

KOMATRA CHUENGSAIANSUP

SENSE, SYMBOL, AND SOMA: ILLNESS EXPERIENCE IN THE
SOUNDSCAPE OF EVERYDAY LIFE

ABSTRACT. This article explores the lived experience of women suffering from an illness prevalent in the Kui communities of Northeast Thailand. The symptoms, ranging from loss of appetite to chronic fatigue, were typically triggered by being exposed to certain kinds of sounds, such as motorcycles, quarrelling neighbors, or carousing drunkards. I examine the illness experience as it was constituted in the soundscape of everyday life to reveal how the meaning-endowed sounds aggravated the feeling of being vulnerable and defenseless. The felt immediacies created by the audio-somatic experience were reconceptualized within the indigenous somato-psychic framework as a form of illness. By examining the life histories and illness experiences of individuals who were rendered vulnerable and defenseless, the study reveals how symbols that carry political significance, the body as a cultural form of memory, and the senses combine to create a specific mode of being-in-the-world. Sense, symbols, and somatic processes combined to create an illness experience out of the felt immediacies of the Kui's socio-political predicament of marginality.

During long periods of history, the mode of human sense perception changes with humanity's entire mode of existence. The manner in which human sense perception is organized, the medium in which it is accomplished, is determined not only by nature but by historical circumstance as well (Benjamin 1969: 222).

THE SOUNDSCAPE OF EVERYDAY LIFE

The sound of the early bus leaving the village at 3:00 AM to take local retailers to the town's market place marks the beginning of another day in the Kui village. As always, the dwindling sound of the bus as it departs is accompanied by the noise of street dogs barking in relays along the bus route. Even before dawn, the stillness of the night is replaced by the sounds of movement. The faint background lowing of the buffaloes as they wake up blended with the sound of their bodies moving and rubbing against each other in the enclosure produces a subtle tonality of the approaching day. The wooden floors squeak and the stairs squeal, as housewives wake



Culture, Medicine and Psychiatry **23**: 273–301, 1999.

© 1999 Kluwer Academic Publishers. Printed in the Netherlands.

up and move through the dark down to their kitchens, followed by the sound of pots and pans. Mahouts quietly leave home, heading for the dense thicket to release their elephants from restraint and to move them to new locations where food supplies for the pachyderms' large appetites are more abundant. The abrupt noise of a mechanical rice mill contests the tranquilizing sound of the morning chanting from the village temple and triggers the squall of a baby from a nearby house. When dawn comes, the village is fully awake.

The day in this small village is measured not only by the movement of the sun, but also by the daily rhythm of the soundscape of everyday life. Daily life is scored by audio-sensuous forms. Just as the temple's bell signals the dispatching of the monks for their morning alms bowls, the arrival of the scheduled bus is announced by repeated honking. Space is reckoned by the acoustic indications of distance. Time is marked by sonic icons: the radio news broadcasting from the temple's loudspeaker tower, featuring the popular news announcer, Preecha Sapsopha, whose speedy delivery disrupts the slow pace of the morning hour; the sound of small bells swaying on the cattle's necks as they are herded towards the grassland near the Moon river; school kids singing the national anthem followed by the authoritative voice of the principal's daily disciplinary instructions; popular music bursting out of a house whose son's return from working in Japan brings the raucous sound of a powerful new stereo deck. Late in the day, trucks carrying groceries for sale make their appearances announced by loudspeakers attached to their tops. In the evening, elephants head home with their mahouts riding on their massive necks. The whispered sound of the elephants' calm motion is punctuated by the harsh commands of their mahouts to keep the pachyderms from distraction. The serenity of the late dusky evening is gently interrupted by the metallic clunk from the public water pump and the chat and giggle of village girls as they shift the lever to get water for their household use. A drunken husband, returning home from his sojourn with his drinking companions, starts another series of quarrels with his battered wife. On the newly built asphalt road at the edge of the village, the roars of motorcycles blasting off in teenagers' show-off racing, is followed by scolding remarks from some grownups who find this new noise offensive and distasteful. From dawn to dusk, these sounds form the multi-layered sonic contour out of which the everyday experience of the community is created.

THE AUDIO-ACOUSTIC ORIENTATION OF ILLNESS

In this article, I explore the relationship between illness experience, audio-sensory perception, and the role of the senses in the constitution of socio-somatic reality. The illness narratives I gathered from some twenty women in communities of the Kui, an indigenous people residing in the southern part of Northeast Thailand, prompted my attention to the illness experience and the soundscape of everyday life. These women, mostly housewives, have been suffering from an illness prevalent in the Kui communities which is characterized by a variety of symptoms: sleeplessness, shortness of breath, feeling frightened, loss of appetite and chronic fatigue. More than 15% of women age 26–35 in the Kui community suffered from at least two such symptoms.¹ Their life stories reveal that their illness experience was closely associated with the audio-acoustic perception of specific sounds in the village's everyday life. Being exposed to sounds such as the blast of motorcycles, the shouts of drunkards, the quarreling of neighbors, or the blaring of heavy machinery typically triggered these symptoms.

In looking at audio-sensory experience among the Kui, I ask and seek to answer these questions: What are the relationships between illness as a lived experience and the senses? How does everyday audio-sensory experience shape the life world? How is illness, as a socially and politically constructed experience, constituted within the body through audio-sensory perception? I argue that for these Kui women who are marginalized politically, socially, and economically, as well as domestically, these sounds are acoustic representations impregnated with political meanings which aggravate the felt quality of being vulnerable and powerless. It is through the audio-sensory perception triggered by these sonic icons that the predicament of marginality, vulnerability, and defenselessness is reified and transformed into an objectified bodily experience of illness.

ETHNOGRAPHIC SETTINGS

Field materials for this article are from my 15 months of field work among the Kui people of Surin Province in Northeast Thailand, an indigenous group renowned for their ability in elephant hunting. Up to forty years ago, elephant hunting had been the foundation of the Kui political economy. The Kui elephant hunters used to march across the Phanom Dongrek Range into the deep forest in Cambodia to capture wild elephants and trade them for living. The elephant hunting came to a complete halt due to a political dispute between Cambodia and Thailand which eventually led to the border closing in 1957. In Taklang village alone, where there were

once more than 800 elephants, now there are only 75. The Kui mahouts have in recent years resorted to taking their elephants into the cities, where they exhibit them, sell ivory figurines, and perform simple rituals for small fees.

Surin province is ethnically diverse. Beside a small number of Chinese and Thai, the bulk of the province's population are Khmer, Lao and Kui. These ethnic groups possess different social statuses within the Thai social hierarchy. Among them, the Kui people are by all standards the most marginalized and underprivileged. Stereotypes against the Kui people abound, such as that they are deceptive, lazy, self-serving, alcohol-addicted, and disease-laden. The Kui call themselves "Kui" which means "human" or "people". But among the Thai and Lao speaking communities, they are known and referred to by the name of "Suai" – meaning "tribute people," for they were historically classified as Siamese subjects who were required to pay tribute to the rulers of the Siamese kingdom.

The Kui communities I studied are located at the confluence of the rivers Moon and Chee. Until 30 years ago, the riverbanks supported large areas of forest. Dong Sai-tau in the east and Dong Phoo Din in the west provided food for a herd of elephants captured by the Kui from the deep forest in Cambodia. In the last few decades, however, the natural forest has been destroyed by local influential figures. Although Dong Sai-tau and Dong Phoo Din were declared national reservation forests, they were mostly replaced by eucalyptus trees and fast growing plantations. It is within this context that the illness experience of many women in the Kui communities took its form. But before I proceed to discuss their illness and its relation to the everyday audio-sensory experience, let me first briefly review what anthropology has been pondering in the study of the senses and sensory perception to set the stage for further discussion.

