

Health, illness and dying in Polish folk medicine

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ABSTRACT

In the past peasant families did not regard health as a value in itself. The low 'cultural status' of health was associated with the constant threat to it, the frailty of life and poverty which, as peasant diarist wrote, 'did not let one live'. 'Plague, war, and famine' would decimate the village population for centuries, and these people were help-less in the face of epidemic and natural disasters. For that reason death was treated as familiar part of the trajectory of human life, natural and indisputable.

A feature of folk culture, which influences behaviors in and attitudes towards illness among the peasant population, is co-occurrence mystical-magical elements. Mystical-magical acts influenced and still influence patterns of behaviors in illness and dying process which a peasant family exhibits. For example, illness was assumed to be caused by

spells, charms and magic; and the use of holy relics, amulets or talismans was believed to prevent illness. People were convinced that revelation, inspiration or clairvoyance made it easier to diagnose an illness whereas casting spells, charms, and the like would remove it effectively.

In our article we will discuss typical ways of coping with illness and dying processes', the determinants of behaviors in illness, emphasizing customs associated with illness, behavioral patterns, ways of expressing emotions, and fatalism as attitude towards illness and death. We will stress the importance of cultural and religious elements, and accentuate the special role played by women in coping with illness by using self-treatment and folk healing methods.

Key words: folk medicine, health, illness, dying

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INTRODUCTION

In the past peasant families did not regard health as a value in itself. The low status of health was associated with the constant threat to it, the frailty of life and poverty which, as peasant diarist wrote, 'did not let one live'. Children were easily produced, soon to die and be forgotten. 'Plague, war, and famine' would decimate the village population for centuries, and these people were help-less in the face of epidemic and natural disasters. Deeply internalized religious faith made the peasant treat illness humbly as 'divine judgment'. It was believed that two large groups – children and old people – had 'the shortest path to the heaven', which is hardly anyone cared about their state of health [1-3]. For that reason death was treated as familiar part of the trajectory of human life, natural and indisputable.

Emphasizing the poor state of health, a seventeenth-century doctor wrote: 'in our country, where rural population account for $\frac{3}{4}$ of general population, mortality being far higher [...] than in many European countries, the health of peasants deserve special concern on our part' [4].

Statistical figures show that members of the rural population have fallen ill more often than urban inhabitants. We can also prove that people in the country suffer from illness in a different way than in town, this difference having developed historically. Sociological, sociomedical, ethnological and medical studies, and historical investigations using statistical, official and personal documents relating to the last hundred years demonstrate that behaviors in illness in peasant families are comparatively stable. S. Lachowski's studies demonstrate for example the continuing significance of self-treatment in the country, especially when treating children [5].

The traditional of value systems, behavioral patterns and social roles has many sources but is also undoubtedly associated with the family character of the farm and, to some extent, its autonomy. The role of educational level is also important. A low level of education is a factor that makes one impervious to changes: a very large number of peasant family members have only elementary or basic vocational education. Moreover, the character of farm work and its organization still partly prevent peasant families from fully participating in culture, thereby making it difficult for them to adopt biopositive health behaviors. Until the mid-twentieth century, positive attitudes among the rural population towards the medical professions and institutions were extremely rare. One of the main features of the peasant style of being ill was self-sufficiency in fighting illness. The proof of stable tradition in the peasant approach to illness is the occurrence of still

overlapping mystical-magical and natural elements. Reporting on the results of recent ethnological studies on folk healthcare, D. Tyłkowska wrote, 'Folk knowledge about the origin of illness still contained natural elements (getting overchilled, overexertion) and mystical-magical, although one could notice that therapeutic elements were somewhat reduced both as the effect of education and the impact of the media, through steadily growing trans-local contacts, including contacts with academic medicine. There is no doubt, however, that the work of village therapists continued to combine irrational elements with rational views [6]. Her research shows that the main carriers of tradition and conservativeness in the approach to illness are old uneducated rural women functioning as local experts in health matters.

