are distinct from the biophysical presuppositions of Western medicine: (1) a law of conservation based on the concept of “balik,” (2) predestination, (3) an ontological dualism between the visible and the invisible, and (4) the performativity of words as utterances.

Keywords: *Filipino metaphysics, traditional medicine, usog, narratives, particularism*



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## Introduction

With Nietzsche's pronouncement of the Death of God and Wittgenstein's recognition of the multiplicity of language-games, metaphysics as a grand narrative has fallen prey to incredulity. With the death of God, the singular grounding principle of all knowledge-systems have fallen to pieces. What we are left with are different, independent language-games—rule-governed activities that are not answerable to any external game other than its own (Lyotard, 1984; Wittgenstein, 2009). For instance, a game of chess need not justify its own rules. Chess, as a game, determines how many moves each piece has or what constitutes a win; in adopting these rules, it does not need any reason whatsoever. Lyotard (1984) makes the comparison to knowledge in general; knowledge only gains legitimacy through the narratives on which they rest.

With the multiplicity of language-games comes the problem of legitimation that Lyotard began investigating in the 1970s. How can we legitimize knowledge-systems today when the very principle of uncertainty—God—is dead, and when all we have left are scattered, independent language-games? What is left to inform our worldviews if metaphysics, as the study of the fundamental categories of the universe, is gone?

Being a fundamental science, physics seems to have claimed the privileged place vacated by metaphysics. Such fundamentality led the famed physicist, Stephen Hawking (2010), to declare that philosophy is dead, thinking that philosophy is only constituted by metaphysical discourses. It must be noted, however, that Hawking is wrong in this assessment of philosophy. Aside from the fact that philosophy is not just metaphysics, there is another way for metaphysics to persist, albeit in a very different form.

Metaphysics, however, need not go with metanarratives in their postmodern demise; it only has to scatter itself, serving as independent legitimizing narratives. Hence, worldviews need not be propped up in a vacuum; they can and should be held up by disparate and yet legitimate narratives which can rightly be called metaphysics. Therefore, if independent metaphysics prop up different knowledge-systems, we need to recognize differences in metaphysics when confronted with different knowledge-systems. It is these differences that philosophy ought to discern, at least according to Wittgenstein.

Such discernment of differences, however, is not evident in the treatment of traditional medical practices in the Philippines. Important studies on traditional medicine have already been produced by social scientists, most notably by F. Landa Jocano (1966), Michael Tan (2008), and Mercedes Planta (2017). As social scientists, however, they tend to focus their attention on social functions and cultural causes for the rise of these practices. Such tendency is still evident in other studies on the subject in the last decade (Dahilig & Salenga, 2012; Brolan, et al., 2014; Berdon, et al., 2016; Crisol & Oledan, 2016; Rondilla, et al., 2021). While such an approach is indeed important, it lacks the conceptual nuances that allow us to differentiate among legitimizing narratives. It does not allow us to differentiate between the conceptual systems that inform Western medicine on the one hand, and Philippine traditional medical practices on the other. For instance, at the risk of preempting succeeding discussions, the idea that the universe is mechanical is itself a metaphysical narrative. Only with such narrative can a biophysical model be accepted in medicine, treating the body as an automaton responsible for its own processes. Such legitimizing narrative for Western medicine has been unfortunately applied to traditional medical practices in the Philippines.

The most striking (and perhaps the most recent) example of this tendency to legitimize traditional medicine using Western metaphysics is the work of Fajardo

and Pansacola. In their work, *Hilot: The Science of the Ancient Filipino Healing Arts* (2013), they provide a systematization of traditional practices that Fajardo was able to document and practice. After discovering his own talent in “*hilot*” (a local massage technique), Fajardo began different apprenticeships under various healers in Cavite. He later on moved to Mount Banahaw where he grew to prominence as an independent healer. The work is therefore representative of what they call the “third phase of [Fajardo’s] healing career,”<sup>1</sup> symbolizing “the wisdom of *hilot* with science,” (Fajardo & Pansacola, 2013, p. 20).

The breadth of the work is itself commendable, but the attempt at legitimizing it is disturbing. It seems that these practices could only be legitimized by uncovering the science behind them. While Fajardo’s understanding of traditional medical practices is undoubtedly solid, his attempt at understanding them scientifically is also undoubtedly reductive. First, he speaks of these practices as if they are homogenous, referring to an “*albularyo*” (healer) when in fact he has apprenticed with many. Second, he also asserts that according to a “*hilot* philosophy,”

the Universal Law maintains that all entities and bodies—the universe, the earth, the individual and all that surrounds him—are made up of a single force that puts everything in its proper place and precise order as it is observed in the cosmos. (Fajardo & Pansacola, 2013, p. 48)

While such a formulation of a Universal Law may be true, it uproots the assertion from the specific cultural context that gave birth to it. Such generalization can only be legitimate if one assumes a homogenous Filipino identity that could properly unify disparate traditional practices. It is the same homogeneity that the work assumes in its title in calling these practices as “*the*

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<sup>1</sup> The first one being his healing practice, and the second his pilgrimage to Banahaw.