THE ANTHROPOLOGY OF THE SENSES

Anthropological curiosity about sensory perception can be traced to the beginning of the discipline. Franz Boas' investigation into the color of sea water as it was perceived by the Eskimo (Stocking 1982: 136) was an early inquiry into the realm of sensory perception to discern "the *relationship* of the external and the internal, the physical and the psychic, the inorganic and the organic" (ibid.: 142, original italics). This interest in the anthropology of the senses, however, has been kept at the margin of the discipline as anthropological discourse evolves more consistently around the cognitive, the structural, and the textual. Nonetheless, anthropological investigation into the realm of the sensory has advanced in the

past 15 years with accelerated intensity. Recent anthropological literature on the variety of sensory experiences has been provocative in opening new ways for alternative anthropological imaginations and theories.² In theoretical perspectives ranging from symbolic and interpretive anthropology to aesthetic anthropology to critical anthropology, anthropologists are seeking to relativize, historicize, and politicize sensory perceptions; to argue for the symbolic importance of sensuous forms; and to explore how socially and politically constructed realities are inscribed into and constituted within the body through the varieties of sensory perception. One principal theoretical orientation of the anthropology of sensory perception emphasizes that the five senses³ are given different degrees of importance and different meanings in different societies and that a certain sense may be privileged as a sensory mode (Howes 1991: 3–21).

In this article I examine the role of audio-sensory perception and the symbol of human relations embedded in sounds in the construction of illness experience. Although I agree with the view that people can “think in” and “know by” a medium which is predominantly aural as contrasted with Western privileging of the visual, my focus on the audio-acoustic modality is not aimed at displacing visual hegemony. Rather, I would argue that different sensory modalities are different organs of reality, each with its distinctive sensitivity to different aspects of somato-social existence and its distinctive role in the constitution of socio-somatic reality.

In the anthropology of medicine, a new wave of ethnographic study has taken sensory experience to be a crucial aspect of medical phenomena. Recent works fruitfully examine several distinctive realms of medical sensoria: sights, sounds, odors, flavors, and tactile qualities. For instance, E. Valentine Daniel explores the tactile quality of pulse taking by looking at the pulse as an icon in Siddha medical practices (Daniel 1991). Classen et al. explore the olfactory sense in different kinds of rites (Classen et al. 1994). Desjarlais proposes another novel approach to medical reality by taking seriously the proprioceptive sense as the embodiment of the consonance between bodily space, the architectural space of the house, and the cosmic as the foundation for the healing of “soul loss” (Desjarlais 1992). While focusing my own attention on the audio-sensory aspect of illness and suffering, earlier works on various modalities and aspects of the senses provide a background chorus within which my analytic voice seeks to resonate.

CURRENT ANTHROPOLOGICAL APPROACHES TO SENSORY EXPERIENCES

Current interest in the anthropology of the senses can be said to have certain tendencies. In what follows, I offer a brief review of these: (1) an over-emphasis on the organized forms of sensory experience; (2) inadequate attention to power relations; and (3) verbocentrism.

Over-Emphasis on the Organized Forms of Sensory Experience

Anthropologists tend to conceptualize things which are systematized or organized as our objects of inquiry. Ritual, kinship, and exchange, for instance, are good places for anthropologists to look for patterned social behavior and its organizing principles. When anthropologists turn to the anthropology of sensory experience, this inclination lives on. For the audio-sensory, anthropologists turned too quickly to music and forgot about the everyday form of audio-experience. Steven Feld, in his study of sound as a symbolic system (1991), comments on current scholarly interpretations of sound and music. He writes:

... [t]he axiom of much work has been: when a sound is not complex in the material aspects of its acoustic organization, assume that its social meaning is essentially shallow. Musical meaning, in this view, is essentially 'in the notes' and not 'in the world' (Feld 1991: 80).

Ironically, Feld focuses his attention on the sound of drumming by the Kaluli people of Papua New Guinea, yet another elaborated form of organized acoustic symbol. He is very effective in illustrating that sounds are acoustic patterns which are socially organized to modulate "special categories of sentiment and action when brought forth and properly contexted by features of staging and performance" (Feld 1991: 79). Nonetheless, Feld's study left out the most rudimentary form of sound in terms of its acoustic organization: the banal sounds of everyday life – the mundane sonic form in the everyday soundscape that has almost nothing essentially meaningful "in the notes" but is most important in shaping everyday experience "in the world."

In medical anthropology, most recent works on audio-sensory experience focus their analysis on the aesthetics of musical/healing performances and apply ethnomusicological analysis to healing rituals (see Friedson 1996; Kleinman 1995: 214–232; Laderman and Roseman 1996; Roseman 1991; see also Sullivan 1997; Tame 1984). Laderman's exploration of the Malay shamanic seance, the Main Peteri, and its healing process is impressive. In addition to aptly describing the aesthetic elements and revealing the dramatic forms, dance movements, and gestures in the

seances, Laderman demonstrates the importance of music and musical themes that enable the arousal of trance state in both the healers and patients. The healing seance is an art form; an unmelodious voice can jar the ears and prevent the harmonious state of mind and body that allows one to enter trance (Laderman 1991: 102). Laderman convincingly reveals how music plays a critical role in inducing trance and, with the help of the *bomoh*, the musical theme and performance in the Main Peteri provides patients with insights by locating problems within the patients' own personality and helps them form a more workable self-image.

Marina Roseman's work (1991) also examines how music prompts an altered state of consciousness. Unlike Laderman's study, however, Roseman takes into consideration various kinds of sensory perceptions in the construction of the Temiar's life world and their illness experience. Odor (olfactory sense), shadow (visual sense), body movement (kinetic and proxemic sense), and sounds from various sources (auditory sense) are all facets of life which connect the Temiar to their rainforest environment, their social world, and their inner experience of selfhood. Breaching the cultural norms with regard to various modalities of senses can cause illness and death. And musical sound is the major source of healing power. According to Roseman, in the healing ritual, the alternating high and low pitches in continuous duple rhythm "move with the beat of the heart, and thus move the listener to feeling longing" (Roseman 1991: 15). The sentiment of longing has to be intensified in order to entice the spirits to attend the ceremony and to prepare humans to meet with them. Combining a meaning-centered approach with ethnomusicological analysis, Roseman avers: "The linkage of beating tubes, pulsating hearts, and moving spirits is culturally mediated: the evocative power of Temiar music is situated in a web of local meanings" (ibid.: 15-16).

It is understandable why medical ethnographers have been fascinated by music. For music and its rhythm, as Kleinman points out (following You 1994), "is an 'ordered and recurrent alternation of strong/weak elements' that occurs in 'breathing, walking, running, dancing, speaking, drumming, and other vital and expressive processes' " (Kleinman 1995: 215). The idea is that rhythm may mediate changes between the social world and the inner, psychobiological world of the person (ibid.). Among the Kui with whom I did my field work, however, this overdetermined approach would be counter-productive. In the Kui communities, although there were several occasions when local forms of music were performed, the extent to which those musical performances permeated everyday life is limited. When I first began inquiring into indigenous songs and music in the village, many informants insisted that "Kui has no music." "Why is it so?" I remember

asking. “Maybe because we spend most of our time with elephants, I think,” local Kui would hesitantly answer. “What did you sing when you put your baby to sleep, any lullabies?” I asked a mother of two sons. “No song, we just hum a tune like eh . . . eh . . . eh, and we tell our kids to close their eyes.” “If my kid stays awake,” a grandmother living next door added, “I would say close your eyes and sleep now or the demon will come and eat you up!”

There used to be an indigenous performer in the village who performed what local people called “*mau lam kui*.” The only living person who can perform *mau lam kui* has, however, moved and resettled in a village in Central Thailand. On one occasion, he was invited to perform in the village. The art form is very much similar to a Lao performance called “*mau lam*” – a kind of folk troubadour – only the lyrics are in Kui instead of Lao. It was evident during the performance that the accompanying music was not emphasized. It was the narrativity, the rhyme, and the thematic improvisation that were the most prominent components of this performance.

Another setting where music is performed is the ritual dancing called “*lam ma mud*,” a kind of seance in which ritual performers (mostly women) enter into a trance state and dance with music to appease their spirit guides. Here music is essential for triggering the trance state. Three kinds of musical instruments are used: a drum, an indigenous wind instrument called “*khaen*,” and a pair of knives or spades used as percussion instruments to produce rhythmic high pitched tones. Among these instruments, only the “*khaen*” was played by persons considered as musicians, “*mau khaen*” or “*khaen player*.” The other two were played by almost anybody who was willing to play. Oftentimes people, particularly teenagers, took turns beating the drum or knife blades in a tedious rhythmic structure. No one seemed to take it seriously. Furthermore, there were only two *mau khaen* available in the village; both were ineffectual at best and only performed on an ad hoc basis. Although this music can be considered more sophisticated in terms of its acoustic organization, or, to use Feld’s term, more complex “in the notes,” its meaning “in the world” of everyday experience is limited.