Another relict of peasant traditionalism is the low status of health and life the hierarchy of values. An analysis of characteristic features of peasant culture shows the limited range and importance of actions for health in order to prevent illness, detect it early and avoid behavior that increases the risk of falling ill. Difficulties in studying the value of health and attitudes to health in the peasant tradition lie *inter alia* in the fact that health is perceived as a normal, unchanging state, stemming from divine grace and not directly related to one's, biopositive or bionegative behavior. For centuries, the living conditions of peasant families were so bad (hunger, cold, overwork) that illness leading to death (and eternal life) might have seemed like salvation. Death in the old days was as natural as human life was natural. The common fact of death, its proximity and "visibility", caused it to be perceived in a fatalistic way, as the common fate and destiny of mankind, an indisputable event that everyone would experience.

In the early seventeenth century S. Starowolski wrote that it was essential that the Republic [i.e. Poland] saw to it that lords did not willfully kill their serfs, deprive them of their land or overburden them with heavy work [4]. An extreme example of peoples disregard for health was the practice of self-mutilation (blinding, breaking limbs) in order to achieve a better position in the 'respectable profession' of beggar and comparatively improve their living standards [1].

A manifestation of tradition in satisfying health needs of the rural population is the continuing role of self-treatment and folk healthcare. D. Tyłkowska wrote, [...] traditional healthcare is still a living phenomenon, especially in the use of natural therapeutic products and utilization of folk therapist services, particularly orthopedic and herbal practitioners. The fact that recognition of some folk healthcare practitioners did not drop even when the village population surveyed had an opportunity to utilize official

healthcare service centers, seems to indicate that, in the view of most inhabitants, their (the practitioners) healing activity was characterized by sufficient instrumental efficiency, especially with conditions, in which academic medicine was believed to fail [6,7].

Self-treatment is the oldest, simplest and most common form of fulfilling health needs in peasant families. It is applied when the help of a physician (or a village folk therapist) is regarded as unnecessary because diagnosis is not difficult while easily available home therapeutic agents are sufficient to fight illness. Self-treatment covers the knowledge of the causes of typical, most frequent diseases, preventive measures, and treatment. This knowledge derives from one's life experience, the experience of close family and friends, and from stereotypical information drawn from scientific medicine, both past and present, and from healers' practices. The character of self-treatment depends on the place of residence (town or country). In rural areas, self-treatment is often closer to folk healing methods. The roles of non-professional therapists in peasant families are performed by the patients, their immediate families and friends, and neighbors. The patient's actions to determine the state of their own health, establish the kind of ailment, find the right therapeutic agent and to cure themselves are realized in the family and that is why they can be termed home medicine or home ways of treatment [5]. The families perform among others the caring/protective function, providing their sick members with help and support. Behaviors in illness take the form of characteristic social roles. As a rule self-treatment is applied by parents and grandparents to their children and grandchildren; the younger and fitter family members also provide therapeutic help to the elderly and infirm members.

The existence of the folk medical system is proof of continuing traditionalism in the peasants coping with illness. Recent ethnological and sociological studies indicate that folk medicine commands high respect among the rural population [6,8-13]. This is a clearly distinct, coherent and closed system resulting from centuries-long isolation and self-sufficiency of the countryside. The overwhelming majority of folk therapists have a comparatively low level of education, and very little (if any) any knowledge of current medical science [14-16]. They regard their healing expertise as reserved for them and keep it in utmost secrecy. A characteristic of the techniques and measures of the folk medical system is the use of resources of mineral, animal, human and plant origin [7].

In our article we will discuss typical ways of "coping with illness", the determinants of behaviors in illness, emphasizing customs associated with illness, behavioral patterns, ways of expressing emotions, and fatalism as an attitude towards death and dying process. We will stress the

importance of cultural and religious elements, and accentuate the special role played by women in coping with illness by using self-treatment and folk healing methods.

