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COLLECTING WITH COMMUNITIES: PROMOTING INDIGENOUS VOICES IN MUSEUM SPACES.

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Introduction

In January 2015, the Horniman Museum and Gardens in London entered a number of artefacts from the Island of Palawan in the Philippines into their Anthropology collection. Like most museums, the majority of the Horniman's artefacts are purchases or exchanges selected by curators or represent objects donated as bequests or gifts from a range of benefactors. However, since the 1990's in particular, a number of experts and authors have highlighted the need for museums to break with such traditions of institutional control (Lynch and Alberti 2010) and engage in more participatory and collaborative modes of curation and communication with communities and the public. As part of their attempts to do so, the Horniman investigated new and innovative ways to conduct collection acquisition, research, engagement and interpretation (Horniman Museum & Gardens 2013) through their *Collections People Stories*: *Anthropology Re-Considered* project (2012–2015). A Collecting Initiative was launched in collaboration with the UK Royal Anthropological Institute calling on PhD students and Postdoctoral Fellows to collect and research objects for the museum as they engaged in their fieldwork. This article describes my experience of collecting objects for the 2012–13 initiative. In an effort to honour the collaborative nature of the grant, I was keen to collect artefacts in partnership with members of the indigenous Palawan community with whom I was working. My aim was to directly engage them in the process of selecting and contextualising objects that they wanted to donate to the museum as representations of their culture. Collecting with communities in this way is one way of promoting polyvocality in the museum context and allows usually marginalised indigenous people's voices to be better heard in global public spaces (Mason, Whitehead et al. 2013: 164). As such, this article documents the participatory process of collecting as well as the artefacts that were entered into the collection, their uses and the significance they hold for the people that chose and donated them.

Collecting with communities

Between August 2012 and February 2014, I conducted 12 months of fieldwork in the municipality of Bataraza on the Island of Palawan for my PhD, which explored the nature of malaria in the area. In particular, I designed and carried out a

participatory photography project, using a technique called photovoice, with young school-going children in order to explore the impact it could have on their malaria-related practices (Iskander 2015). The study was conducted amongst predominantly Palawan communities in Bataraza. The Palawan are an ethnic group in southern Palawan that refer to themselves as 'Palawan,' 'Pala'wan', or 'Palawanän' depending on the dialectical variations within their native Palawano language (Dy 1991). In more recent years, the group has generally been homogenised as 'Palawan' by migrant settlers, a derivation borrowed from the Spanish (ibid.). The Palawan are officially recognised by the government as one of the indigenous ethnic groups on the island.

Due to my focus on health, I worked with a number of health professionals and healers from the Palawan community for whom material culture plays a central role. In order to collect objects relating to these practices, I harnessed the power that techniques like photovoice have in promoting inclusion, self-reflexivity and 'empowerment' (Wang and Burris 1994; Wang and Burris 1997) by training two healers from the Palawan community to use digital cameras so that they could visually document their practices and the objects that they use in real-time (Figure 1). Following an initial training session, healers were given cameras for a period of one to three weeks.

Participant pictures were then used as the basis for qualitative interviews in which the images were discussed in order to provide contextual information regarding the practices of the healers as well as the objects they used (Figure 2). In this way, we were able to come to a joint decision regarding which objects best reflected and conveyed the work of healers and which would be most suitable to donate to the museum.

Ethical approval for this project was granted by the Research Institute for Tropical Medicine in the Philippines (IRB number: 2012–25–1). Written consent was obtained from participants that included the donation of all objects to the museum as well as the use of any images, films and narratives in museum exhibits, reports and any related publications.

Background: Illness, misfortune and death and the role of Palawan albularyos

In the Philippines, the use of traditional, complementary and alternative medicine (TM/CAM) is widespread in both primary and secondary health care settings (Mendoza 2009). In fact, in many areas of the country, traditional medical practitioners continue to be the main providers of health care (Tan 2008). According to Department of Health there is one TM/CAM health practitioner for every 300 Filipinos. In contrast, the ratio of biomedical doctors is considerably lower, at one to more than 26,000 (Mendoza 2009:334). In Bataraza, the number of *albularyos* (General Tagalog word for herbalist) is difficult to discern as some work sporadically, others only treat certain categories of patient (e.g. family/group members) and some offer clandestine services. In the course of my fieldwork, I came across two major forms of *albularyo* in the Palawan community. First, *balyan* rely

on visualisations and invocation of spirits during the healing act. Second, *belanawan* diagnose illnesses and uncover treatments through nightly dreams. These practitioners are united in their use of various herbal-based remedies as well as their special relationship with unseen spirits.