Ancient Filipino Healing Arts.” Although such Filipino identity has been assumed by earlier scholars as legitimate, Ramon Guillermo (2009) has proven that it is merely a phantom. I will discuss this point in the next section. Their attitude towards indigenous understanding of traditional practices is also disturbing:

There was a dearth in the use of terminology for diseases in the ancient times. The *hilot* and the *albularyo* evolved by using idioms and religious traditions, thus clothing itself in myth and mystery. The **lack of research and understanding** of *hilot* has relegated it to quackery. With new tools of science however, *hilot* can now be explained and **validated as scientific**. (Fajardo & Pansacola, 2013, p. 22; emphasis added)

This paragraph is eerily reminiscent of the times when it was fashionable to call indigenous practices as “primitive,” given the more “civilized” advancements of Western science. Fajardo and Pansacola needlessly reduce traditional medical practices to Western medical categories in the guise of legitimizing them. While it is true that these practices could be understood in terms of Western science, it would seriously curb the ability of these practices to speak for themselves and be legitimized by its own metaphysics. Such kind of legitimizing violently shatters the independence of indigenous knowledge systems such as traditional healing practices.

Indeed, much of our traditional practices may be considered quackery because of the prevalence in belief in Western medicine. However, the approach that Fajardo and Pansacola took is to make traditional healing practices fit into the Western mold. They do not realize that Western medicine was a product of hundreds of years of metaphysical speculation to which our own practices are foreign. Western medicine can arguably be rooted in the 18<sup>th</sup> century (Foucault,

1973) while others would push it back further to the 17<sup>th</sup> century (Hewa, 1994; Bates, 2002).

Therefore, there is a need to augment the absence of metaphysical discussions on Philippine traditional medical practices. I derive four distinct characteristics of this metaphysics which are distinct from the clinico-empirical presuppositions of Western medicine: (1) a law of conservation based on the concept of “balik,” (2) predestination, (3) an ontological dualism between the visible and the invisible, and (4) the performativity of words as utterances. In this paper, I take what can be characterized as a *particularist* approach which I will now characterize.

### Approach

In this paper, I avoid the generalizations that Fajardo could be guilty of and at the same time letting the specific cultural context speak for itself—an unprecedented approach in the literature on Filipino philosophy.

Romualdo Abulad (2016), following the works of Emerita Quito, currently classifies approaches to Filipino philosophy into two: the *anthropological* and the *expository*. While the latter approach is taken when philosophers study the works of other philosophers and/or engage with traditional problems, the former is an attempt at extracting a uniquely Filipino philosophy from anthropological data. In approaching Filipino philosophy, I obviously take the former approach in this paper.

The anthropological approach, however, has been criticized by Abulad as lacking in rigor in its method. With Leonardo Mercado (1972; 1976) as pioneering this approach, Abulad contends that “others who use the same method have thus far failed to improve in his work” (Abulad, 2016, p. 6). I contend that this failure

of method is due to Mercado's (and consequently those who followed him like Timbreza) took the same careless generalizations that plague the work of Fajardo and Pansacola.

Writing about his methods, Mercado confesses metalinguistic and phenomenological analyses (Mercado, 1972; Mercado, 1976). While he attempts to derive concepts from Philippine languages, his discussions are helplessly limited. For instance, he admits that he is only analyzing three Philippine languages, i.e., Cebuano, Tagalog, and Ilocano, whilst admitting that "what is deduced from [these] can mostly be applied as well to other Philippine languages" (Mercado, 1976, p. 10). Like Fajardo and Pansacola, Mercado assumes a phantom of a homogenous Filipino identity that only exists on the basis of hasty generalizations from scant data. Florentino Timbreza continued with the same anthropological approach, earning Abulad's ire (2016). Confessing a metalinguistic analysis (Timbreza, 1985) with some aspects of cultural/psychological determinism (Timbreza, 1986; Timbreza, 2017), he analyzes proverbs and phrases that seem to be taken as representative of the thought of the Filipino as a whole (Timbreza, 1992; Timbreza, 1985; Timbreza, 1986; Timbreza, 2017). Given the foregoing, there is reason to believe that Abulad is right in declaring that no advancement in method has been made in the anthropological approach since the publication of Mercado's pioneering work in 1972 (Pada, 2014; Abulad, 2016).

Some Filipino philosophers, however, who can be classified as employing the anthropological approach are more careful in their generalizations. Conscious of the dangers of a hasty generalization, Jeremiah Reyes (2015) notes that his work is "*a* Filipino virtue ethics, and not *the* Filipino virtue ethics, since the words introduced here are derived from Tagalog language and culture," (Reyes, 2015, p. 150). But with his contextualization of Filipino virtue ethics in the history of Catholicism in the Philippines, one cannot help but continue to read the



disavowed generalization into his work. The same can be said about the purely speculative approach of Leonardo de Castro (1995) on the concept of *utang-na-loob* or “debt-of-will,” which, unlike Reyes’, does not explicitly disavow generalizations. Nevertheless, even with their tamed generalizations, there continues to be a dearth of data that could properly inform their musings.

