

Unconventional therapists and their patients in Polish traditional folk medicine

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ABSTRACT: Folk medicine is a clearly distinct, comparatively homogeneous and closed system which has arisen from many centuries of isolation and self-sufficiency of the people of the Polish countryside. A feature of this special system involved tradition and relatively consistent illness behaviors, resistant to broader influences of the global society, despite the gradually growing role of modernization factors. An inherent feature of folk culture that impacted behaviors and attitudes of the rural population towards illness was the co-occurrence and overlapping of mystical-magical and religious elements. These applied both to the views on etiology, prevention, diagnosis and therapeutic treatment. Special functions in healing activities in the countryside were performed by the elderly. The matters related to health and illness were the province of the elderly as they were respected and revered for their life's wisdom and life experience. The purpose of the article is to show the specificity of non-medical treatment in the context of social and cultural determinants, placing special emphasis on the role and importance of the elderly in exercising treatment roles.

KEY WORDS: folk medicine, behavior in illness, elderly folk therapists

Introduction

In the era of the dominance of highly specialized medicine and complicated treatment methods utilizing the latest medical technologies and medical achievements, folk medicine is still extremely popular particularly among the inhabitants of the rural areas. It is paradoxical that in the world of progressing medicalization of

the social life, technologization and digitization of the medical practice, this way of “coping with illness” perceived by the world of medicine as “primitive” or “ignorant”, not only does not come up short in the competition with evidence-based medicine but sometimes even attracts the contemporary patient (Piątkowski 2014).

Folk medicine constitutes a structural part of the wider system of “nonmedi-

cal health service”, being an internally diversified complex of practices related to health and illness treatment, performed outside academic medicine. The term “nonmedical health service” was introduced to the sociology of health and illness in the 1980s to identify three distinct therapeutic traditions, that is: self-treatment, traditional folk medicine and the practices of modern healers (Piątkowski 1988a). In each of the above traditions one can trace the occurrence of atypical views on diagnosing and recognizing the causes of illnesses or methods of their prevention and treatment.

The aim of the review article is to present selected results of our own research on Polish folk medicine, conducted between 1988 and 2013 at Maria Curie-Skłodowska University Institute of Sociology (Piątkowski 1988a,b,c; Piątkowski 1990a,b; Piątkowski 1993; Piątkowski 1994; Piątkowski 1995; Piątkowski 1998; Piątkowski 2008; Piątkowski 2012). The survey nature of the text requires reference to the broader historical context in order to show the gradual evolution of folk medicine against a backdrop of parallel social, cultural and civilization changes.

The most important criterion that organizes the empirical material is two key facets: the socio-cultural context of Polish traditional folk medicine as well as the special role and importance of the elderly as “folk experts in health and illness”.

Folk medicine – its cultural context and specific nature

Traditional folk medicine is strongly rooted in the Polish culture and tradition, therefore, it should be analyzed within this context. Adopting Jan Szcze-

pański’s definition of culture being “the entirety of the products of human activities, both material and immaterial, of the values and accepted manners of conduct which have been objectified and adopted by some communities, and which are passed on to other communities as well as to the next generations” (Szczepański 1970) we assume that the so defined culture constitutes one of the most fundamental factors influencing the life of a community and regulating the behaviors of an individual.

Culture serves as a factor that strongly integrates people and unites them into various – small or large – social communities. Following the same rules, values and standards creates a sense of community and enables people to identify themselves with the community they are a part of (Majchrowska 2003) which, as it turns out, plays an important role in shaping the attitudes to the problem of health and illness among the inhabitants of the rural areas and to the therapeutic practices of the village “healers”.