Inadequate Attention to Power Relations

Most ethnographies of the senses, with few exceptions, take a culturalist view. While sensitive to the cultural construction of sensory experience, many works fail to critically scrutinize the power relations produced, reproduced, and maintained by “the politics of sensory experience.” The cultural organization of the senses is viewed as a cohesive, isolated, self-

contained system without any internal conflict or interference from the modern political economy or global social forces. This is particularly evident in ethnomusicological approaches to healing systems. Music, in this analytical tradition, is at the core a cultural performance and devoid of politics. A few exceptions exist and indicate a fertile direction for furthering the field.

Kenneth George (1993), in examining the relation between music, ritual, and gender in a Southeast Asian hill society, explores the auditory aspect of culture in producing, contesting, and maintaining political structure. He suggests that “musics . . . bear the sound and signature of symbolic power and social hierarchy. . . . Different modalities of music-making are different modalities for exercising social and cultural power, for shaping, challenging, and negotiating relationships of authority and domination” (George 1993: 1).

. . . the reach of power and authority extends into musical sound. Rhythm, pitch and scalar relationships, melodic structures, antiphony, tempo, all the formal features of performance so often abstracted to construct a music system without regard to its social genesis or dominance in a community comprise a socially constructed and sanctioned set of dispositions and memories with which persons make music (ibid.: 1).

In the realm of less organized forms of sensory perception, Seremetakis (1994) explores the memory of the senses by looking at everyday sensory experience as the site where economic and social transformations are felt. According to Seremetakis, the senses not only represent the inner states of human existence but also are located in a social-material field outside of the body and “implicated in historical interpretation as witnesses or record-keepers of material experience” (Seremetakis 1994: 6). The senses are a meaning-generating apparatus producing a “corporeal communication between the body and things, the person and the world, which points to the perceptual construction of truth as the involuntary disclosure of meaning through the senses” (ibid.: 6). In this approach, the senses are sites where meanings are produced, felt, and contested. The politics of sensory experience is the struggle to control the memory of the senses, to regulate the meaning generated by sensory experience, and to construct a particular version of truth through the senses.

In the medical anthropology of audio-sensory experience, little attention has been paid to the audio-politics of illness experience – i.e. how the productions and distributions of audio-sensory experience are shaped and influenced by local or global political-economic forces, how the meanings attached to certain sonic icons are politically charged and are experienced within the context of power relations, and how power relations of domination embedded in everyday sounds create a specific form of

illness experience among those who are politically vulnerable and thereby sensorily powerless.

Verbocentrism

Helliwell (1988 cited in Jackson 1989: 7), in her description of life in a Dayak longhouse in Kalimantan Barat, reveals how the “flow of sound and light” is crucial in the lived space of the Gerai longhouse: “the longhouse community as a whole is defined and encircled more by these two things than anything else” (ibid.: 7). Concerning sound, Helliwell writes:

Voices flow in a longhouse in a most extraordinary fashion; moving up and down its length in seeming monologue, they are in fact in continual dialogue with listeners who may be unseen but are always present. As such they create, more than does any other facet of longhouse life, a sense of community. Through the sounds of their voices neighbours two, three, four, or five apartments apart are tied into each other’s world (ibid.).

Observing her hostess constantly “engaged in talk with no one,” describing things that had happened to her during the day, “all the while standing or working alone in her longhouse apartment,” Helliwell finally realized that “the woman’s apparent monologues *always* had an audience” (ibid.: 7; italics original). While Helliwell was still “bewildered and overwhelmed by the cacophony of sound that characterizes longhouse life,” it seemed that her hostess “was almost certainly responding to questions floating across apartment partitions” (ibid.: 7) that Helliwell herself was unable to distinguish. Helliwell continues:

Eventually, I too came to be able to separate out the distinct strands that were *individual voices*, which wove together magically in the air and flowed through the spaces of separate apartments. These were never raised as the dialogue moved through four or even five partitions, but their very muteness reinforced the sense of intimacy, of membership in a private, privileged world. Such *conversations* were to be taken up at will and put down again according to the demands of work or sleep: never forced, never demanding participation, but always gentle, generous in their reminder of a companionship constantly at hand. (ibid.7; italics mine)

As Jackson suggests, Helliwell’s effective demonstration of the auditory as a tool for spatial organization is crucial as a remedy for “the alienating effect of visualism” (Jackson 1989: 6).⁴ It is sound, and not sight, that organizes the lived space in the Dayak longhouse. However, Helliwell’s emphasis on the “cacophony of sound” in the longhouse is focused on the *dialogical and conversational* aspects of the seemingly discordant noises. Such an emphasis suffers a Western bias similar to that of a text-centered interpretive approach, for both are verbocentric. As Howes so forcefully argues, the sensory dimension of social phenomena cannot be fully comprehended within the framework of either interpretive

or dialogical anthropology because both remain, in effect, ‘verbocentric’ (text-centered in the first case, and speech-centered in the second) (Howes 1991: 8). One is reminded of Desjarlais’ characterization of the “tendency in contemporary anthropology to privilege the linguistic, the discursive, and the cognized over the visceral and the tacit” (Desjarlais 1992: 29).

Largely neglected has been the realm of the senses, the sufferings of the flesh. We have lost an understanding of the body as an experiencing, soulful being, before and beyond its capacity to house icon and metaphor. A less cognate, more sensate treatment now seems needed (ibid.: 29).

Anthropological inquiry into the realm of the senses has created a much needed sensitivity to the different modality of sensory perception in the construction of social reality. In what follows, I present another aspect of the anthropology of the senses. The findings from my field observations provide me with an opportunity to approach the subject in a different way, focusing on everyday sensory experience as an important aspect of how people relate to their world.

THE ILLNESS EXPERIENCE

As I mentioned earlier, illness experience among the Kui women is characterized by a variety of symptoms, including sleeplessness, shortness of breath, feeling frightened, irritability, chronic fatigue, numbness, appetite loss, and feeling hot or cold in their limbs. Among these sufferers, the predominant complaints of their illness were feelings of being frightened (*togsadj*), irritable (*jloh mhom*), and fatigued (*nuai, ba kerd kamlang*). These three chief complaints have become common idioms of distress and provide an interesting framework for an investigation into the somato-emotional life of these communities. For while the Kui term for being frightened, *togsadj*, literally means “dropping or falling of the body,” suggesting that mental distress is expressed through a bodily idiom, the term for being irritable, *jloh mhom*, is specifically about heart/mind (*jloh* = disturbed, unstable; *mhom* = heart/mind). Thus, the syndrome can be viewed as embedded in the indigenous somato-psychic conception. A closer look at the illness narratives of several women with such symptoms further reveals their relations to certain forms of audio-sensory arousal.

The illness experience is typically provoked by the exposure of the victim to certain sounds of specific qualities and origins. These meaning-endowed sonic forms induce a contextually specific audio-sensory experience. The felt immediacies created by the audio-somatic experience evoke a bodily response which is then conceptualized within the indigenous

somato-psychic framework as a form of illness. Drawing from the life story of Sopha, a housewife whose life had been demoralized by this illness for several years, I wish to reveal how sounds evoke a contextually specific form of illness experience through both their acoustic and symbolic properties. It will be evident that only by refocusing on the embodied notion of symbolic signification are we able to fully grasp the lived experience at the intersection of the cognitive and the visceral.

LIVING ON THE EDGE: THE LIFE STORY OF SOPHA

Sopha is a thirty-five-year old married woman who has suffered profoundly from ill-defined psychosomatic symptoms for more than four years. I first met Sopha at a sporting event in the local primary school on August 9, 1994. We happened to share the same shady tree watching the game. Despite the joyful cheering and excitement of the competition, Sopha was rather silent and seemed disheartened. After a brief exchange of courtesies, Sopha, knowing that I was a medical doctor, told me about her disturbing illness. Her disquieting experience was an account typical of many others in these communities. "I felt frightened and I couldn't sleep well the last few years," she started.