I therefore attempt to initiate a study in the anthropological approach by introducing a new method. Characterizing Mercado et al’s approach as *generalist*, I characterize my approach as *particularist*. This approach takes Guillermo’s *Pook at Paninindigan: Kritika ng Pantayong Pananaw* (2009) as its springboard. In sum, Guillermo criticizes Salazar’s *Pantayong Pananaw* as assuming an essential Filipino identity while what can be characterized as “Filipino” can only be considered dialectical, and therefore dynamic and heterogeneous. As with any identity, indigenization happens dialectically (Guillermo, 2009); the creation of the Filipino as Filipino happens in the practice of *being* Filipino instead of participating in a pseudo-Platonic specter of Filipino-ness which the likes of Salazar, Mercado, and Timbreza assume. As Guillermo observes in Mercado’s work:

Hindi talaga matatanggap ang mga hungkag na ispekulasyon ni Mercado sa pagkarami-rami niyang aklat hinggil sa pilosopiya at “pagkataong Pilipino” na punung-puno ng ganitong uri ng pangangatwiran. Ang nakakapagtaka ay marami pa ring sumasakay at napapaniwala sa ganitong ispekulatibong pagtingin sa kulturang Pilipino. (Guillermo, 2009, p. 52)

(Even with his numerous works on philosophy and on “Filipino identity,” Mercado’s empty speculation that happens to be filled with these arguments is indeed unacceptable. What’s more curious is that

many still believe this kind of speculative view on Filipino culture.)  
 [author's translation]

Therefore, in order to pin down what is truly “Filipino,” we need to consider identity’s dialectical nature. It is this same notion of identity that one can find in postmodern thinkers like Gilles Deleuze in their idea that identity is a process (Deleuze & Guattari, 2009), and contemporary thinkers like Alain Badiou in his idea that the subject is a procedure (Badiou, 2005; Badiou, 2009). There is no singular identity as much as there is no singular Filipino identity. In a way, one can say that Guillermo ushered in a postmodern understanding of Filipino identity: one that is dialectic, and consequently particular. Defined as a “paradigm shift” and a “new beginning,” (Abulad, 2019) the term “postmodern” adequately and properly qualifies this notion of Filipino identity.

Given the foregoing, it is nearly impossible for us to offer a metaphysics that is Filipino in the sense that it is “the” Filipino metaphysics. Any metaphysics derivable should be derived from a specific, particular practice. Any generalization that these practices may allow us to do cannot be rigidly applied to all other practices. At most, we can compare and contrast observations from one practice with another with the hope of seeing patterns that can at most be characterized as family resemblances.

Therefore, in considering a truly particularist approach, I chose two respondents from San Mateo, Rizal, a suburban town east of Manila, Philippines. In consideration of this approach, they cannot, in any way, be considered representative of the practices in the whole of San Mateo and in no way can they be representative of all practices across the archipelago.

I specifically chose the traditional medicinal practices in San Mateo because there has yet to be any documentation of these. It seems that the proximity of San

Mateo to Metro Manila could be the reason for researchers glossing over the town. Although this is understandable, it seems more interesting that with such close proximity to highly urbanized areas, with its own creeping urbanization, traditional medicinal practices continue to thrive. The extent to which these practices thrive, however, is beyond the scope of the study. Given the foregoing discussion, I maintain that these two practices can still be properly characterized as truly “San Mateo” practices, keeping in mind that any identification of identity is always dynamic and heterogeneous, never static and homogenous. Ultimately, as I attempt at characterizing a Filipino metaphysics, the goal is to sketch what supposedly informs these practices. As they are lived practices, they are always susceptible to change as the Filipino identity is.

Aside from the particularist approach, I was only able to conduct two interviews because it was done in the middle of the pandemic in the first quarter of 2022 as the Omicron variant swept the country. Nevertheless, having two sources is more than enough for the purpose of deriving an indigenous metaphysics through a particularist anthropological approach. These two informants were chosen specifically to contrast their length of practice: Source 1 (S1) has been a practitioner for 65 years while Source 2 (S2) only for around 20 years. The difference in age is my attempt at diachronically triangulating the data from the interviews. Both are female residents of San Mateo, Rizal who has spent their practice so far in the same town.

Both interviews were done face-to-face as both practitioners do not have adequate access to video conferencing software, either on the level of skills or on the level of hardware. Due to the advanced age of S1, we were joined by her daughter to augment her narratives. Her daughter’s additions were verbally and non-verbally verified by S1. Both practitioners have been anonymized in the succeeding discussions, with S1 insisting that she does not want anyone to know

where she is to avoid people flocking to her for treatment. Verbal consent has been acquired to conduct the interviews and use what they shared for the purposes of this study.

## The Practice

S1 had moved to San Mateo, Rizal when she was just 17 years old; she is now 81. It was around the same time that she discovered her ability to cure. She says that it was never learned; she just suddenly had the ability to diagnose and cure these illnesses. She claims that her method could cure anything, although her patients are required to believe in the process and desire healing before they can be cured. She also says that patients need to have pure intentions in order to be healed. Patients whose intentions are not pure usually hesitate in even entering her house. S1 conducts her healing in front of an altar whose prominent images include images of the Sto. Niño and Our Lady of Fatima. A huge rosary was also evident, encircling a drawing of an inverted star with an eye in the middle. The drawing was made on what looked like Manila paper and plays a central role in the conduct of S1's practice.