In the Palawan conception, there is one overarching Supreme Being—*Ampu* (Palawano) who is often referred to as 'Lord' or 'God', terms borrowed from Christianity. *Ampu* created everything and is sometimes described as a 'weaver'. As well as *Ampu*, other *diwata* (Palawano for spirit-like entities) also exist who are described as *taqaw* (Palawano for human beings), but are essentially different from *tawbanar* (Palawano for 'real' people) in that they are 'unseen'. *Diwata* are associated with natural entities like the mountains, rocks, trees, forests, rivers, seas and the sky as well as with animals and plants. *Diwata* are said to own and inhabit these entities. While these spirits can theoretically be good or bad, all have the potential to become angered or irate by human action. In this case, spirits will cause humans to suffer illness and misfortune through *bati* (from *nabati* in Tagalog meaning to be greeted), or *salibegbeg*/*samban* (Palawano) which roughly translates as 'greetings' from the spirits. This is caused by human beings passing by, disturbing, ignoring or harming *diwata* in some way which results in them greeting or speaking the name of the victim. *Bati* is a very common cause of illness that the majority of people I encountered had suffered from. Although symptoms vary between participants, they commonly included fever, sweating, body pain, rashes, insomnia and the body becoming 'stiff' or 'too strong' to move. While *diwata* are the cause of a lot of illness and misfortune, there is potential to assuage and appease them. As well as being malevolent forces, some spirits can also be a source of protection for human beings.

As well as *Ampu* and *diwata*, a range of other beings also exist that can cause disease, misfortune and death including dwarves, giants and other animal-like creatures. One such entity—the *tandayag* (Palawano for large fish-like monster)—resides in the centre of the world and, when angered, can rise up through the sea bringing about months of drought or heavy rain to thwart farming. It even has the potential to swallow up the whole land. The *tandayag* is sent as a curse from *Ampu* as a result of prohibited behaviours most notably *sambung* (Palawano for incest) between siblings, parents or first cousins.

The landscape that the Palawan inhabit is consequently very much 'alive' with entities that vastly outnumber living humans. Everyday life for the Palawan is therefore influenced by these entities as they govern practice and affect the way in which people interact with the space in which they live in their attempts to avoid illness, misfortune and death as well as carry favour through prayer, offerings and ceremonies.

As Macdonald (2007) explains, the Palawan conceive of the person as being made of five constituent parts that interconnect to make a whole. Of particular interest in terms of illness are the *ginawa* and the *kurudwa*. *Ginawa* is an innate vital force, responsible for corporeal existence that stays within the body (Tan 2008) and connects people to an invisible universe (Macdonald 2007). This life force is both a source of health as well as potential source of illness (as it can be manipulated

through witchcraft). It is not just limited to human beings but is also present in other animate entities like plants and animals (whose potency have the power to heal and harm) as well as inanimate objects like healing charms which can repel and cure illness (Tan 2008).

Conversely, *kurudwa* is conceived of more as a companion that has the ability to detach from the body and even exist materially both spatially and temporally beyond the life of the body of a person as a ghost. It is the detachable quality of the *kurudwa* that causes people to become sick as it can be dislodged or lost, for example as a result of a fall. The *kurudwa*'s wandering quality means it also has the *compulsion* to wander off, mostly at night, in dreams. This impulsiveness can have fatal consequences if the *kurudawa* were to encounter a dark force. However, less harmfully, it is also this quality of the soul that allows people to dream (Macdonald 2007) and for healers to have visualisations in which their own *kurudwa* leaves their body to seek out lost *kurudwa* or talk with *diwata* (spirits) who can help in the healing process. The *kurudwa* is linked to the *nakem* (mind) as the seat of 'understanding and awareness' (Tan 2008) but not feelings and emotion which are restricted to the *atej* (liver) (Macdonald 2007). Consequently, soul-loss, visualisations and dreams come with a sense of unawareness or what some people who are suffering illness caused by soul-loss describe as being 'out of their mind' or 'unaware of their surroundings'.