I wake up frequently in the middle of the night and every time my heart will be pounding and I am frightened as if I am afraid of something mysterious. In these last few years I always feel very tired, exhausted, and my body feels extremely fatigued. I also feel numbness, first in my feet and then it rises up to my arms, and all over my body. Then my feet feel terribly cold as if they are dead. I have to have someone massage my feet and my arms with rubbing balm until they get really heated. Oftentimes I get headaches and dizziness also.

What is more, Sopha has become extremely sensitive to certain sounds which exacerbate her symptoms of being frightened and exhausted. The blast of motorcycles, quarreling neighbors, disturbing noises of drunks, and the roar of heavy machines and trucks are for Sopha the most infuriating kinds of noise. "I just can't withstand them. They are so devastating that I feel my heart throbbing and my entire body shaking." Of course these everyday raucous sounds are no music to anyone's ears and can be extremely nerve-wracking. But in the case of Sopha, and many others like her, the felt immediacy of such an audio-sensory experience was devastating both in terms of intensity and duration. In fact, these sounds have completely shattered Sopha's life: they have made Sopha, and many others like her, suffer agonizingly from both mental and physical symptoms to the extent that she could not maintain her normal functional life and ceaselessly sought medical treatment for her condition. Sopha lived

her life in terror of sounds as her illness experience took form within the inescapable soundscape of her everyday life. The question here is: Why and how are these everyday sounds so powerful and devastating that they make people like Sopha live their lives in constant fear and distress? Let me first introduce a more detailed account of Sopha's life history and her illness experience.

Other than feeling frightened (*togsadj*) and exhausted (*nuai*), Sopha also indicated that she often became bad-tempered and irritable, or *jloh mhom*. The indigenous term, *jloh mhom*, refers to a sense of being unstable and unable to tolerate disturbing things even if they are very trivial. These symptoms frustrated Sopha and made traveling to the doctor's clinic part of her unending quest for healing. The private clinic of Dr. Kittti, a physician at a nearby district hospital, became her most reliable resort. Sopha had been such a regular client that Dr. Kittti recognized her and greeted her whenever she appeared at his clinic. "Dr. Kittti would say to me, 'Hey! you come again. The same symptoms?'" Sopha said. He always gave her a few shots and a couple of medications for her to take home. Most of the time, the mysterious shots⁵ rescued Sopha from the distressing symptoms for several weeks or even months. Sopha recounted that on her first visit to Dr. Kittti she was in a miserable condition. "When I was given an injection for the first time," she said, "the shot was so strong that it made my whole body flash with heat. I really felt that I was getting better." This bodily sensation of heat flash was an important element in the healing process. It was the felt quality of healing within Sopha's body. Prior to visiting the clinic, she had lost her appetite and could not eat for several days. After Dr. Kittti gave her the injection, she was not only able to walk out of the clinic, but she felt so good that the smell of "papaya salad," one of the most popular local dishes, from a vender cart in front of the clinic was so tempting that she wanted to sit down and eat it at once. The feeling of appetite triggered by the delicious smell of her favorite dish constituted a new bodily sensation of being healed.⁶

The injections had never failed, but Sopha had never gotten a medical diagnosis from her doctor. Dr. Kittti never told her what this disturbing disease was and what kinds of medications he prescribed that kept her coming back. "Maybe he doesn't really know," Sopha said when I asked her what her doctor thought was her problem, "but he is the only one who can treat it." In fact, Dr. Kittti, like most doctors Sopha had visited, never inquired into the details of her illness experience and hardly even performed a physical examination. Arguably, Dr. Kittti, like most Western medical doctors in Thailand, doesn't know how to give a bio-medical tag to this mysterious illness which has no recognized bio-physiological

pathology.⁷ Yet, Sopha faithfully went to Dr. Kittī's clinic for those expensive shots every few months. In the interim, while she was busy collecting enough money to pay for a visit to Dr. Kittī, she relied on "*Puad Hai*," a locally available, less expensive pain killer powder, or "*para*" (a local name for tablets of acetaminophen – Tylenol) from the local health center.

Since the onset of her symptoms, Sopha couldn't work as hard as she wanted to. She was short of breath, extremely fatigued, and her heart palpitated with even the lightest routine household chore. "Merely walking up the stairs of my house makes my heart pound as if I am going to die," she complained. The sleeplessness and her sensitive irritable heart further crippled her. "Especially if there are loud noises at night and I wake up," Sopha said, "my heart pounds heavily in my chest. I feel frightened and cannot go back to sleep." More troublesome for Sopha was that even if she woke up without any disruptive noise, she still felt frightened and her heart palpitated. "It is like I was soundly falling asleep and the next minute I just simply became wide awake and frightened without a cause," Sopha recounted. Sopha could not fall asleep again for hours. Oftentimes, she lay down on her bed with her eyes wide open and a pounding heart. Sopha suspected that this was because of her thoughts and tried to calm her mind and meditate before going to bed but to no avail. Whenever she woke up, her heart just wildly throbbed for no obvious reasons. It was as if life itself was a great terror, agonizing and terrifying to wake up into.

THE PREDICAMENT OF THE ELEPHANT PEOPLE

A year of acquaintance with her and her family helped me put her illness experience in perspective. Her biography was a story of vulnerability and misery that might indeed make the mere waking up to the reality of her life a terrifying experience. It was a story of the predicament of a culture which had become increasingly irrelevant to the reality of the modern world. Sopha used to think of herself as fortunate to be married into her husband's family, a family of several generations of great elephant masters. But now hers was the generation from which the glory of the old days had vanished and into which the depressing uncertainty of the future was born. Like many families of elephant people, her family had depended on elephants for their livelihood for centuries. Her husband had tamed, trained, and raised elephants which were captured by his grandfather from the deep forest in Cambodia and Laos since he was a child. At the age of fourteen he had already traveled with elephants to work in the cities and learned to earn his own living as an elephant keeper. Now that capturing wild

elephants from the forest had been prohibited, the tradition of elephant raising had seen its day, and their entire mode of existence had been made increasingly irrelevant. Those who still kept their elephants sought to survive by riding the pachyderms into the cities to exhibit their vulnerability and exoticism for a pittance. They sold small pieces of ivory carved into figurines, rings, Buddha images and other amulets as they traveled with their elephants. Among the Thais, ivory is considered highly precious and sacred. With the presence of elephants and the exotic look of the Kui Other, the crafted “ivory” was guaranteed to be genuine. They also earned money from performing rituals related to elephants such as arranging for pregnant women to walk under the elephant’s belly, believing that doing so would make the delivery of the babies safe and easy.

Though traveling into the city provided the Kui with extra income, it was recognized as a most afflicting experience, both physically and mentally. Physically, during their travels, they had to live and endure a degraded life: they slept on the dirty ground, oftentimes in filthy garbage dumps, bathed in canals polluted by urban sewage, walked all day under the intense heat of the sun, and endured sleepless nights amidst voracious armies of mosquitoes. Psychologically, they had to come to terms with their marginality and inferiority. They had to display their exoticism and subordination to elicit empathy so that others might buy their ivory figurines. Being out of place, they were forced to humbly endure any humiliation from ecologically minded urbanites and threats from mischievous urban dwellers (see detail below). Since capturing wild elephants from the forest was prohibited, the elephant population in the Kui communities was on the decline. During my fifteen months of field work, eight elephants died, mostly from old age, and only three elephant calves were born. The Kui know all too well that sooner or later their traditional way of life will end.

When capturing elephants in the forest of Cambodia and Laos was no longer possible and her husband’s family’s elephants died one after the other, Sopha knew that her family would have to struggle to survive. She and her husband went to work at the Rose Garden Resort in Nakorn Pathom, near Bangkok. Sopha worked there as a servant while her husband worked as a mahout taking care of and training an elephant to perform for tourists. But when Sopha was pregnant and became ill, they decided to come back home so that Sopha could be properly taken care of. With a 12-*rai* rice field (one *rai* is four-tenths of an acre, or 1600 square meters) that they had inherited from her husband’s parents, they returned home to be farmers.