In diagnosing patients, S1 either feels her patient's pulse<sup>2</sup> or uses "*tawas*" (a diagnostic technique in Philippine traditional medicine). After feeling the patient's pulse, she hears a whisper from God on what the patient is suffering.<sup>3</sup> The patient could have a "*pilay*" (literally "broken bone" or sometimes "knots") which could be cured by *bilot*. If it is not *pilay*, it could be what she refers to as a "*sakit*

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<sup>2</sup> This is also called "*himolso*" in a documented practice in Cebu (Berdon et al., 2016).

<sup>3</sup> The same form of diagnosis as divine revelation was noted by Jocano in the Tarong people of Ilocos Norte (Jocano, 1966).

*na gawa ng tao*” (anthropogenic illness). She says that most illnesses today are of this kind. These man-made illnesses, however, are not biological artifices. They are anthropogenic in the sense that they are willfully inflicted on the patient.

However, it is not clear when S1 chooses to use *tawas* over feeling the pulse, but distance seems to be a factor. S1 conducts *tawas* using grains of rice, sometimes without the presence of the patient. She first removes the covering of nine grains of unmilled rice. She then throws the grains to a tub of water while reciting Tagalog prayers. If any one of the grains move, there could be a “*bati*,” or literally, “greeting.” The gravity of the infliction is dependent on the intensity of the movement of the rice grains. The *bati* can either be from another human being or an unseen being altogether. It could also be a “*gawang hindi maganda*” (undesirable act). These acts could vary but could further be classified into “*barang*” and “*kulam*.” It is unclear if all of these *gawang hindi maganda* can be classified into these two or just some of them. Nevertheless, S1 views *barang* and *hilot* as the same thing but only of different levels. *Barang* appears to be much more potent as it is able to wound while *kulam* cannot.

Her daughter, who seems to be her right hand person in dealing with these extreme cases, shared some of S1’s experiences in curing *barang*. One case was a business-owner who had a wounded vagina where leeches and centipedes supposedly come out at night. S1 made her look at the drawing of the eye on the altar and recognized the perpetrator to be her husband’s mistress. Apparently, these illnesses can be commissioned from practitioners of *barang* and *kulam*. A *mambabarang* supposedly has pets which they command to attack the target. They usually make their pets smell articles of clothing of the target or sometimes strands of hair. Another extreme instance of *barang* that S1 encountered was with someone whose cheek was torn, exposing the patient’s teeth, with half of their private part also wounded.

S1 identified the *mambabarang* or *mangkukulam* through the patient's pulse. Just by putting S1's thumb on the patient's pulse, the spirit of the perpetrator is "caught" wherever s/he may be, as if using the patient's body as a medium. During the process of curing, the patient is described as "*wala sa sarili*" or roughly translated as "unaware," with the companion fully conscious to serve as witness. As if performing an exorcism, S1 commands the perpetrator to heal the patient once s/he is caught from the patient's pulse. In one instance, while S1 was "holding on" to the perpetrator (as it was not clear if it was a *barang* or a *kulam*) through the pulse, she commanded her daughter to boil water which the daughter subsequently poured on the patient's feet. The patient remained unburnt and unhurt; it would be the perpetrator who is supposed to have been burnt by the boiling water poured.

S1 also uses an oil as a cure. She uses her special oil for *hilot* and also as protection as if it were an amulet. S1 is particularly proud that her oil is clear and odorless. When it changes its clarity or gains a foul scent, it is supposed to have done its job to catch some of the illnesses that would have otherwise been caught by its owner. S1 produces the oil by praying over them using prayers in Tagalog.

S2, on the other hand, is only 35 years old and moved to San Mateo when she was just three. Unlike S1, she had learned her practice from her father who practiced it in Lopez, Quezon before moving. Like S1, however, it was not her choice to manifest the ability to cure. Out of all her many siblings, only two of them had the talent to cure. She discovered the ability when her niece/nephew had once been repeatedly hospitalized without getting cured. The niece/nephew had been vomiting, and was unable to stand up. She then had decided to cure him/her using *tawas* to which s/he immediately responded. It was at this instance that she discovered her ability to cure.

Unlike S1, S2 does not claim to be able to cure everything. S2 only claims to cure *sakit na gawa ng tao*. Using this category, she draws a fine line between afflictions that doctors can cure and those that she can.

While S1 is selective of her patients based on intention, S2 is much more selective. She only does *tawas* for relatives while she only does *hilot* to everyone else. Like S1, she refuses to be called a “healer” (*albularyo*) but for a different reason: avoiding people coming to her for cures. Avoiding people means avoiding what she calls a “*balik*,” or literally “return.” She says that a healer, when curing illnesses, supposedly gets the affliction she had cured from the patient. She even suggests that the illness returns to the healer twofold. According to her, this *balik* is also present more especially with the *mambabarang* and the *mangkukulam* who absorb the illnesses that they inflict on others.