Self-treatment and folk medicine – sociological perspective

For centuries the greatest skill and competence in matters of illness was attributed to women, especially mothers and grandmothers – Lachowski's report confirms the widespread utilization of self-treatment by rural women and confirms the role of women as treatment experts [5,6]. Owing to the specific features of her physiology (menstruation, labor, puerperium), the woman has always been regarded as more competent in the matters of illness. The care and upbringing of the infant consolidated her experience and enriched medicinal knowledge. Women were the first to find different properties of herbal agents; they learned to distinguish between them and divide them according to the simplest rule into medicinal, edible and poisonous [17]. The woman-mother gradually became the adviser and caregiver to the young generation. Her competence, experience and practical wisdom were believed to increase with age, which is why old women enjoyed the highest prestige and respect in regards to child-rearing, health and illness. Mothers, grandmothers and godmothers, apart from being able to recognize ailments first, also had some store of knowledge about etiology and prevention, almost always decided which treatment method to choose, and took part in rehabilitation. They eagerly shared their opinions about and experience with illnesses. The substance of the social role fulfilled by women as part of self-treatment is made up of a number of instrumental acts. Their range varies, which is clearly noticeable when comparing the 1930s with the 1940s, 50s, 60s, 70s and 1980s. Apart from instrumental acts, a mother or grandmother as a home illness expert also performed many expressive actions: she calmed down the patient, comforted him/her, and sometimes influencing his/her mind, unintentionally showing self-confidence and consistent behavior [8,18].

Male members of the patient's family (fathers, grandfathers) seldom assumed the roles of therapists. Their help was most often limited to allotting some part of the family income for treatment purposes, and taking on extra domestic responsibilities when women had to look after the patient. In "Pamiętniki Lekarzy" [Memoirs of Physicians] (1939) there are descriptions of behaviors demonstrating the significance of help which women provided for one another in the case of illness: 'The family doctor, hastily called in, already finds a large group of helpful female neighbors, who are trying to save their friend. One is heating hot water bottles and puts them where

she can, another is running to fetch cold water from the well and prepare heart and head compresses, still another rubbing kerosene over the patient's back and legs for want of other embrocation - in other word, quite a commotion' [14]. Mutual provision of help by women was spontaneous and immediate: they shared experiences, exchanged information and decided on the most effective ways of management and the best therapeutic agents. Performing the roles of home therapists, women most often met the patient's expectations of skills and competence, and of a definite and accepted attitude: that of kindness, compassion and selflessness.

In the latter half of the twentieth century industrialization and urbanization processes and population migration from the country to town brought about the decomposition of the rural and small-town lifestyles. One of the changes may have consisted in diminishing the range of neighborly help with illness as compared with the previous period. At same time, from the mid-1970s the WHO had already placed emphasis on increasing the competence of individual family members (especially women) in health matters, and new forms of 'home treatment and cooperation were promoted as part of self-help groups' [19]. Studies on health needs carried out as part, among other things, of self-treatment investigations by S. Śliwińska in the mid-1970s, showed that the woman continued to perform the role of 'home doctor'. The results also demonstrate that she is the first to recognize illness and almost always decides what to do. The continuing role of women as those 'who know better and more about illnesses' stems from the fact that they are more interested in their own health, utilize professional and unprofessional help with illness more often, and fall ill more frequently. Figures quoted by Śliwińska show for example that in 82% of cases, rural women undertook to treat illnesses that they diagnosed as 'well-known and mild' using their own tried and tested ways. They sought medical help, when they encountered cases defined as 'most serious'. These female respondents also maintained that they started treatment upon the appearance of painful complaints [20].

The results obtained in studies of self-treatment demonstrated *inter alia* that women attribute to themselves the highest competence in treating adults, and the lowest in looking after the newborns. The most popular therapeutic measures are cupping, all manner of compresses and embrocations. The once-popular practice of incensing has entirely disappeared, and is now being identified with magical-mystical practices. Women respondents listed about 90 healing agents that they used, and named about 60 known ways of treatment [7].