Being farmers in this locale was no easy task. The paddy soil was sandy and infertile. There was no irrigation system, so rice growing depended entirely on more and more unpredictable rain. Although villagers' rice fields were next to the Moon river, the water in the river was salty and could not be used, because it ruined the crop and damaged the soil. With their twelve-rai rice field, Sopha and her husband could hardly make ends meet. Her family earned 6618 bahts (approximately 260 US dollars in 1994) from growing rice in the last harvesting season. Considering this not as annual income but as income for the harvesting season, she earned approximately 1655 bahts (about US\$ 66) a month for the four months of her whole family's hard work in their rice field. Sopha definitely could not survive economically by being a farmer; her income from growing rice could not even pay for the education of her four children, let alone her medical bills.

The problem of flooding further worsened the situation. The village has a long history of flooding almost every year in the rainy season. In the past, villagers avoided the damage of flooding on their harvest by practicing what was called "*na nong*," literally pond rice: growing rice in swamps or shallow ponds. Native strains of rice were appropriate for this cultivation because their short harvesting time was suitable for the time constraint. Farmers quickly plowed the shallow ponds or swamps in April and sowed the rice seed there. Within a few months native rice produced grain and farmers immediately harvested all the yield just before the flood hit the area at the beginning of the rainy season. About fifteen years ago, the practice was ended because the government announced that all natural wetlands be registered and would belong to the state.

The flooding not only damaged the villagers' crops but also threatened their lives. Flooding in this area was immediate, swift, and massive. Local people described that water suddenly came out of nowhere and those who were not fast enough to run away got caught in the rising flood and had to climb trees to escape being washed away and drowned. People in the village had to bring their elephants to rescue those on the tree tops. Although the construction of two medium sized dams at the upper and lower parts of the river a few years earlier had, to a certain extent, regulated the water flow, there still was a lot of uncertainty. Two years before, villagers witnessed one of the most massive floods in recent history. The water ran right up to Sopha's mulberry garden next to her house, flooded her family's rice field and ruined much of her harvest. In addition, fish which once had been numerous in the river were now disappearing. Local people believed that it was because the construction of dams had obstructed the natural route of the fish. In the past, when their rice harvest failed, local Kui

used to catch fish from the river and barter fish for rice and other necessities with nearby villages. Now fish were scarcer. Lacking any buffer against uncertainty, Sopha lived a vulnerable life and became extremely vigilant and sensitive to any sign of danger or trouble. Contrary to her assertion that her symptoms, like the floods, came out of nowhere without a specific source, they derived from a deeply seated constant threat of insecurity. It is within this context of vulnerability and defenselessness that Sopha's living experience was transformed into her distressing illness.

ILLNESS STRIKES

Sopha's illness began when she was pregnant with her youngest daughter who is now nine years old. At that time she was working at the Rose Garden in the Province of Nakorn Pathom along with her husband. One day, she felt a severe pain in her stomach. The spastic pain was so devastating that her body crumpled; her whole body was numb. She was taken to see a doctor at a local hospital who told her that it was just a simple gas pain in her stomach and gave her some antacid. But Sopha did not get better. She finally returned to her home village and went to see a doctor in the provincial town of Surin where she was given a few injections and some prescriptions. Eventually, her symptoms disappeared and she gave birth to her baby a few months later. Sopha stayed in the village, raised her children, and worked as a farmer to earn her livelihood. On occasion, her husband traveled into the cities with his neighbor's elephant to earn additional income.

Five years later, the symptoms started bothering her again. Although this time there was no pain in her abdomen, the feeling of numbness, fatigue, and being frightened was much worse than before. What was even more disturbing was her irritable heart. "Whenever I hear someone talk loudly, my heart will beat throbblingly. And if I hear of something or feel like some bad things are happening to people, I just can't bear it. I will be startled and my heart will leap in a panic," Sopha said. An ordinary event like her husband returning home late one night after he had gone to his mother's house a few steps away to watch a televised boxing championship match kept Sopha awake. Even when he returned and was safely home, Sopha was still anxious and couldn't sleep all night. "My husband thinks I have *rok prasaat* [neurosis]," Sopha said, laughing, "maybe I am just too worried."

As a mother of four children, three of whom were teenagers, Sopha had a lot to worry about. One of her major concerns was about her only son, Sakda. Sakda was considered to be a stubborn, mischievous kid in his

school. When the teacher admonished him for keeping his hair too long, he shaved his entire head. He blew a whistle in his classroom to intimidate a woman teacher who had been harsh with him. When his father insisted that he must apologize to the teacher or he would not be allowed to stay at home, Sakda left his father's home, went to eat food left in the alms bowl at the village's temple, and stayed with his aunt for several nights.

Like most adventurous adolescents, Sakda occasionally engaged in quarreling or fighting with other teenagers. Sopha's house was close to the village's defunct "Community Development Center" which now, with its location at the crossroads in the middle of the village, had become a place where teenagers hung around, oftentimes drinking alcohol. The sounds of arguing at the Community Development Center stirred her disquiet. "When people talk loudly at the Center, or those kids are quarreling or just kidding, the raucous shouting makes me frightened and my heart pounds for days." And such fright triggered an onset of her other symptoms. It was not uncommon for teenagers to fight, nor was it unusual for parents to be frightened or agitated when hearing about their kids getting into trouble. But for Sopha, the intensity and duration of her body's responses to this auditory arousal was more than unusual. Even if the anguishing noise proved to be nothing but play and had nothing to do with her son, her heart kept pounding, her whole body became numb, she felt fatigued and exhausted for days or even weeks. Once provoked by the sounds, she kept waking up in the middle of the night in a state of panic, with her heart leaping dreadfully. What others considered to be the ordinary ordeals of everyday life were for Sopha an intense form of threat. Loud talking, quarreling, the noise of motorcycles blasting abruptly – all exacerbated Sopha's symptoms.

When I was interviewing Sopha, neither her husband nor Sakda was home. Her husband traveled to work as a mahout in Malaysia in the logging industry. Although the income was ample, it was just a temporary job away from home. Sakda, on the other hand, traveled with one of his relative's elephants into the city. This was the first trip to the city for Sakda and Sopha knew that it was full of hardship. There was a sense of ambiguity in Sopha's mind. On the one hand, she wanted Sakda to have some experience and to learn some life lessons of hardship so as to make him more mature. On the other hand, traveling as "elephant people" into the city was an ordeal. Samlee, a next door neighbor of Sopha's family, who owned an elephant, recounted his coming to terms with the desperate sense of inferiority when he took his elephant into Bangkok:

We were never rude and we behaved very politely to people in the city. When we saw those who dressed nicely we always called them "master" (*jaonai*). If they were women

we called them “madame” (*khunnai*). . . . The (ethnic) Laos in Bangkok thought that we were Khmer and always looked down upon us. But they were also afraid of us because they knew that the elephant people had occult power (*khong*). But when they came in groups sometime they just assaulted and threatened us, demanding our ivory staff. Security guards were particularly mean to us. They scorned and looked down upon us. We didn’t want to walk near them. They shouted at us from afar and chased us away like pigs or dogs. . . . Sometimes urban people were mean to us, especially those who were drunk. They came and stood in front of us, and accused us of selling fake ivory figurines. I said “Brother, I am sorry if our appearance bothers you. We are just passing by. If you don’t feel like buying [our ivory figurines], don’t mind me.” But deep in my heart I heard myself saying “*Yet mae mueng! Nae jing mueng ook ma si. Koo ja kie chang koo yeap maeng hai tai haa luey* [You motherfucker! If you are really good, come on out. I will ride my elephant and stamp you to death].”