The inherent feature of folk culture influencing the attitudes of the village people towards illnesses was the co-existence and overlapping of mystical-magical and religious elements (Tyłkowska 1989; Brysiewicz 1998; Piątkowski 1988a; 1990a; 2008; Lesińska-Sawicka, Waśko 2012). It concerns both the views on etiology, prevention, diagnostics and, in particular, on therapeutic activities. It is interesting that the villagers’ deep faith in God harmoniously co-existed with their belief in thaumaturgy, mysticism and magic (e.g. in “bad powers” or witches). The conviction about the existence of the almighty power of God creating all things and controlling the “order of things” in an undisputed and persistent way, determined their attitudes to

the surrounding world, including the health and illnesses. According to peasants, God's will has always controlled the fate of an individual as well as of the whole universe, determined the social order and any and all natural phenomena. Those who submitted to God's will could earn God's favor and those who violated God's order risked divine retribution which could sometimes come to them in the form of an illness or death (Piątkowski 2008). Therefore, the religious rites and rituals such as offerings, prayers, vows, consecration of objects, pilgrimages to the holy places, etc. were so important from the point of view of the effectiveness of prevention and therapy (Paluch 1989).

As it has already been mentioned, what was uniquely specific to folk medicine was its traditionalism and relative stability referring to special approach towards illness, which were never subjected to any influences of the global society. The low level of education of the inhabitants of the rural areas and their limited participation in the country's cultural life until the 1960s (Bejnarowicz 1969) are considered to have been additional factors "immunizing" them against changes. Self-sufficiency in the fight against illness, as well as lack of trust in medical professions and medical institutions additionally strengthened the belief in the reliability of "own" methods of treatment and the practices of folk healers, which have been cultivated through centuries and, up to a limit, are still alive in many rural communities (Bartoszek 2001; Penkala-Gawęcka 1991; Tylkowa 1989).

Religious elements were, and still are, the key factor enhancing the effectiveness of the commonly applied "folk" methods of treatment. They were especially significant from the point of view of recog-

nition of the actual cause of an illness, which could serve as the punishment for sin or guilt, but they also performed an important function in illness prevention. That is why prayers for good health or recovery became so popular. Until the present day such therapeutic agents as: holy water, pieces of liturgical vestment or threads from a priest's stole are highly valued by some of the village inhabitants (Bejnarowicz 1969). The fact that in many churches one can find numerous votive offerings, serving as thanksgiving for "healing" from illnesses, proves the role which faith-related elements still play in today's folk medicine.

Elderly village inhabitants as experts in health and illness – tradition and the present

Over centuries, a feature of the patterns of "how peasants were ill" was that they satisfied most of their health needs within folk medicine, which was a distinct and consistent, and relatively closed "social and cultural system" (Piątkowski 2012). The use of the services of folk practitioners (inter alia herbalists, village "orthopedists") and self-treatment were widespread.

Folk practitioners were usually strongly integrated with environment in which they lived and treated the sick. They identified their interests within the values and interests of the group, or local communities: parishes and communes, which caused them to enjoy considerable respect, trust, and prestige. The overwhelming majority of traditional folk practitioners were characterized by the low level of education and the lack of or fragmentary information on the current medical knowledge. They acquired their

healing competency through life experience, they regarded it as reserved, kept it secret, and passed it down to chosen members of their closest family only at the close of their life (Piątkowski 1988a; 1990a).

Age was an important condition for attributing healing competencies to particular persons because the matters connected with health and illness were the province of old people, who were revered and respected due to their life's wisdom and life experience. Worthy of special attention is the role of women – village inhabitants. It was they who were attributed greater skills and competencies in treating illness, especially the elderly women: mothers and *babki* (old women) enjoyed extraordinary recognition. (Tyłkowa 1989). Due to their different physiology (menstruation, labor, puerperium), women were always regarded as more proficient in the matters of illness, while children rearing and elder care enriched their experience and strengthened their treatment competencies. Experience and wisdom was believed to increase with age, hence it was the elderly persons who enjoyed the greatest prestige and respect in the domain of education, health and illness. Mothers, *babki*, godmothers were the first to identify ailments, and having a certain amount of knowledge on etiology and prevention, they decided about the choice of treatment methods, participated in treatment, and possible rehabilitation. The most highly regarded was the “*babka*” (old woman) or “*mądra*” (the wise). She was believed to be the best at preparing ointments and herbs, at incensing, cupping, and administering enema (Jaguś 2001). Apart from instrumental functions, elderly women also performed a number of expressive

acts: they calmed down, comforted, and soothed fears.