Describing typical examples of different specialties in the folk medical system, B. Seyda emphasizes the dominant role of women: witches, demons, old women called *wieszcyce* (seers, sorcerers), midwives, folk doctors and itinerant old women [21,22]. Several decades ago female folk (quack) doctors in the Polish countryside dealt with all functions related to the physiological conditions of the organism, because they knew them best from their own experience. They helped with menstruation disorders. They made both herbal contraceptives and aphrodisiacs, and performed abortions. They looked after pregnant women during labor and the postpartum period (*puerperium*), widely using plant products (chiefly herbs) and animal ories (urine, feces, and internal organs). Women regarded as 'wise' collected medicinal substances from plant flowers, fruits and leaves, which they prepared according to strictly specified rules to produce ointments, drinks, herb teas, plasters, etc. They also performed simple treatment procedures that required manual skills, precision and gentleness: cupping, giving enema, removing dirt from eyeballs using their tongues. While performing instrumental procedures, they used magical-mystical measures at the same time: shaking off illness, measuring, spitting, scaring off illness, tying it up, selling, burning, drowning, nailing up, locking, burying and roasting illness, or driving a stake through it [23]. Believing that the spirit of illness residing in the organism should be removed, they used bitter, burning, vomitive plant remedies, the purpose of which was to put the illness spirit off the patient's body. Old women-*wieszcyce* mainly specialized in mystical-magical rites. They indicated the persons one had to avoid, which objects were impure, which places, days and seasons of the year were unlucky for a person. They were attributed not only with magical healing powers but also, and of equal importance, with the ability to inflict or plant illness on someone, etc. They were suspected of having the power to inflict any ailment on a person with the sheer force of their look. The eyes of these women, like the eyes of some animals (wolf, viper, frog), were believed to be the source of their power. M. Zieleniewski writes that the conviction about the powers of the *wieszcyce* was directly influenced by their appearance, their terror-inspiring otherness, they were old, lean, with shrill voices. Their penetrating glances and joined eyebrows were frightening [24].

Sociological studies conducted in the 1960s [9] and 1970s [25] show that women still play an important role in folk healthcare and in self-treatment. Therapeutic procedures they now perform contain fewer mystical-magical elements and more instrumental ones. The folk medical system and self-treatment are part of the cultural heritage of the past and cannot be disregarded in research studies. W. Piątkowski has records of

current accounts (2007) concerning the social role performed by a female village folk practitioner called Serwinka, who lives near Lubartów (Poland). She sees dozens of patients a day in a small summer kitchen, diagnosing and treating people, using traditional chiropractic methods. Patients maintain that she can read X-rays and correctly interpret medical documentation that the patients bring with them. In the case of locomotor injuries that she deems very serious (the need to operate) she refuses to treat the patients. The therapist is a member of the family which has practiced chiropractic for generations.

Cultural determinants of health and illness behavior

Each human community produces its characteristic material objects, as well as values, beliefs, behavioral patterns, and lifestyles in the non-material sphere. The effect of cultural factors on behavior in illness has long been proved. Hessler and Twaddle assert that the patient is not a mechanical whole reacting to stimuli from the outside environment; rather, his decisions, choices and behaviors are influenced by such diverse elements as education, life experience, professed norms and preferred values [26].

Most features of the peasant style of being sick are determined by the low level of education. During the interwar period almost one quarter of Poland's population could not read and write (illiterates and semi-literates), the overwhelming majority of these being peasants. A peasant diarist from the Vilna region wrote: 'Our fundamental trouble is ignorance [...] this paralysis of reason prevents us from looking at the world in a realistic way, and traditional stupidity produces a lot of false beliefs that bring quite a few misfortunes on people. This fear of unknown natural phenomena causes a whole lot of superstitions in everyday peasant life [15].

A feature of folk culture, which influences behaviors in and attitudes towards illness among the peasant population, is co-occurrence mystical-magical elements. This applies as much to views on etiology, prevention and diagnosis as to therapeutic measures. In his discussions of folk culture Dobrowolski emphasizes that one of its major features is 'a great role of magical beliefs and practices along with activities based on true empirical foundations [...] mystical powers that were personified in some cases in the form of numerous demons that controlled a broader or narrower section of reality [...] these powers could bring harm and disasters on man, or they could be brought under control and made to work to his advantage [27]. Mystical-magical acts influenced and still influence a number of behaviors in illness which a peasant family exhibits. For example, illness was assumed to be caused by spells, charms

and magic; and the use of holy relics, amulets or talismans was believed to prevent illness. People were convinced that revelation, inspiration or clairvoyance made it easier to diagnose an illness whereas casting spells, charms, and the like would remove it effectively. Performance of magic served for strictly defined persons who were believed to have contact with supernatural powers and who were thereby able to control them. The importance of magic can be related to the special 'mythology of illness' in folk culture. Illness was always treated as something hostile, alien, external, something that insidiously penetrates human life and destroys it. The less people knew about the real causes of illnesses, the more magical elements accumulated; this was the case with the alleged etiology of cancerous diseases. Folk knowledge, as part of folk culture, is a whole area of material and spiritual reality, the perception of phenomena in the connection of 'everything with everything' – cosmos, nature, and man [28].