Although the profit from traveling into the city had been lucrative for the elephant people, much uncertainty awaited them. The Bangkok Metropolitan Administration (BMA) announced in early February 1995 that elephants were prohibited from entering into Bangkok, since the pachyderms’ wandering around on the city streets worsened the traffic problems. Now the Kui could only take their elephants to other provincial towns or other cities in Greater Bangkok area, which made the trips much less profitable. Many elephant keepers were worried that sooner or later other cities would eventually follow the BMA in prohibiting elephants from going into the cities. Many felt that they had always been victimized and unable to defend themselves. For the elephant keepers, including Sopha and her family, the future was an agonizing uncertainty. They felt indignant about the BMA regulation. As Samlee lamented,

I deeply regret that the Bangkok Metropolitan Administration prohibits elephants from entering Bangkok. I feel very resentful at the way I was treated. What crime had we committed? Even alien refugees were welcome and helped, but we are Thai citizens. We just want to take our elephants to the city and we are prohibited or even arrested if we do so. . . .

The prohibition of elephants from entering Bangkok was a quick fix for the BMA. But for the Kui, it was yet another example of their being marginalized and excluded. For more than thirty years, the Kui had been working for the Annual Elephant Round-Up Festival for Surin province which had brought both fame and finances to this “Land of Elephants.” And the Surin Provincial Administration was well aware that the Kui had been relying on taking elephants into the cities as a survival strategy, partly because of insufficient support from the provincial administration. Ironically, the Surin Provincial Administration did not take any action to help the Kui. The Kui felt disregarded and betrayed. They had done so much for the annual round-up which brought tourists from around the world to Surin. Yet they were ignored and had to struggle to survive by themselves.

Worse still, more and more urbanites now scolded the elephant people for torturing elephants, blaming them for walking the pachyderms on the hot concrete streets in the cities, making them inhale toxic fumes from the exhaust pipes of cars, and taking them from the wilderness where elephants should be living peacefully. As the ecological consciousness among urbanites rose, elephants, once the symbolic representation of sacredness, now became an “endangered species,” the symbol of ecological vulnerability whose appearance in the cities was out of place and irritating. And they blamed the Kui. Some car drivers, when they saw an elephant walking on the street side, stopped their cars, lower their windows, and roughly scolded the Kui for what they considered to be torture of elephants. Statements like the following – a compilation by the author from opinions voiced in the mass media – are often heard from “concerned” urbanites and “conservationist/environmentalists”:

Elephants should be preserved and live in their natural environment. Our nation is in debt to elephants. We used them to fight in ancient warfare and they helped to save our country. Now they should live in dignity, in the natural forest, and should not come to the city and beg for money and food like beggars.

But natural forest, tranquil and fertile, exists only in the fantasy of these “ecologically conscious” but politically uninformed urbanites. The natural forest has become eucalyptus plantation, seized and privately owned by local “Big Men.” Samlee said,

We used to have all kinds of food for our elephants. But nowadays, elephant’s food is definitely scarce. It’s a pity. When we stayed home, I saw my elephant’s tears stream down her face everyday. But when La-or [his elephant’s name] saw a truck [coming to haul her to the city], she was so cheerful and always eager to get up onto the truck. She was never mischievous. [She] wanted to go to eat food in Bangkok. In Saraburi, and Hin kong [near Bangkok], elephants’ food is abundant. There is a lot of grassland and people are generous. They bring fruits and sugar cane and give them to La-or. I always want to take La-or there. If her stomach is full, she will be in a good mood. She will sleep soundly and never be naughty. But when she is hungry, she is always frustrated and cannot go to sleep on an empty stomach. She stands up and walks back and forth all night, aimlessly. When I see La-or act like that, it hurts my heart. Sometime I cried myself to sleep. Why does this happen to La-or? Why? When we stay home, I have to beg for aged banana trees from neighboring villages to feed her. There is no more natural forest.

There are a few patches of thicket on the other side of the Moon River. But there are also problems.

If I take her across the river, there will be a lot of problems. In the old days, we could let our elephants roam freely in the nearby forest. Nowadays it is impossible. The natural forest now belongs to the rich. It has been seized by influential “Big Men” and has become a eucalyptus plantation. Elephants don’t eat eucalyptus. Moreover, if my elephant accidentally steps on a small eucalyptus tree as she walks by the plantation, I get into big trouble.

If the elephant's chains only slightly scratch the tree's bark, the Big Man requires us to pay one hundred baht for each damaged tree. Ten small trees cost one thousand baht. If a small tree's trunk cracks, it costs me 500 baht. The elephant owners now cannot leave the elephants alone. We have to keep our eyes on our elephants all the time and keep them out of the plantation, otherwise we will be in trouble. We cannot go to catch fish or to find natural food in the grove as we used to do. . . . On this side, the natural bamboo forest [a favorite food for elephants], which used to be public property, has been seized. All those influential Big Men and their powerful tractors have cleared the natural forest and planted eucalyptus trees everywhere. . . . No more elephants' food. If La-or [now pregnant] gives birth to her baby I will have to find a job in a garden resort near Bangkok. I am afraid that the baby elephant might die because we don't have enough food for both the mother and the baby elephant here. But I don't know whether or not I will be able to find such a job. If any place offers such an opportunity, whatever the working situations I have to endure, I will immediately take without any conditions, only to save the lives of my elephants.

This painful experience was far too familiar for people like Sopha. The time when the great elephant masters enjoyed political autonomy was long gone. Now it was an era characterized by bureaucratic clientelism controlled by the "Big Men," the influential ethnic Chinese political entrepreneurs. Local state officials not only turned a blind eye to the predicament of the Kui, they actively cooperated and participated in corrupt reciprocity with the "Big Men," providing public construction projects and other concessions and receiving a 15% kickback. The "Big Men" also used their official connections to acquire legal title to the public forests. Their bulldozers, tractors, dump trucks, and backhoes roved around the countryside like untamed beasts and ate up the natural forest, the malevolent poltergeist of modernity that could neither be tamed nor appeased by the great master's elaborate rituals. Through their economic power and political connections, the local "Big Men" created a regime of terror that not only silenced discontent and rendered the Kui powerless but also forced ordinary people like Sopha to live in constant fear and vigilance. The state machinery, as the Kui had experienced it, was not a neutral structure but the facilitator of the regime of terror itself.

THE KILLING MACHINES

As for Sakda, Sopha knew for sure that Sakda would earn some money from his travel but she didn't know what else would happen to him during his trip and what awaited her when he returned. What worried Sopha most was that Sakda regularly participated in motorcycle racing. Every evening teenagers from the village gathered with their motorbikes near the high school and competed to see who was the fastest. Although Sakda didn't have a motorcycle of his own, he had little problem borrowing a motor-

cycle from a friend for a thrilling ride on the newly built asphalt road from Taklang village to nearby Nong Bua village. He lay face down on the motorcycle's seat and blasted out while his peers were watching. The piercing roar of the motorcycle, the sound of excitement for these young people, was the sound of horror for their parents. The fact that four teenagers in this very village were recently killed in motorcycle accidents, in addition to several other incidents which caused severe wounds, fractures, and head injury, made Sopha's concern only too reasonable.

Many teenagers who traveled to the cities returned home, not with the cash they had earned but with new motorcycles, for which they had made the down payment from the money they earned during the trips. Just as women have had very little say about the ways their husbands spend the money they agonizingly earned from traveling into the city, parents have no control over the money their sons earn. Sakda had been collecting catalogs of large-sized motorcycles for a while and this time his dream might have come true. As in most communities in rural Thailand, the motorcycle had become a symbol of "modernity" among teenagers here. Catalogs of new model motorcycles had become collectibles. Teenagers drew pictures of fancy motorcycles in their school notebooks. They gathered around motorcycles newly bought by their friends to discuss how powerful the engines were. Motorcycle repair shops became the favorite gathering places for these enthusiasts to modify their vehicles (e.g. removing the noise filters from the exhaust pipes to make them even more noticeable through the high-pitched shrieks they generated, decorating them with chrome accessories, etc.).