In diagnosing, S2 uses *tawas* instead of feeling the patient’s pulse. The method of *tawas* that she uses is through the use of a knife and a candle. She heats up an “*itak*” (butcher knife) which she then uses to melt a candle. She lets the molten candle drip onto a bucket of water while praying over it with Tagalog prayers. After the wax has hardened, she reads the figure formed. From the wax, she knows if someone had *bati* or “*balis*”<sup>4</sup> on the patient. The wax is then wrapped in plastic and placed beneath the patient’s pillow until it disintegrates. By the time of disintegration, the affliction should have been healed.

While she uses *bati* the same way S1 uses the term, she provides more nuance to the term. While *bati* is a generic term for a greeting that causes illness, *balis* is a kind of *bati* that is only given by visible entities like people. S2, however, refuses to

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<sup>4</sup> There seems to be no literal translation of *balis* in English. It is, however, semantically close to the more usual term *usog* which is an affliction coming from being greeted by another person who brings them.

cure anthropogenic illnesses that can be classified as *kulam* or *barang*; these supposedly require a higher level of skill, and even a higher resistance to *balik*.

S2 also differentiates between that which healers like her worship, and that which the *mangkukulam* and the *mambabarang* worship. She characterizes the former as “*puti*” (white) and the latter as “*itim*” (black). The *itim* is what she calls “Satan,” while the *puti* is what she calls “Lord.”

She also narrates that *balis* can only be cured through the saliva of the one who caused the *balis*. Those who usually cause *balis* are those who are hungry and those who have a strong foul odor. She says that *balis* caused by the latter is a lot graver, causing nausea to patients. If there is no way for the patient to get the afflicter’s *saliva*, the patient’s used clothes would be boiled. The water where the shirt was boiled should be ingested which will subsequently cure the patient’s *balis*.

She also treats *pilay* with *hilot*. Unlike S1, she does not diagnose through the pulse but through touching the affected areas. If there seems to be a displaced bone, she massages it to cure the patient. Sometimes, however, immediate *hilot* cannot be administered without prior treatment. Leaves are sometimes used to place on affected areas before they can be massaged. The plants that she uses include “*tuba-tuba*,” “*sambong*,” “*tawa-tawa*,” and “*anonang*,” typical medicinal herbs known to have curative effects in traditional medicine.

## Metaphysical Presuppositions

Western modern medicine<sup>5</sup> is undoubtedly a hegemon in terms of medical treatment across the world. The COVID-19 pandemic has shown the world

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<sup>5</sup> Hereafter, “Western medicine”



governments' reliance on Western medicine in the development and administering of vaccines. Although a hegemon, Western medicine has seen at least two major developments, or as Thomas Kuhn would put it, "paradigms" (Kuhn, 1996). We could properly talk about two major paradigms in the history of Western science: the classical paradigm coming from the writings of Hippocrates and Galen, and the biomedical model which could be traced back to the 17<sup>th</sup> century (Bates, 2002; Hewa, 1994).

Bates and Hewa both employ the term "paradigms" in their discussions of Western medicine, avoiding the more abstract discussions on metaphysics. The inherent vagueness of the term paradigm which Bates himself admits (2002), prevents any theoretical presupposition that the term "metaphysics" suggests. However, hiding in this vagueness also prevents these paradigms from adequate philosophical scrutiny. It also diminishes the rootedness of these paradigms in the history of thought on the background of which it can only be properly understood. Besides, Hewa points to the fact that the reigning biomedical model is actually traceable to the writings of Descartes. Hence, using paradigms as a term cannot deny their intellectual roots in metaphysical systems. In consideration of the introductory remarks, these same metaphysical systems serve as the legitimizing narratives of the practices that rest on these models. Hence, these talks on paradigms are talks of legitimation.

The classical model was dependent on both the perception of the patient and the doctor, contrary to the biomedical model. With the publication of Harvey's *De Motu Cordis* in 1628, the classical model began to be questioned (Hewa, 1994). In this new paradigm, only the doctor's diagnosis matters (Bates, 2002) as Harvey notices that Galen's theories "were not developed on the basis of empirical research" (Hewa, 1994, p. 119). In the biomedical model, illnesses are not experienced, but empirically investigated from a third person point-of-view. Such

a view of the body is, of course, informed by the idea that the world is a machine that is objectively observable. Extending this idea to the body, Descartes reinforced Harvey's views by saying that the body is also a machine (Hewa, 1994).

Considering the body as a machine is an insistence on its inherent rationality for it cannot act mechanically without any order involved. Such an idea of a rational universe is a metaphysical assertion dating back from the time of Plato (*Timaeus and Critias*, 29d). With his idea that a demiurge has placed order in the universe, Plato showed that a *logos* or a reason is discoverable in it. It is clear, therefore, that these paradigms are only properly informed by the metaphysics that supply their notions. While Michel Foucault (1973) approaches Western medicine as a way of controlling discourse, its metaphysical underpinnings can hardly be denied.