Patterns of care in illness and dying processes

One of the founders of Polish post-WWII ethnology, Professor J. Burszta, drew attention in the mid-1990s to the broad cultural context in which the Polish traditional folk medical system functions. In this interpretation, healthcare is a fragment of a larger whole, which is folk knowledge, and this in turn constitutes an integral part of folk culture. Burszta stresses the distinct emergence of views related to health and illness out of this larger cultural whole, accentuating contradictions, diversities and inconsistencies that a student of this phenomenon will encounter [29]. The crucial theme here is for example the character of etiological views. With the absence of knowledge about the true mechanisms through which diseases arise, the rural population created quasi-magical knowledge based on thaumaturgy and religious interpretations. Thus, illness 'entered' the human organism from outside, it embodied evil and misfortunes, and it was caused by evil spirits and demons. The consequence of adoption of a thaumaturgical etiology were the corresponding diagnostic methods (clairvoyance, revelation, etc.) and treatment techniques (casting spells and charms to cure or prevent an illness), undoing illness spells, etc. Of course, the mystical-magical elements overlapped with empirical folk methods of fighting illness and eliminating it, which were based on centuries-old treatment techniques (herbal healing, setting broken or dislocated bones by the chiropractor, etc.) [7,30]. Burszta points out that the present-day interpretation of cultural facts around illness is greatly influenced by the past. He believes that identification of illness with evil (the devil, demons) from the Middle Ages until the present day is the accurate exemplification of this thesis [29]; hence the importance of religious elements

supporting instrumental acts that we see when describing the social role of village folk practitioners today. An aspect of cultural interpretation of the development of illness, which could not be explained by real traumatic events (injury, catching cold, poisoning), were religious elements. Illness might have been an inevitable punishment for previous (consciously and unconsciously committed) grave and light sins and transgressions. The punisher was God as an 'impartial and just' judge. Conditions with such an etiology were mental diseases [29].

Another element taken from traditional peasant culture, which made its way to folk healthcare, is the belief that everything is related to everything in animate and inanimate nature. In this interpretation human life and illness depend for example on astral (cosmic) forces and stages of the moon, date of birth, solar eclipses, the appearance or non-appearance of a comet, etc. Similarly, other natural elements may have a direct or indirect effect on the state of health and illness, for example air and water. Diseases were said to arise from air, from water or from other constituents of man's natural environment [29].

Therapeutic procedures in the folk medical system stemmed as much from beliefs, habits, customs and practical measures as from folk empirical knowledge. All these elements were applied in full conviction that they were appropriate, suitable, purposeful and necessary to save that which was most precious in man: health. The cultural system of folk healthcare was self-sufficient, complex, integral and oriented towards specific therapeutic actions. Observe that prevention of illnesses (prophylaxis) when an individual had not experienced the clear adverse effect of a disease earlier was regarded as pointless and unnecessary [6]. The many-years-long studies by D. Tylkowa, carried out in the Polish Carpathian Mountains, show that the aforementioned thaumaturgical-mystical and religious elements used in etiology, prevention diagnostics, and treatment, are also present today in the way of thinking and interpreting the world by the peasant population in southern Poland (Karpackie [Carpathian] province).

As demonstrated by the examples of field studies conducted in the 1960s (J. Burszta) [29], and in the 1980s (J. Jeszke) [31], the views and behaviors of some part of the rural population still show the traditional (close and real) connection between man and nature, cosmos and the whole of the surrounding world, this bond being indivisible and integral. Man is involved in and subjected to the influence of two conflicting and opposing forces: health and illness. The popularity of non-conventional treatment methods (bioenergy therapy, radiesthesia) present in the media, in which TV therapists (i.e. those most popular in the country,