There were more than thirty motorcycles of various makes and models in the village: Yamaha VR 120, Yamaha JR, Honda Nova RS Super, Honda Nova Dash, Honda Tena 110, Honda NSR, Suzuki Akira, Suzuki Flash, Suzuki MTX, Suzuki RC 100, and Kawasaki Micro Maxnum, to mention the most common ones. These machines had become part of their owners' identities. Just as the elephants were the identities of the mahouts, so that they were called by their elephants' names, the motorcycle models teenagers owned became the suffix of their names. Prom, an owner of Yamaha VR 120, for instance, was referred to among teenagers as "Prom VR 120." Others were Som VR 120, Jan Tena 110, Noi Nova RS Super, and the list went on and on. Those who owned a motorcycle were lauded among teenagers. But their parents were often "heavy hearted" and worried about these "killing machines" and the "Suzuki Disease" or "Yamaha Disease" many village kids had died of. Motorcycle accidents were familiar stories among villagers. A few weeks after my interview with Sopha about her

illness, *Boy*, one of Sakda's closest friends, was severely injured in a motorcycle accident. An entry in my field notes reads:

The Case of "Boy" and His Motorcycle Accident

At 1:00 AM the night of July 26, 1995, *Boy* and *Pah* returned home on a motorcycle from a drunken birthday party. Both of them were intoxicated. *Boy* couldn't control the motorcycle and they both fell off the street into a canal. They were taken to the health center in the village where *Pah* regained consciousness. Both of them had several deep wounds. The health worker at the health center could not rule out head injuries so *Boy*'s parents rented a pick-up truck and took them to the district hospital. The next morning, the X-ray of *Boy*'s left arm showed a fracture of the shaft of the ulna. The doctor at the district hospital wanted to refer *Boy* to the provincial hospital for further treatment but his parents refused to go. His father had to pay 700 baht for the X-ray and other tests and got some antibiotic and analgesic medicine to take home, in addition to 300 baht he had paid the previous night for suturing the lacerations on *Boy*'s face and body. Lying on a bamboo bed under his house, *Boy*, with his entire face swollen and sutured wounds all over his face, arms, and legs, asked me for medicine that would minimize the scars of the lacerated wounds on his face, while his mother was devastated and worried about her son's internal injury. . . . *Boy* had just returned from traveling with an elephant to the city where he earned 10,000 baht. He gave 5,000 baht to his mother which she spent on hiring villagers to plow their rice field. *Boy* had spent the rest eating, drinking, and partying. He was just about to go to the city again but the accident had postponed his journey, at least for a while.

Such stories haunted the community since two teenagers in the village had been killed in a motorcycle accident two years earlier. A few months before *Boy*'s accident one of *Sopha*'s nephews, *Sudjai*, was killed in a terrifying motorcycle accident just a few meters from her house. *Sudjai* was only fourteen when he rode his sister's motorcycle at high speed, lost control, crashed into the temple wall, and died instantaneously from severe head and chest injuries. "When I heard the sound," said *Sopha*, "I thought it was Sakda and I almost fell to the ground. I leaned against my house post and my entire body shook with fear." Although the awful death of her nephew terrified her, the dreadful accident was only the precipitating cause that had stirred her up. What was more critical here is the indelible sense of vulnerability and defenselessness, the fear that she was under constant threat and couldn't do anything for her own defense. She had no control over the fearful fate that she knew was awaiting her.

Many other stories circulating in the community reiterated the defenselessness and vulnerability of women like *Sopha*. A teenager in a nearby village jailed his mother in the toilet and vowed to lock her up unless she promised to buy him a motorcycle. Another teenager broke the family's concrete water container and pledged to continue breaking one each day until his parents bought him a motorcycle. The stories may sound senseless but for many parents they were very real and posed a serious dilemma. Not only had they no idea why their children were so obsessed with and crazed by those dangerous "killing machines," but they had neither control over

their behavior nor the cultural resources to motivate their children. The advertisements on television, in magazines, peer pressure, and marketing strategies of motorcycle dealers with slogans like: “It’s Yours Without A Down Payment!” or “Ride It Today, Pay Later!” – all worked against the vulnerable parents. The marketing forces of advertisement rendered local autonomy inconsequential and women like Sopha defenseless. “When I think about my son getting a motorcycle, I am very heavy-hearted,” Sopha said.

Any parents would be “heavy-hearted” and worried if their children got into this kind of situation. But Sopha’s account raises many questions even more critical than that of parenthood and troubled teenagers. It was the total experience of vulnerability and defenselessness, the sense of powerlessness in the face of the agonizing uncertainty of change, of always living on the edge, which permeated every facet of Sopha’s life and made her so fragile. The threat of this total experience had overwhelmed her. It was as if the predicaments were always poised to strike her at the points where she was most vulnerable. But again, her weak points seemed to be everywhere. Lacking any buffer to absorb the fear and anguish of unruly uncertainty, life was always on the threshold of terror, full of terrible dangers. The blast of motorcycles, the quarreling neighbors, the rowdy drunks, the jarring sounds of trucks and heavy machinery, all were impregnated with cultural meanings and symbolic power. They were the symbolic representations of the unbridled peril that could throw her life completely into disarray at any moment.

It is within this context of an overwhelming sense of powerlessness and the threats of devastation that the felt immediacies of the acoustic perceptions to which Sopha was so sensitive need to be understood.

CONCLUSION: WHY ACOUSTIC?

If, as Howes, following Stoller (Stoller 1984), suggests, “words are not knowledge or information, they are not representation *of* something, they are power, energy, the reason for this being that: ‘Words in the oral-aural culture are inseparable from action for they are always sound’ ” (Howes 1991: 9). The same can be said of other audio-acoustic forms for they *are* sound to the core. The loud harsh sounds of motorcycles, quarreling, and machinery are unpleasant to hear. The disharmonious acoustic qualities of these sounds are in themselves jarring and startling. The dynamic and structural organization of the sonic energy – its abruptness, its invasiveness through physical barriers, its felt vibration, etc. – seem to be much more unpredictable and “unforeseeable” when compared to sight or other

senses. This is not at all peculiar. Among the Inuit, for instance, although sight is greatly valued for hunting and other activities, sound has cultural priority and has more symbolic significance. Sound is likened to the knife of the carver which creates form out of formlessness (Carpenter 1973; cited in Howes and Classen 1991: 258). The unpredictability and uncertainty embodied in the dynamic of audio-sensory experience is structurally similar to the uncertainty of the life of people like Sopha. It thus forcefully reiterates the sense of vulnerability and the infinite potentiality of danger.

In addition to their acoustic properties, these sounds are sonic icons endowed with political and cultural meanings. The meaning-endowed sonic contour of the community bears within it historical and political sedimentations that can provoke and ignite emotional-physiological responses. Feld forcefully argues that sound becomes an important source of cultural meaning among people who “hunt by sound, . . . reckon space by acoustic indications of distance where one cannot see through the forest” (Feld 1991: 89). Feld illustrates his argument by a finely grained observation of how sound as a symbol mediates social sentiment through the construction of the acoustic sensibility of the Kaluli of Papua New Guinea. Unquestionably, the audio-structure of everyday life not only shapes the acoustic sensibility of a social group but also reiterates and reifies the acoustic significance of symbolic power and social hierarchy.

In short, the sounds of a blasting motorcycle, drunkards, quarreling neighbors, and machines eating up the forest, all are embodied symbols of human relations. And for people like Sopha, they are saturated with the sense of defenselessness and vulnerability. They are the terrorizing sonic icons within the soundscape of everyday life, terrifying elements in the web of significance where Sopha felt herself entrapped. These sounds not only invalidate the traditional soundscape of the village; they bring the uncontrollable world of modernity into the intimacy of rural lives. Illness as a living experience thus takes form within this everyday soundscape where the global overwhelms the local by shattering its silences. The defenselessness of her life is felt in the body through audio-acoustic perception. These felt immediacies of the jarring audio-acoustic experience evoke a bodily response which is mediated by local somato-psychic conceptions and then objectified as bodily illness. The soundscape of everyday life is thus the vicinity within which the senses of vulnerability, marginality, and powerlessness are produced and felt as illness by Sopha and many others like her. The incorporation of the acoustic tonality and its political/cultural meanings into the process of everyday life creates a specific mode of being-in-the-world; it constitutes a particular life world

and constructs a specific form of audio-somatic experience within the individual body, the social body, and the body politic. In exploring illness experience in the soundscape of everyday life, then, one can see how power relations are reiterated and reified within the body through the senses and the social production of everyday audio-sensory experience. The sense, the symbolic, and the soma thus combine to create an illness experience from the felt immediacies of the socio-political predicament. Illness as a bodily experience thus takes form within the local biology, to use Lock's term (Lock 1993: xxi),⁸ and the meaning-endowed soundscape of everyday life.