Similar to many groups in the Philippines and more generally in Southeast Asia, there is not just one, but multiple *kurudwa* in the body. People are thought to be born 'complete' with souls but they are less securely attached in children who are consequently more prone to illnesses caused by soul wandering or detachment. Death can be caused by, and is characterised by, a permanent loss of *kurudwa*. I found that the number and location of souls differed between participants. However, all participants located one soul in their head that was somehow different and superior to other souls. As one informant explains:

> 'There are four souls—one in the feet, hands, ears and head. [After death], the [souls in the] feet, hands and ears remain here on earth and can become *bangun* [Palawano for ghost] but the soul in the head goes to *Ampu* [Palawano for 'God']. Souls are not necessarily bad, they can be friendly, but the ones from the feet, hands and ears *are* bad. The one from the head can be a good one though. . . The soul from the head is the only soul that is *matampohin* [Tagalog for sensitive] and can be easily offended. The result is that it can be removed from the body, even when you are still alive'

As a result of this sensitivity of the head's *kurudwa*, people do not walk or sit near to the head, especially when someone is sleeping so as not to dislodge the soul and potentially bring about illness.

Death for the Palawan is characterised by a permanent loss of *kurudwa* from the body. All of the *kurudwa* hover over the head of the deceased until a specialist healer ritually separates (cuts) the souls from the living. Relatives and neighbours will then wrap the body in rattan or cloth and construct a *garamba* (Palawano for bamboo stretcher) to carry the body to be buried in a deep hole. The hole is often lined with

bamboo flooring and sometimes covered with leaves or grass. In terms of the afterlife, and resonant with Christian cosmology, participants told me that a messenger of *Ampu* is responsible for guiding souls to *Ampu* to be judged. People told me of a place called *langit*, created by *Ampu* where all the souls of those of who were judged to be 'good' are eligible to live after death. They describe this as a beautiful house belonging to *Ampu*. This is in contrast to the burning fires where 'bad' souls are condemned to reside—*narka.* Conceptions of life after death varied amongst participants but converged around the idea that after death, specific places are allocated to the *kurudwa* for different kinds of people: the Christians or 'lowlanders'; the Muslims; the 'Americans' (general term of foreigners); and the Palawan. In all conceptions, the place reserved for the Palawan is the most beautiful, characterised by abundant light and rice and located furthest away from the burning fires. After judgement, all of the *kurudwa* of the deceased can technically return back to earth as ghosts and are led back by hawk-like birds. However, some people reported that the soul in the head stays with *Ampu* in his house and only the other souls return to earth. These souls can appear to their friends and relatives in the form of ghosts or dreams and are also a possible source of illness if offended, angered or forgotten. On the other hand, they can be appealed to intercede between humans and *Ampu* and therefore can also be a source of protection.

Within this context, *albulary*os (healers) serve the important function of bridging the worlds of the seen (human) and the unseen (*Ampu*, spirits, souls, ghosts and magic). 'Regular' humans are not able to 'see' the causes of their illness nor the agents that can potentially help cure them. This is in contrast to healers who derive their power directly from their ability to do both. The artefacts in the course of this project were donated to the Horniman Museum by one *balyan* and one *belanwan* in the Palawan community and were selected due to their importance and significance in helping these healers to both diagnose and treat patients as a result of their vital relationships with *diwata.*