e.g. Zbyszek Nowak) appeal to extrasensory, non-material, intangible, miraculous elements, may strengthen the ordinary man's belief that the traditional folk approach to illness and to fighting it is accurate and effective. We can also ask whether the scenario, repeatedly predicted by doctors, will come true: that the folk ways of coping with illness will be gradually rationalized, and the elements regarded by science as mystical-magical will be eliminated. The answer is not unequivocal. Both sides may retain their positions and convictions or some elements of the folk medical system will gradually penetrate into academic medicine (which may mean that orthopedic centers will recognize the manual proficiency of some chiropractors, or there will be studies by the Polish Academy of Sciences Institute of History of Science, Education and Technology, which will reveal the efficacy of products used as part of folk pharmacy). We may also witness faster adoption of modern health culture by rural communities. It should be remembered that this two-way process of a kind of osmosis, observable in field studies [31], may intensify because we know that the same persons seek, in the complementary and parallel mode, both official and informal ways of help with illness [32]. There is much to indicate that this is the beginning of a process of change covering both parts of the medical system - official and informal. The folk medical system, an element of the traditional system of knowledge and peasant culture, will undoubtedly change and be enriched under the pressure of ubiquitous academic medicine: the question is to what extent and at what pace. At the same time, as a result of the effects of 'natural ways of treatment', medicine may become more tolerant towards 'non-biological elements', for example mystical-magical, especially religious, whose impact on the results of therapy is no longer challenged outright by clinical sciences. It is also possible that we will witness a better understanding of the folk medical system by physicians. Then the doctor's banal rationalization, when assessing incomprehensible effects obtained from time to time by some village folk therapists, will be more in-depth and go beyond the conventional saying 'faith can work miracles' [33].

Religion as an element of support in illness, suffering and dying processes

An important feature of folk culture, important for behavior in illness, is the presence of religious elements. They arose from the conviction about God's omnipotence, which creates and controls everything in an unchanging way. The will of God regulated the social order and individual fates, and all natural phenomena. Those who violated this order were liable to divine punishment while those who yielded to God's will could count on His favor. As the earlier, medieval influence of

the Church established the conviction that illness was a punishment for sinning, it was necessary to win over the Divine Providence to avert the fate. This was the purpose of offerings, prayers, vows, and blessing of objects meant to protect against illness (figurines, crosses and pictures). Every disease had its patron saint, who was prayed to for recovery. Members of the patient's family walked to the places recognized as holy and offered votive gifts. In the 1960s the especially valued objects protecting people against illness included threads drawn out from the stole, blessed candles and holy water [9,34]. In serious cases, the physician arrived together with the priest. Here is an example of behavior in illness with distinct religious elements, '[...] they told [parents] to carry me before the sunrise to the crossroads, there is usually a cross there, only they were not allowed to say a word so that theirs would be the first words to the cross, to carry the baby to the cross to and fro, circle the cross twice with the baby and repeat: "Good Jesus dying on the Cross, take this suffering child with you or restore his/her health [35]. Studies by D. Tylkowa conducted in southern Poland demonstrate that even now religious elements are important in illness-related behaviors in the country [6,31].

The folk medical system and self-treatment is, as mentioned earlier, one of the major parts of Polish folk culture [29]. Earlier investigations indicate that contrary to simplistic forecasts of the 1960s, the folk treatment methods have not only not disappeared in the rural areas but seem to be enjoying social acceptance [6,10,36], which is confirmed by ethnological, sociological and medical studies (bibliography can be found in Tylkowa 1989; Piątkowski 1990, Jeszke 1996). There also seems to be a large disparity between the broad scope of public popularity of the folk medical system and the comparatively negligible exploration of this field by individual disciplines; this is especially emphasized by D. Penkala-Gawęcka [10,37]. The delaying factor is the lack of coordination of such investigations at the stage of conceptualization and implementation, and their usually contributory character.

Behaviors and views associated with the biological elements defining the framework of human existence (illness, suffering, dying) had a special character in the rural areas and were, on a *pars pro toto* basis, an integral part of the whole peasant view of the world [38,39]. There were diverse manifestations of this specificity, for example death did not inspire the same amount of fear that it did in urban communities because it did not disturb the rhythm of life and work in a local community. Illness, pain, and dying were the links in the logically consecutive stages of the continuing human fate, which could neither be challenged nor undermined: hence came the characteristic feature of the peasant psyche - fatalism. Highly internalized