NOTES

1. Clinical diagnosis of most cases I found in the Kui communities would probably be generalized anxiety disorder. Studies show a prevalence rate of 5–10% of this illness in both developed and developing countries (cited in Desjarlais et al. 1995: 47).
2. See Howes (1991); Feld (1982); Stoller (1997); Stoller (1989); Stoller (1984); Desjarlais (1992); Classen (1993); Classen (1994); Seremetakis (1994); Guerer (1994); Ackerman (1990).
3. Even the notion of “five senses” can be further problematized. In Buddhist tradition, for instance, there are six senses rather than five. The Buddhist sixth sense is the mental perception of things and differs from “the sixth sense” as construed in the Western folk concept of intuition.
4. The hegemony of the visual and the textual in the Western thought has been brought to the fore by many writers (see Foucault 1979; Jackson 1989; Summers 1987; Synnott 1991; Tyler 1984).
5. Biomedically speaking, there is no specific treatment for such mental distress in the form of an injection. Standard treatment regimens are mostly the combination of a minor tranquilizer and antidepressant plus certain medications for symptomatic relief, e.g. analgesics for headache.
6. In this account, one can see how the interplay of auditory sense (sound), bodily sensation (hot flash), and olfactory sense (smell of food) creates a specific form of illness as well as healing experience. From a clinical perspective, the feeling of a hot flash following the shot indicates that the medication used in this case may be calcium gluconate solution, which can be extremely impressive because it creates a real bodily sensation of drug effect. Its potential adverse effect is, however, fatally dangerous for it can immediately stop the heart.
7. Among general medical practitioners, biomedical diagnosis of these symptoms ranged from anxiety neurosis, to generalized anxiety disorder with panic attack, to neuro-circulatory asthenia, to depressive disorder, to hypochondria. In most cases, however, the doctors used local folk diagnostic terms, for instance, *hua jai on* (weak heart), or *prasaat on* (weak nerve), as a diagnosis when they wanted to tell their patients what their problems were.
8. Margaret Lock (1993), in her comparative study of aging and menopause in Japan and North America, coins the term “local biologies” to indicate how culture and bio-physiological changes interact to create a culturally specific form of biological

experience. Lock reveals how culture has permeated popular and scientific discourse on aging in both societies to make physical changes at the end of menstruation – as well as their subjective interpretations and representations – remarkably different between Japanese and North American society.

REFERENCES

- Ackerman, Diane
 1990 *A Natural History of the Senses*. New York: Random House.
- Benjamin, Walter
 1969 *The Work of Art in the Age of Mechanical Reproduction*. In *Illuminations*, H. Arendt, ed. pp. 217–51. New York: Schocken Book.
- Carpenter, Edmund
 1973 *Eskimo Realities*. New York: Holt, Rinehart and Winston.
- Classen, Constance
 1993 *Worlds of Sense: Exploring the Senses in History and across Cultures*. London and New York: Routledge.
- Classen, Constance, David Howes, and Anthony Synnott
 1994 *Aroma: The Cultural History of Smell*. London and New York: Routledge.
- Daniel, Valentine
 1991 *The Pulse as an Icon in Siddha Medicine*. In *The Varieties of Sensory Experience: A Sourcebook in the Anthropology of the Senses*, D. Howes, ed. pp. 100–110. Toronto, Buffalo, and London: University of Toronto Press.
- Desjarlais, Robert
 1992 *Body and Emotion: The Aesthetics of Illness and Healing in the Nepal Himalayas*. Philadelphia: University of Pennsylvania Press.
- Desjarlais, Robert et al., eds.
 1995 *World Mental Health: Problems and Priorities in Low-Income Countries*. New York: Oxford University Press.
- Feld, Steven
 1982 *Sound and Sentiment: Birds, Weeping, Poetics and Song in Kaluli Expression*. Philadelphia: University of Pennsylvania Press.
 1991 *Sound as a Symbolic System: The Kaluli Drum*. In *The Varieties of Sensory Experience: A Sourcebook in the Anthropology of the Senses*, D. Howes, ed. pp. 79–99. Toronto, Buffalo, and London: University of Toronto Press.
- Foucault, Michel
 1979 *Discipline and Punish: The Birth of the Prison*. A. Sheridan, transl. New York: Vintage Books.
- Friedson, Steven M.
 1996 *Dancing Prophets: Musical Experience in Tumbuka Healing*. Chicago: University of Chicago Press.
- George, Kenneth
 1993 *Music-Making, Ritual, and Gender in a Southeast Asian Hill Society*. *Ethnomusicology* 37(1): 1–27.
- Guerer, Annick Le
 1994 *Scent: The Essential and Mysterious Powers of Smell*. Richard Miller, transl. New York, Tokyo, London: Kodansha International.

Howes, David, ed.

- 1991 *The Varieties of Sensory Experience: A Sourcebook in the Anthropology of the Senses*. Toronto, Buffalo, and London: University of Toronto Press.

Howes, David, and Constance Classen

- 1991 Conclusion: Sounding Sensory Profiles. *In The Variety of Sensory Experience: A Sourcebook in the Anthropology of the Senses*, D. Howes, ed. pp. 257–88. Toronto, Buffalo, and London: University of Toronto Press.

Jackson, Michael

- 1989 *Paths toward a Clearing: Radical Empiricism and Ethnographic Enquiry*. Bloomington: Indiana University Press.

Kleinman, Arthur

- 1995 *Writing at the Margin: Discourse between Anthropology and Medicine*. Berkeley: University of California Press.

Laderman, Carol

- 1991 *Taming the Winds of Desire: Psychology, Medicine, and Aesthetics in Malay Shamanistic Performance*. Berkeley: University of California Press.

Laderman, C., and M. Roseman, eds.

- 1996 *The Performance of Healing*. New York & London: Routledge.

Lock, Margaret

- 1993 *Encounters with Aging: Mythologies of Menopause in Japan and North America*. Berkeley, Los Angeles, and London: University of California Press.

Roseman, Marina

- 1991 *Healing Sounds from the Malaysian Rainforest: Temiar Music and Medicine*. Berkeley, Los Angeles & London: University of California Press.

Seremetakis, Nadia, ed.

- 1994 *The Senses Still: Perception and Memory as Material Culture in Modernity*. Boulder, San Francisco, & Oxford: Westview Press.

Stocking, George W. Jr.

- 1982 *Race, Culture, and Evolution, Essays in the History of Anthropology*. Chicago and London: University of Chicago Press.

Stoller, Paul

- 1984 Sound in Songhay Cultural Experience. *American Ethnologist* 11(3): 559–570.
1989 *The Taste of Ethnographic Things*. Philadelphia: University of Philadelphia Press.
1997 *Sensuous Scholarship*. Philadelphia: University of Pennsylvania Press.

Sullivan, Lawrence E., ed.

- 1997 *Enchanting Powers: Music in the World's Religions*. Cambridge, MA: Harvard University Center for the Study of World Religions.

Summers, David

- 1987 *The Judgment of Sense: Renaissance Naturalism and the Rise of Aesthetics*. Cambridge, UK: Cambridge University Press.

Synnott, Anthony

- 1991 Puzzling over the Senses: From Plato to Marx. *In The Variety of Sensory Experience: A Sourcebook in the Anthropology of the Senses*, D. Howes, ed. pp. 61–76. Toronto, Buffalo, and London: University of Toronto Press.

Tame, David

- 1984 *The Secret Power of Music: The Transformation of Self and Society Through Musical Energy*. New York: Destiny Book.

Tyler, Stephen

1984 The Vision Quest in the West or What the Mind's Eye Sees. *Journal of Anthropological Research* 40: 23–40.

You, Haili L.

1994 Defining Rhythm: Aspects of an Anthropology of Rhythm. *Culture, Medicine, and Psychiatry* 18(3): 361–384.

*Health Socio-Cultural Policy Unit
Bureau of Health Policy and Planning
Office of Permanent Secretary
Ministry of Public Health
Nonthaburi, 11000
Thailand
komatra@health.moph.go.th*