Women also exercised the roles of healers/witch doctors more often. Seyda (1967) enumerates a number of “specialties” within their healing practice. Women – witches, *strzygi*, *wieszczycy* [healers-seers], female wizards, midwives or itinerant peasant women [*baby wędrownie*], are only some of the forms of activities conducted by elderly women-healers. Until the 1930s they treated pathophysiological conditions of the organism, menstruation disorders, prepared contraceptives and aphrodisiacs. They took care of expectant women and those in puerperium, but also aborted fetuses. They applied herbal medicine in the form of infusions, herbal teas, and herbal plasters. They carried out simple procedures (cupping, enemas, etc.). The instrumental actions were accompanied by mystical-magical rites aimed at the illness: frightening illness away, selling or shaking it off, etc. As Zieleniewski (1845) pointed out, the *wieszczycy* had the greatest power: they could not only heal but also bring on diseases.

Elderly men were more often specialists of “external” diseases: fractures, dislocations, tooth aches, ulcers. These conditions were treated by shepherds and blacksmiths, who set fractured and dislocated bones, pulled out teeth, set vertebrae, etc. This required greater physical strength, perhaps which is why these activities were the domain of men (Piątkowski 1990a).

As shown by still scanty ethnological and sociological investigations on folk medicine, its popularity is still great in some places in Poland (Bartoszek 2001; Penkala-Gawęcka 1991; Bejnarowicz 1969; Lesińska-Sawicka, Waśko 2012). The second half of the twentieth century

in Poland witnessed the increased popularity and treatment practices of all types of chiropractors whose services were and are still used by many people. Although representatives of medicine are skeptical when assessing this kind of activity, one cannot deny that these practices are popular and sometimes highly praised by patients (Piątkowski 1988a).

Women still play a significant role in activities connected with self-treatment and therapeutic practices, although instrumental actions are now far less often accompanied by magical elements. One should mention, for example, the over fifty-year-long operation of the "Serwin clan" from the Lublin province, who live near Lubartów, treating fractures, dislocations and all bone and joints problems. Their activity is immensely popular among the inhabitants of not only the nearby villages but of the whole province, who often prefer a visit to "serwin-ka" to visiting an orthopedist. "Serwin-ka" does not have medical training, she has acquired her treating competency through experience and from the knowledge passed down by her father and grandfather, because she comes from the family who have practiced chiropraxis for generations.

A special form of contemporary treatment activity is also the phenomenon of "szeptuchy [whisperers]", or healers from Podlasie (Podlachia). "Szeptuchy" are usually elderly women (although there is also a man practicing this art), devout believers, usually of Orthodox faith, who practice treating and preventing diseases. In their activity they use the same objects as a hundred years ago: herbs, flax, holy water, crosses, holy pictures, and the like. During the instrumental ceremonies they constantly say prayers (whisper), hence their name. They see

several dozen people a day, and those using their services strongly believe in the efficacy of their manipulations (Charyton 2010; 2011).

Discussion

It is commonly believed that traditional, rural folk medicine is more characteristic of underdeveloped communities located usually in the eastern part of Europe (Poland, Lithuania, Belarus, Ukraine). It turns out, however, that in the field of sociology and ethnology there are extensive, detailed and in-depth empirical studies concerning descriptions of folk medicine in highly developed Western countries, as exemplified *inter alia* by American research.

In this part of the document we will focus on the most important socio-medical analyses of the phenomenon of folk medicine in the changing social reality.