Sario, the balyan

Seven artefacts were collected for the museum as well as a collection of accompanying photographs taken by participants illustrating the use of the objects in their everyday practice. In addition, a film was created documenting some of the ceremonies that healers engage in. The majority of objects were collected by a prominent *balyan* in Bataraza—Sario. Sario is a middle aged man who is from the Palawan ethnic group. He lives with his wife Pina in a small community mainly composed of some of his 23 children from multiple past marriages including his adopted daughter Edelyn. Sario comes from a family of Palawan shaman or *balyan* and has therefore acquired some of his knowledge and skills from his relatives and ancestors. Although he wanted to be a practicing *balyan* he had not had a 'calling' to do so. However, one night, the spirit of his uncle appeared to him in a dream and instructed him to go to a cemetery and dig a hole and wait in it for seven days and seven nights with no food in order to pray for some kind of 'power'. During this

experience, *diwata* appeared to him in his dreams and gave him an *anting-anting* (charm), pledging that they would assist him in healing the sick.
In terms of diagnostics, Sario mixes observation with other tools and different techniques. If, when he first sees a patient, Sario can see tiny worms coming out of their eyes and smoke coming out of their nose, then he knows he cannot cure them and instructs them to try to go to a 'doctor' in the clinic for help. In these instances he believes they have something only *Ampu* can heal. For those he can treat, Sario will feel their pulse whilst calling upon the spirits to assist him in his diagnosis. He will also use a *tari-tari* (Sario made a tari-tari which he donated to the museum). This diagnostic tool is a bamboo stick with honeybee wax at one end from which a piece of *rocoroco* (*Ocimum sanctum* or Holy basil) is attached. Sario's *tari-tari* was made by his father (also a *balyan)* and he inherited it from him after his death. The *tari-tari* is the same length as the span of Sario's hand but it will become longer or shorter to respectively confirm or refute the questions that Sario asks it. Sario will ask each question (for example about the source of the illness or appropriate treatment) three times and have to receive the same answer all three times in order to validate the answer (Figure 3).

Sario can diagnose and treat a range of ailments. For example, one evening a man came to him feeling very weak. The patient's father told Sario that he believed his son was suffering from *pintas* (curse or evil words) and Sario was able to confirm this through feeling his pulse, suspecting that the bad words had been spoken by a scorned lover with a 'sharp tongue'. He explains the diagnostic process:

> 'This portion of the wrist *[indicates part of the wrist]*, if its *pintas* then it's very hard. If this portion, then it's a human who caused it. In this portion *[indicating another part of the wrist]* if it has a very strong pulse that means we have a sickness from the forest, or mountains or bad spirits'.

As a treatment, Sario invited the patient to stay over and gave him a bath very early the next morning in order to 'send the disease back to the person who gave it to him'. He also gave him a *pananga* (Sario donated three *pananga* to the museum) which is an example of a *panulak* (repellent). This small cloth pouch, which was made by Sario's wife Pina, contained seven specific herbal plants and roots which, if tied by a string round the waist, will reverse the curse and help defend the patient against further attacks. Sario inherited the knowledge of which plants to put in the *pananga* from his ancestors who appear to him through prayer. Some *pananga* have prohibitions attached to them; for example they prohibit the wearer travelling on mechanical modes of transport as they may cause metal to pull apart. Sario collects the plants from the surrounding forest and stores them in a woven basket (donated to the museum).

As well as illnesses caused by human agents, Sario can also diagnose those that are caused by malevolent spirits. In order to treat these illnesses, Sario must enter *natutulog* (sleeping state) in order that his own *kurudwa* leaves his body to be replaced with a *diwata* with whom he can communicate. Sario will adorn a headband that has sprigs of *rocoroco* (*Ocimum sanctum* or Holy basil) tucked into it, close his

eyes and start use *tawar* (incantations) to speak to invite the *diwata* to enter his body. He explains that the colourful headband helps allows *diwata* to see him. Sario feels himself becoming dizzy as he is entered by the *diwata* and at this point is unable to 'see' what is happening in the human world. In many cases, malevolant *diwatas* enter the patient's body, displacing their own *kurudwa*. In order to treat this kind of ailment, Sario picks specific sprigs of *rocoroco* which he waves in a circular motion over the patient along with *silad* (pom poms) (Sario made some silad to donate to the museum) made from Mangrove Fan Palm *(Licuala spinosa)* (Figure 4).