With this adequate metaphysical grounding, Western medicine seems to be justified in its hegemonic place in the field of medicine. Such a privileged place has led some researchers to treat traditional medical practices as a threat, calling for the need to “widen the epistemological frames of sciences and clinical practice” (Salamonsen & Ahlzen, 2018, p. 367). Labeled as “CAM,” (cf. Dahilig & Salenga, 2012) Philippine traditional medicine is at an unfair disadvantage from its Western counterpart in terms of its mode of legitimation. While the efficacy of Western medicine cannot be undermined, such an attitude towards these practices may be due to the lack of an understanding of its metaphysical grounding, i.e., its legitimizing narrative. In other words, the legitimizing (metaphysical) narrative of Philippine traditional medicine has yet to be derived. With this in mind, I now attempt at elucidating its metaphysical underpinnings. Whenever I refer to Western medicine, I refer to the biomedical model currently in use today.

### ***Law of Conservation***

The notion of a *balik* is the most explicit manifestation of a law of conservation that the practices assume. It seems as if what is given can only be returned and not destroyed. In the case of a healer, what she heals can only be relieved when she absorbs it herself, as if bearing the affliction for the patient that she cured. The illness, in this sense, cannot be destroyed but only passed on from one person to the next.

The notion of *balis* also presupposes such a law of conservation. Requiring the source of the *balis* to place her saliva on the patient means that the one who “gave” the illness is the only one to be able to take it away. The disease by itself cannot be cured; it needs to be cured by its source.

While such a law of conservation is not explicit in S1’s narratives, it can be read into how she treats her patients. Whenever she encounters a *barang* or a *kulam*, S1 commands the perpetrator to “remove” the illness from the patient. The same principle is at play here to that of the *balis*; the source is the only one who could take it away. Nothing is destroyed; everything is just passed on. Such a principle is obviously absent in the Western germ theory (Bates, 2002; Hempel, 1966). A disease caused by a germ should obviously be eradicated, not coddled.

### ***Predestination***

The ability to cure illnesses made by man can only be given by God. These practices therefore assume a divine anointing which can also be read as predestined. The same idea can actually be found in a practice documented in Partido, Camarines Sur (Rebuya et al., 2020). While the informants there claim to have inherited their ability from their ancestors, they called it “a vocation from God,” (Rebuya et al., 2020, p. 27). Western medicine may have once toyed the idea

of how procession-induced stress could lead to death (Hempel, 1966). However, the completely materialistic metaphysics that informs it has no need for God.

No one religion can also lay claim to this idea of God that both sources seem to have. For instance, S1 uses an eye on an inverted star which is absent in Christian iconography, but can be ascribed to more indigenous forms of worship (Ileto, 1979). On the other hand, although S2 calls the *itim* as “Satan,” reminiscent of a Christian worldview, she does not dismiss the possibility of a Moslem worshipping the *puti*.

However, it can be argued that predestination cannot be read from the data available. While it is clear that the ability to cure is not a skill in the sense that it is learned, it is unclear whether they are fulfilling a destiny of sorts. An anointing can be given as part of one’s destiny, but merely positing an anointing by God does not entail predestination. The latter presupposes a divine plan that has to be followed. Although this could be true, the data certainly implies an anointing which need not necessarily discount the possibility of a destiny being fulfilled. Besides, the notion of a *balik* implies a cosmic order that is completely compatible with the notion of destiny.

### ***Ontological Dualism***

The dualism that can be read in these practices is that between the visible and invisible, as if akin to the Platonic dualism between the world and the Ideas. However, understanding it this way would be misleading as they seem to be completely different dualisms. While for Plato, the realm of the invisible is the realm of thought (*Republic*, 509d-510a), such an intellectual ascent is not evident in these practices.

On the contrary, human beings seem to reside in between the two realms of the visible and the invisible. S1’s ability to catch the spirit of the *mambabarang*

through the pulse seems to prove the unique standing of man in relation to these two realms. Something physical like the pulse seems to provide the medium through which something spiritual can be caught. The afflictions also do not seem physical at all; they are caused by spiritual things over which men and some spiritual entities are in command. Moreover, the oil and the molten wax seem to show that something physically tangible can cure something spiritual and intangible. Such a practice is similar to the use of amulets in other indigenous forms of worship.

A dualism between the good (*puti*) and bad (*itim*) can also be found between the *mambabarang* and the *mangkukulam* on the one hand, and the healers on the other. While it is tempting to read Manicheanism into this aspect, the evidence for such reading is scarce. Moreover, the dualism between *puti* and *itim* was only explicit with S2, while S1's practice seems to support it as she herself confronts these seemingly evil forces at work in the afflictions of her patients.<sup>h</sup>

These findings run contrary to Mercado's ascription of monism to the Filipino world view. He claims that "the Filipino's world view is non-dualistic," (1976, p. 191), assuming "the non-dichotomy between the profane and the sacred," (Mercado, 1976, p. 192). It is odd, however, to accept these observations given the foregoing discussion. My sources themselves disavow affinity to the *mangkukulam* and the *mambabarang*. There is a clear line between the profane and the sacred; otherwise, there would be no need for my sources to have administered their cures.

### ***Performativity of the Word***

The most striking feature of the indigenous metaphysics is the ability of words to cause. Such a treatment of words is in stark contrast to the so-called logocentrism of the West, at least according to Derrida (Garver & Lee, 1994).