A classical and often cited medical-sociology source text on the subject is the sociological analysis of folk medicine by Andrew Twaddle and Richard Hessler (Twaddle, Hessler 1977). Its authors devote a lot of attention to folk healers who successfully offer their health services mainly to the ethnic groups from which they themselves usually come: to members of Indian tribes (Native American medicine), Latino minorities (Mexican-American *curanderismo*), or to immigrants from Continental China and South-East Asia (Chinese-American medicine). The authors point out the popularity of this type of approach to illness and to the fact that such systems of healing can function in highly developed, technological societies, more often "parallel to" than "instead of" evidence based medicine. Traditional healers successfully fill in the area that still

remains on the margins of contemporary medical disciplines undergoing intensified medicalization and technologization processes, and dominated by profit and cost-effectiveness criteria, rationality and empirical approach and predictability. At the same time these disciplines fail to notice or ignore the importance religious, magical, and emotional elements, as well as subjective, individual definitions of the concepts of "treatment process", "recovery", "deterioration of health condition", "pain", "fear", "feeling of deprivation", etc. Folk healers focus on the feeling of cultural affinity, shortening the distance between the patient and the healer, and emphasizing the common ethnic/tribal, religious, mental and emotional identity. They define themselves in similar terms as the persons they are trying to help. It appears that such an offer made in "sociotherapeutic or psychotherapeutic" rather than biomedical terms not only does not lose its attraction in the world of "medicalized reality" but even gains in status and importance (Twaddle, Hessler 1977). This is clearly exemplified by "faith healers", using "faith healing" and appealing to stereotypes and myths combining religion, magic and mysticism. The healers adjust in full consciousness to the ways the patients think and feel, thus creating a special community of emotions, feelings, and behavioral patterns: all of which are conducive to a transition from defining interactions in terms "I – he" to adopting the perspective of "we" and a feeling of full, mutual satisfaction and approval. The cited authors' categories of description and interpretation of traditional, rural folk medicine, and defining of this practice using the concepts of symbolic and technical elements, etiological theories and the social organization of the

treatment process, show how deep and wide is the feeling of community, unity and solidarity between the treated and the treater (Twaddle, Hessler 1977). Symbols of illness, definitions of health, symptoms of recovering and convalescence, religious elements recalled by the healer, are all defined in the same contexts, terms and "visions of the world" accepted at the same time by both parties to the interaction. It should also be added that the comparative analysis of etiological and preventive elements, diagnostic views, and therapeutic management, shows that surprisingly many elements of "folk medicine" in other countries and of Polish folk health care are identical or alike (Piątkowski 2008). It appears it might be very promising and interesting to undertake a project of future multidisciplinary comparative research showing similarities and difference between the two systems (Jarvis 1989). This type of analysis would have, *inter alia*, to focus on the range of popularity of folk medicine in both countries, the reasons for popularity of folk healers, relationships between folk therapists and institutional medicine, similarities and differences stemming from religious context essential for the treatment process, and finally on the prospects of the functioning "here and there" of traditional systems existing on the fringes of commercial, corporate and technological biomedicine.

Summing up

From the mid-1940s until late 1980s, folk medicine was regarded as a manifestation of "ignorance, superstitions, and backwardness" by the Health Ministry authorities and administrative institutions. Folk methods of treatment were vigorously fought against while folk heal-

ers were ridiculed and forced to abandon their practice (through orders and administrative-court provisions). It appeared that in accordance with the plans and prospects of the “socialist health service” these methods of treatment were destroyed, disintegrated and forgotten (Radzicki 1961). It turns out, however, that many practices of folk “medicine” continue to be used in local communities.

The dysfunction of medical institutions, dehumanization and commercialization of contemporary medicine, as well as disruptions and limitations of doctor/patient relationship result in the deepening disillusionment with academic medicine and the search for other ways of satisfying health needs. Strongly internalized patterns of using in an illness situation the help of familiar and trusted persons in our immediate environment in an illness situation increase chances that culturally sanctioned responses to illness, connected with the use of folk “medicine” will survive. At present, this complex system of knowledge and skills is again the subject of interdisciplinary research, it has also been rediscovered by the rural inhabitants proud of where they live and of the fact of vitality and wealth of folk culture which is a valuable contribution to the shaping of Polish identity in a united Europe of sovereign nations.

Authors' contributions

WP conceptualized and designed the paper, AM prepared the manuscript. Both authors were involved in drafting the manuscript and approved the final version of manuscript.

Conflict of interest

The Authors declare that there is no conflict of interest.

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