This action is accompanied by incantations to call good spirits to his aid. As he explains:

> 'First is to use the *rocoroco* to remove the ailments like bad spirits . . . six times going round [in a circle] with the *rocoroco* and the seventh time it puts back the man's soul. Whatever it is that makes the patient sick I can see it [jump] on the *rocoroco*. Then, after, I will call the man's soul to come and when I see it hanging onto the *rocoroco* and I will put it back inside him. Then I get the silad and do the same – round six times . . The purpose the silad is that when I am sleeping and holding the *silad*, any person who is suffering some kind of disease comes close to the *silad* then this *silad* will be the one to heal them. There is a superpower in that *silad*—it has a high purpose of curing the disease because my power and the power of other spirits are going through to that *silad*. Because my eyes are closed I cannot see anything, only the *silad* can see.. . and will take out the diseases that are there'

In some cases, *balyans* like Sario perform healing ceremonies that involve the playing of *basal* (gongs) to invoke spirits in order to diagnose and treat illnesses. I was able to attend and film a similar *kundu* ceremony performed for my benefit by Sario. Although there were no specific patients in attendance, the ceremony also has a wider purpose of allowing the *balyan* to ask the *diwata* a variety of questions about the community members as well as simply to 'entertain people and make them happy'. A *kundu* is a basket made to resemble a woman into which spirits are called to enter during the ceremony (Figure 5).

The night before the event, Sario made the *kundu* (donated to the museum) as he prayed to the *diwata*, inviting them to come the following night. On the morning of the ceremony, Pina and Sario prepared *panyaram* (fried dumplings made from milled rice, sugar and oil) and *lut-lut* (sticky rice, coconut and sugar baked inside bamboo). These items, along with a plate of cooked noodles, cigarettes and gin, were offered to the *diwata* at the start of the ceremony. As the family and neighbours gathered in the couple's house after dark, they lit paraffin lamps and waited for Sario to get ready —the atmosphere was one of excitement and apprehension. This was the first time Sario had performed the ceremony as, although it was something his father performed many times when he was a boy, the tradition has declined in recent years because of a lack of skilled practitioners and the dearth of traditional community houses and musical instruments needed to call the spirits. Many communities lack funding to build houses as restrictions on tree felling and land use have led to a surge in timber prices. Furthermore, many instruments have been traded or sold for money, in particular to the tourist industry. In some *basal* ceremonies, the *balyan* will also

perform a specific kind of dance called *Tarek* but this requires musical instruments like *agongs* (circular brass gongs) and the characteristic slatted wooden floor of the community houses which responds to the vibrations of the dancers. Sario had did not have an *agong* but had been searching for someone who could make another instrument for him and had, after many years, finally acquired a *kotchapi* (a two stringed guitar) from a man living in a remote part of Bataraza (Figure 6).

The adults and children gathered in the house were therefore excited to attend such an event but also fearful as they knew that *diwata* could easily become angry and hurt them having heard stories of the *kundu* flying around violently when possessed by irate spirits. When he was ready, Sario, who was wearing a denim jacket and shorts, put on his colourful headband tucking sprigs of *rocoroco* into it and wrapped a patterned *tadyong* (cloth) around his waist—clothes that allowed him to be easily 'seen' by the spirits. He lay out the offerings of food, at which point the audience became quiet, and then sat crossed legged in front of the offerings, closed his eyes and began singing in prayer whilst circling his hands around in front of him. Swaying in this trance like state for over ten minutes, Sario suddenly clapped his hands and was jolted 'awake'. He rubbed his eyes and came to, assisted by Pina who hit him on the head to 'recover' him. Sario told me later the *diwata* had entered his body and that he was so 'deeply asleep he felt he was 'about to die'.

After a break in the tension punctuated by some nervous laughter from the audience, Sario gathered his *kotchapi* which he tuned to a specific pitch suitable for the *diwata* to hear while Pina set up a winnowing basket in front of the instrument and positioned the *kundu* on top of it. The *kundu* was an upturned basket which had arms made from a wooden stick tied across the top and dressed in a child's dress. *Rocoroco* was tied to the ends of the arms and a waist belt made from a wooden vine. This belt was significant as Pina held onto it throughout the ceremony to prevent the basket flying around once the spirits entered it.