While much of Western thought views language as a mere source of information (Russell, 1945; Wittgenstein, 1974; Ayer, 1936), these practices show that words are performative rather than informative. Such performativity, however, need not be confused with the performativity of language first forwarded by Ordinary Language Philosophy, specifically by John Austin (Austin, 2008). For Austin, performativity is about the semantic import of pragmatics, while in these practices, performativity is about its ontological causative powers. First, the healing powers of the oil and the molten wax do not come from their substance but from the prayers recited for them to be effective. S1's own practice shows how the diagnosis does not come from analysis but from a *whisper*. Additionally, she admits that the prayers are effective only insofar as they are how God speaks.

The most obvious manifestation of this performativity of words is the term *bati*. A greeting can only go as far as fulfilling a social function. In this metaphysics, however, *bati* can cause illnesses. This is also why the illnesses that the informants cure are considered anthropogenic in that they are *made to happen* through their own words, whether through *bati* or through *barang* or *kulam*. S1's method of exorcising these *barangs* or *kulams* is also an obvious proof of the performativity of words. She commands perpetrators to remove the illness, showing the ability of words to cause something to happen.

## Conclusion

The biophysical model has adequately legitimized Western medicine, giving credence to its seeming hegemony. It is unfair, however, to our traditional healing practices to have no such philosophical model to rest on. While it is undeniable that their influence has shot up in recent years, no such legitimizing narrative has been derived nor produced. It has therefore been the task of this paper to augment

this lack of legitimizing narrative. I attempt to derive Filipino metaphysics from traditional healing practices.

In postmodernity, I characterize these legitimizing narratives as metaphysics, albeit in a more particular form. Instead of considering metaphysics as a grand, unifying narrative, I follow Lyotard in the independence of scattered language-games and Guillermo in the dialectical and heterogeneous nature of Filipino identity. Hence, in deriving an indigenous metaphysics, I take what I call a particularist approach that avoids the worrisome generalizations of Filipino philosophers who follow the anthropological approach. I characterize the only current anthropological approach as generalist.

Heeding my particularist approach, I specifically chose two narratives of traditional healing practices from San Mateo, Rizal. From these narratives I derive four distinct characteristics: (1) a law of conservation based on the concept of “balik,” (2) predestination, (3) an ontological dualism between the visible and the invisible, and (4) the performativity of words as utterances.

This paper is the first attempt of a philosopher to grapple with the metaphysics of traditional medical practices in the Philippines. It immediately places the philosophical approach in sharp contrast to the social scientific approach. The latter approach aims to “show how culture functions in the area of health and illness,” (Jocano, 1966). Planta, following Tan (2008), would only provide “a nuanced portrayal of Filipino culture through an examination of the historical development of medicine in the Philippines,” (Planta, 2017, p. xxvi), leaving behind the issue of its metaphysical legitimation. A new philosophical approach to these practices, therefore, opens up a new way of seeing them.

Instead of looking at them merely functionally, the philosophical approach provides a way of looking at them conceptually which allows for their proper

scrutiny independent of biophysical frameworks. Future studies could therefore dwell on analyzing the derived metaphysics in this paper, properly juxtaposing it to the biophysical assumptions of Western medicine. Moreover, with the dynamicity inherent in identity, more particularist narratives from San Mateo (or in other places in the Archipelago) can be studied to derive a metaphysics that could supplement or maybe even supplant that of the practices I documented.

The preceding study also has implications in the conduct of Filipino philosophy, specifically the anthropological approach. The “Filipino” can no longer just be considered as a necessary illusion (Rennesland, 2021), since there is now a real object of study for Filipino philosophy. The Filipino may not be a Platonic specter hovering above beings, but it can now be seen in the most particular practices in the Philippines.

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## REFERENCES

- Abulad, R. (2016). Doing Philosophy in the Philippines: Towards a More Responsive Philosophy for the 21st Century. *Suri: Journal of the Philosophical Association of the Philippines*, 5(1), 1-20.
- Abulad, R. (2019). Filipino Postmodernity: Quo Vadis? *Kritike*, 13(2), 37-59.
- Ayer, A. (1936). *Language, Truth and Logic*. New York: Dover Publications.
- Badiou, A. (2005). *Being and Event*. (O. Feltham, Trans.) London and New York: Bloomsbury.
- Badiou, A. (2009). *Logics of Worlds: Being and Event II*. London and New York: Bloomsbury.
- Bates, D. G. (2002). Why Not Call Modern Medicine "Alternative"? *The Annals of the American Academy of Political and Social Science*, 583, 12-28.
- Berdon, Z. R., Ragosta, E. L., Inocian, R. B., Manalag, C. A., & Lozano, E. B. (2016). Unveiling Cebuano Traditional Healing Practices. *Asia Pacific Journal of Multidisciplinary Research*, 4(1), 51-59.
- Brolan, C., van Dooren, K., Taylor Gomez, M., Fitzgerald, L., Ware, R., & Lennox, N. (2014). Suranho healing: Filipino concepts of intellectual disability and treatment choices in Negros Occidental. *Disability and Society*, 29(1), 71-85.
- Crisol, L. G., & Oledan, E. J. (2016). The Mananambals and their Functions in Philippine Culture. *CASS Langkit Journal*, 7, 84-94.
- Dahilig, V. R., & Salenga, R. L. (2012). Prevalence, perceptions and predictors of complementary and alternative medicine use in selected communities in the Philippines. *Journal of Asian Association of Schools of Pharmacy* (1), 16-24.
- de Castro, L. (1995). Ang Utang na Loob bilang Etikal na Konsepto. In L. de Castro, *Etika at Pilosopiya sa Kontekstong Pilipino*. Quezon City: University of the Philippines Press, 187-210.
- Deleuze, G., & Guattari, F. (2009). *Anti-Oedipus: Capitalism and Schizophrenia*. (R. Hurley, M. Seem, & H. R. Lane, Trans.) London: Penguin Classics.
- Fajardo, B. S., & Pansacola, M. A. (2013). *Hilot: The Science of the Ancient Filipino Healing Arts*. Mandaluyong City: Anvil Publishing.
- Foucault, M. (1973). *The Birth of the Clinic*. (A. Sheridan, Trans.) New York: Routledge.
- Garver, N., & Lee, S.C. (1994). *Derrida & Wittgenstein*. Philadelphia: Temple University Press.
- Guillermo, R. (2009). *Pook at Paninindigan: Kritika ng Pantayong Pananaw*. Quezon City: University of the Philippines Press.