As Sario played and sung he began to call *diwata* to enter into the basket. As no *diwata* came during the first song he sang another one at which point a female *diwata* with a boyfriend called Osman answered his call and entered the *kundu* which presently began to move and jolt about as if dancing to the music. Sario asked the *diwata* when the baby of a pregnant audience member would be born. The *diwata* was able to tell the expectant mother that she was in her first quarter and that the baby would be healthy. The spirit was asked various other questions such as the cause of one neighbour's swollen ankle and then suddenly disappeared leaving the basket empty and motionless. Sario sung another song and soon enough the basket began to move and dance again as another *diwata* entered ready for questioning. The audience were thoroughly engaged and entertained throughout the event and responded with whoops and laughter as Sario and Pina asked the *diwata*s questions that did not just relate to health but also about potential love affairs and predictions of people's future. Many spirits entered the basket that night and danced to varying degrees to the singing and playing offered by Sario, some even jolting the *kundu* so vigorously it was knocked out of the winnowing basket. Pina was able to interpret when some *diwata* did not like Sario's singing and asked him to change the music. The ceremony continued for about two hours and once no more *diwata* entered the

kundu, Sario returned his *kotchapi* back to a pitch that was 'right' for human ears. He played a few more songs while Pina distributed the food and the crowd eventually made their way home, leaving us to talk about the evening and eventually sleep in the early hours of the morning.

Bernas, the belanawan

While *balyan* like Sario rely on *diwata* during the healing act, *belanawan* like Bernas diagnose illnesses and uncover treatments through the interactions that they have with *diwata* in their nightly dreams. Bernas is a *panglima* (leader) from the Palawan ethnic group. He is in his forties and lives with his wife and two daughters in his ancestral lands which his family has lived in since 'time immemorial[SB1][D2]'. Bernas' speciality is in treating *begit* which he describes as being a 'native' disease similar to what lowlanders call 'stroke'. *Begit* is caused by the disturbance or anger of bird-like malevolent *diwata* and is characterised by symptoms like sudden falls, lapses into unconsciousness, lock-jaw and in extreme cases, sudden death. *Panglima* Bernas comes from a family of healers. He learnt some basics about herbal treatments from his grandmother and father but he acquired most of his knowledge and power from a spirit source. When telling me the story of how his relationship with the spirit world began, Bernas was visibly troubled and more guarded than usual. He was wary of the lizards croaking and birds tweeting around us which were omens signifying warnings from the spirit world. His story was interjected with mumbled prayers placating the spirits and rather than speaking in a direct way (*matinga*), used a number of parables and riddles. Bernas recounts how, as a teenager, he became gravely ill. During this time, he felt he was in a dream-like state in which the spirit of a young girl appeared to him and assisted in his recovery. Since this time, Bernas, reports they have formed a strong bond:

> 'I went close to her and bowed at her feet and I said 'please help me. I ask for forgiveness'. She told me . . . from now on, I would be her older brother and she would be my younger sister. She told me her name and said not to forget it and to call her name whenever I needed her. Even though she told me her name, I cannot tell it to you. Then she said 'go now'. This is only in the dream and then immediately I woke up and recognised that I was in the house of my father and little by little, I got well'

Since this incident, *panglima* Bernas has been able to call upon his spirit sister in his dreams who helps him to both diagnose and treat illnesses. As such, he has practiced as a *belanwan* for many years but operates largely in secret and mostly amongst his relatives and close friends. This secrecy was not uncommon. While *adat pagbagi* (sharing) is crucial to the maintenance of social relations and a very strong force in Palawan culture, it does not pervade the realm of healing in the same way. While all healers were naturally keen to help sick people, and felt it was their duty to do so, this excluded the idea of sharing their specific knowledge or practices with patients, friends, neighbours or even close family. For example, *panglima* Bernas had never shared the source of his powers with anyone including his wife and children, and

although keen to impart some information about this with me, was forbidden by his spirit sister to reveal her name to anyone. Most healers I spoke to were extremely cautious about talking about their relations with the spirit world, and in particular, their possession of *anting-anting* (charms). This secrecy extended to the exact names of herbal plants and the ways in which treatments are prepared. In general, the reason given for this secrecy is fear that 'power' would lessen the more something was known about or talked about. This would reduce the efficacy of treatments and interventions. As one *balyan* explains:

> 'I prepared [this] alone because there are some other people who might observe me while I am making this and they also might have knowledge about making it and have some prayer to contradict what I am doing, so that it will be less effective and not for proper use'.

Consequently, in the realm of healing, honour, arrogance and pride are seen as negative personality traits and highly offensive (Macdonald 2007) and modesty, meekness and mildness, are 'valued to a high degree' (ibid: 139). As Bernas explains:

> 'To make it a secret is the most important thing because the more it is secret, the more effective it is. If you boast about it then the power will diminish. It comes back to spirituality and mentality of *Ampu* - to have patience and the attitude of 'come what may'. For example, if somebody is sick over there, I cannot say 'oooh I know how to heal you —I know the healing practices, the herbal for your sickness'. That is bad. That is bad . . . because you are boasting, being proud and lifting up yourself and anything you apply will have less power – it will not be effective. 'Come what may'- that means, that when a person comes then I'm not saying anything and later on that person might say 'I want you to heal me'. If he insists that they want you to heal them then that is ok. You cannot announce it yourself in front of people but if they come to your house then it's ok because that means they are willing'

When confronted with sick patients, Bernas relies on the help of his spirit sister. Often, this includes making offerings of chicken and rice to disgruntled *diwata* accompanied by appealing prayers of forgiveness. In terms of treatment, he often applies a variety of herbal medicines gathered from high up in the mountains which he carries in a basket that he inherited from his father (Figure 7).

Bernas decided to donate the basket to the museum and recalled how it was made by his sister-in-law in 1986 from thin strips of bamboo tied with vine with rattan supports. In addition to the basket, Bernas also donated some white shells which are used by various healers like him to burn medicinal plants and roots that are then mixed with coconut oil before being rubbed onto various body parts.

As a *panglima,* one of Bernas' primary concerns is preserving the cultural practices of the Palawan, including those related to health. He is aware that there are some diseases that are 'native' to the Palawan like *begit and bati* (spirit greetings) that cannot be adequately treated in the Health Centre by doctors. He has therefore tried to pass on some of his knowledge about herbal medicine to his daughters as

well as to the wider community in regular community meetings but, due to the secretive nature of his 'power', feels limited in what he can divulge. As a result, Bernas is anxious about the future saying that:

> 'If this generation pass [away] then I think it will be hard because if the people have *bati* and take them to the [Health] Centre they cannot heal them. I am worried what will happen in the future, that's the problem. That is why I am trying to pass some of my knowledge to my children'

Through their engagement in the collecting initiative, both Sario and Bernas felt they were helping to preserve and promote their healing practices. Both participants were extremeley excited by the use of the photograpy and felt that the methodology provided them with a unique opportunity to be involved in the documentation of their practices in a visually engaging way which would help to 'show' and 'teach' people around the world about their lives. Importantly, both healers appreciated the particpatory nature of the project and commented on how important it was for them to directly provide the knowledge that represented their practices. Sario and Bernas quickly and easily picked up how to use digital cameras and reported no practical issues using the equipment or ethical problems gaining the consent of their patients or documeting their practices.

A new museology?

A number of social trends proliferated in the 1960s that emphasised social inclusion and empowerment. Building on such movements, in the late 80s, Vergo (1989) called for a new kind of museology that took a more inclusive and participatory approach to both collecting and engaging visitors. Following suit, a plethora of other authors have also reinforced the need for museums to become more 'engaging' (Black 2005), 'responsive' (Lang, Reeve et al. 2006), 'participatory' (Simon 2010) and 'connected' (Drotner and Schrøder 2013). In this initiative, the techniques used provide an example of participative strategies that can help facilitate usually marginalized communities influence or co-produce museum outputs. By selecting and contextualising objects for themselves, Sario and Bernas were able to actively contribute to the way in which knowledge and understandings related to their professions and their wider cultural practices are transmitted and represented. In doing so, such techniques contribute to the creation of new museums envisioned by Vergo and others. Collaborative collecting in this way also provides other benefits particularly when it is accompanied by photographic and film documentation. The images, footage and interview transcripts that accompany these objects act as field notes that help capture the 'particular/specific historical moment[s] within which acts of collecting occur' (Owen 2006: 143). As such, they act as reminders of the specific contexts and actors connected to these artefacts and help break down hierarchies of power that can obscure such connections. This was particularly the case in relation to top-down collecting during the hey-day of the Enlightenment and