- Hawking, S., & Mlodinow, L. (2010). *The Grand Design*. New York: Bantam Books.
- Hempel, C. (1966). Scientific Inquiry: Invention and Test. In C. Hempel, *Philosophy of Natural Science*. New Jersey: Prentice Hall. 193-208.
- Hewa, S. (1994). The Coming Revolution in Western Medicine: A Biopsychosocial Model for Medical Practice. *International Review of Modern Sociology*, 24(1), 117-125.
- Ileto, R. C. (1979). *Pasyon and Revolution: Popular Movements in the Philippines, 1840-1910*. Quezon City: Ateneo de Manila University Press.
- Jocano, F. L. (1966). Cultural Context of Folk Medicine: Some Philippine Cases. *Philippine Sociological Review*, 14(1), 40-48.
- Lyotard, J.-F. (1984). *The Postmodern Condition: A Report on Knowledge*. (G. Bennington, & M. Brian, Trans.) Minneapolis: University of Minnesota Press.
- Mercado, L. N. (1972). Filipino Thought. *Philippine Studies*, 20(2), 207-272.
- Mercado, L. N. (1976). *Elements of Filipino Philosophy*. Tacloban City: Divine Word Publishing.
- Pada, R. T. (2014). The Methodological Problems of Filipino Philosophy. *Kritike*, 8(1), 24-44.
- Planta, M. (2017). *Traditional Medicine in the Colonial Philippines: 16th to 19th Century*. Quezon City: University of the Philippines Press.
- Plato. (1977). *Timaeus and Critias*. (D. Lee, Trans.) London and New York: Penguin Books.
- Plato. (1992). *Republic*. (G. Grube, & C. Reeve, Trans.) Indianapolis: Hackett Publishing Company, Inc.
- Rebuya, N. R., Lasarte, E. S., & Amador, M. M. (2020). Medical Pluralism, Traditional Healing Practices, and the Partido Albulario: Challenge in Inclusion. *Open Journal of Social Sciences*, 8, 72-79.
- Rennesland, A. H. (2021). Five Assumptions on the Illusion 'Filipino Philosophy' (A Prelude to a Cultural Critique). *Suri*, 9(1), 76-89.
- Reyes, J. (2015). Loob and Kapwa: An Introduction to a Filipino Virtue Ethics. *Asian Philosophy*, 25(2), 148-171.
- Rondilla, N. A., Rocha, I. C., Roque, S. J., Lu, R. M., Apolinar, N. L., Solaiman-Balt, A. A., & Abion, T. J. (2021). Folk Medicine in the Philippines: A Phenomenological Study of Health-Seeking. *International Journal of Medicine Students*, 9(1), 25-32.
- Russell, B. (1945). The Philosophy of Logical Analysis. In B. Russell, *The History of Western Philosophy*. New York: Simon & Schuster, Inc, 828-836.
- Salamonsen, A., & Ahlzen, R. (2018). Epistemological challenges in contemporary Western healthcare systems exemplified by people's

- widespread use of complementary and alternative medicine. *Health*, 22(4), 356-371.
- Tan, M. (2008). *Revisiting Usog, Pasma, Kulam*. Quezon City: University of the Philippines Press.
- Timbreza, F. (1985). Mga Hugis-Pag-iisip ng Pilipino. *Malay*, 4(1-2), 7-19.
- Timbreza, F. (1986). Pagkataong Pilipino: Kaalaman, Gamit, at Etika. *Malay*, 5(2), 11-22.
- Timbreza, F. (1992). Mga Ugaling Pilipino. *Malay*, 10(1), 52-64.
- Timbreza, F. (2017). Artikulasyon ng Katutubong Pilosopiya. *Malay*, 30(1), 86-98.
- Wittgenstein, L. (1974). *Tractatus Logico-Philosophicus*. (D. Pears, & B. McGuinness, Trans.) London and New York: Routledge.
- Wittgenstein, L. (2009). *Philosophical Investigations*. (G. Anscombe, P. Hacker, & J. Schulte, Trans.) Oxford: Wiley-Blackwell.

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