western colonial periods of history (ibid). However, these experiences also reveal limitations to such endeavours: the participants included in this initiative were very few and their voices should in no way be interpreted as being necessarily representative of all Palawan healers or community members as if they were a homogenised and coherent whole. In raising the voices of some in society, there is always simultaneously a risk of silencing others. In addition, the idea of 'authentic' representation is in itself problematic given the fact that the concept of a museum was completely unfamiliar to these particular participants. While this was clearly explained (including the use of images) and reinforced as far as possible throughout the consenting and data collection process (as well as any potential risks incurred from displaying such items in public spaces), there is potential that participants were not aware of all of the potential consequences of having such artefacts moving through global spaces. This is especially so given that in this particular instance, participants have not been involved in discussions relating to how these artefacts may potentially be displayed in the Horniman Museum in the future which will obviously be an important factor in determining how these artefacts are used and interpreted. Together, these issues point to the need for increased involvement and collaboration at all stages of the curation process.

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References [IL3]

Black, Graham 2005. *The Engaging Museum. Developing Museums for Visitor Involvement*, Abingdon and New York: Routledge.

Drotner, Kirsten, and Kim C. Schrøder 2013. *Museum Communication and Social Media: The Connected Museum*, New York: Routledge.

Dy, Dolly 1991. *'Preserving Palawan', Bountiful Palawan*, Palawan, Philippines: Aurora Publications.

Horniman Museum & Gardens 2013. "About, Available at: http://www.horniman.ac.uk/about/collections-people-stories-collections-review [Accessed 2 March 2016]."[D4]

Iskander, Dalia 2015. 'Re-imaging Malaria in the Philippines: How Photovoice can help to Re-imagine Malaria', *Malaria Journal* 14(1), pp. 257.

Lang, Caroline, John Reeve et al. (eds.) 2006. *The Responsive Museum: Working with Audiences in the Twenty First Century*, Aldershot, England: Ashgate Publishing.

Lynch, Bernadett T. and Samuel. J. M. M. Alberti 2010. 'Legacies of Prejudice: Racism, Co-production and Radical Trust in the Museum', *Museum Management and Curatorship* 25(1), pp. 13–35.

Macdonald, Charles J.H. 2007. *Uncultural Behavior: An Anthropological Investigation of Suicide in the Southern Philippines*, Honolulu: University of Hawai'i Press.

Mason, Rhiannon, Chris Whitehead et al. 2013. 'One Voice to Many Voices? Displaying polyvocality in an Art Gallery', in Viv. Golding and Wayne. Modest *Museums and Communities: Curators, Collections and Collaboration*. London: Bloomsbury, 163-177.

Mendoza, Roger, L. 2009. '"Is It Really Medicine?" The Traditional and Alternative Medicine Act and Informal Health Economy in the Philippines', *Asia-Pacific Journal of Public Health* 21(3), pp. 333–345.

Owen, Janet 2006. 'Collecting Artefacts, Acquiring Empire: A Maratime Endevour'. *Journal of Musuem Ethnography*, 18, pp. 141–148.

Simon, Nina. 2010. *The Participatory Museum*, Santa Cruz: Museum.

Tan, Michael 2008. *Revisiting Usog, Pasma, Kulam*, Quezon City: University of the Philippines *Press.*

Vergo, Peter. (ed.) 1989. *New Museology*, Bath: Reaktion Books.

Wang, Caroline and Mary. A. Burris 1997. 'Photovoice: Concept, Methodology, and use for Participatory Needs Assessment'. *Health Education & Behavior* 24(3), pp. 369–387.

——. 1994. 'Empowerment through Photo Novella—Portraits of Participation'. *Health Education Quarterly* 21(2), pp. 171–186.

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