religious elements sometimes also permitted people to accept without resistance the successive stages of taking on the social role of the patient. They would say 'This was meant to be so', 'God so willed', 'death seeks no causes', 'God gave, God took away': in this way a passive and ambivalent attitude to illness developed. On the other hand, health (especially the farmer's) was a value in itself; it had its measurable price in the circumstances of continually doing hard physical work, which required efficiency and fitness. The peasant-farm owner could not afford to be ill for a long time, less so to undergo long treatment and convalescence, which is why he needed a quick and accurate diagnosis and therapy that would radically eliminate illness; with such expectations people sought help from nonprofessional and professional therapists [40]. Another characteristic feature of attitudes and behaviors towards illness was the low status of measures serving to preserve health, which was seen as a God-given, normal and stable state independent of one's 'biopositive or bionegative conduct'. An important trait of the peasant's manner of coping with illness was and is the co-occurrence and intermingling of mystical-magical and religious elements [7,29]. In the past, religious elements determined the attitude of medical professions and institutions; distance and distrust were caused on the one hand by the faith in the efficacy of the folk medical system and self-treatment, and on the other hand by expectations of aid from the Divine Providence. The memoirs of the mid-1930s read, 'I won't go to hospital either [...] it would cost even more. God willing, the child will live, if not, she/he will die' [14].

The foregoing description of certain attitudes and behaviors towards health and illness is the necessary background for determining the role of religious elements in traditional rural healthcare. Their significance stemmed *inter alia* from the belief in God's omnipotence, which created and controlled everything in a continuous and unchanging way. The Divine will regulated the social order and individual fates, and determined a person's health and illness. Those who violated this order deserved to be punished, while those who yielded to God's will could count on His favor.

Fatalism and passivity towards the sick and dying person

In traditional folk culture, feelings play a specific role and are shown to family members depending on their usefulness on the farm [35]. This situation undoubtedly influences behaviors in illness. Of greatest value for the functioning of the farm was its manager - the farmer and head of the family - followed other men and, finally, women and children. Peasant diarists wrote 'if the one who earns a living for the whole family - the main force in the farmstead - is ill, and illness is prolonged,

then they take last stores of grain [...] and take the patient to the doctor's'[35]. 'The year 1934 was very hard for me [...] because it was then that my husband fell ill. For a year he stayed in bed, and we had to have money, whatever there was to sell, we did sell [41]. Reactions to illness among those who were not valuable labor on the farm were entirely different. Children and the aged were hardly ever provided with expensive medical care, or not even ordinary care [16]. Peasant memoirs read, I won't go to hospital either [...]. It would cost even more. God willing, the child will live, if not, he will die' [14]. From the standpoint of the dominant economic interest and the importance of farming, farm animals were of higher value than any of many children: 'A cow feeds the whole family, it is easy to make a child' [14].

In peasant culture, illness, especially serious illness, was treated as something embarrassing which degraded man before his family and the immediate environment. People were especially ashamed of diseases regarded as the results of sin and indecency, and of diseases whose symptoms were located in the 'embarrassing' parts of the body. Then patients hid their illness even from household members, were ashamed to go the doctor, or demanded that examination be made 'through the clothes'; they were also afraid to go to hospital. Obviously, in the case of dangerous infectious diseases, women's diseases and tumors, the result of this embarrassment was the exacerbation of illness or premature death. Here are doctor's accounts: '[...] the woman's crotch burst during the first labor [...] A country woman will not call a doctor to stitch the crotch [...] She will not die because the opening will be larger [...] between her legs there is a hanging sack the size of baby's head, covered with festering wounds [...] she has never been to the doctor's [14]. 'A father brings a twelve-year-old girl to me [...] I take her blood for typhoid and tell them to come after three days [...] But the father did not come. He was offended that I dared to suspect his daughter of having an infectious disease' [14]. People were especially embarrassed about having venereal diseases regarded as sinful and impure. The absence of prevention caused frequent cases of congenital syphilis, '[...] a married couple come with a baby [...] The several-days-old child covered in rash [...] how many children have you had, I ask. This one is the thirteenth, says the peasant, all the others died when they were very little' [14]. The parents never showed up again, they were ashamed of the disease and lack of money for treatment; the child died'.

An especially characteristic feature of attitude towards illnesses in the peasant family was fatalism, generally associated with religious elements but also with peasant mentality marked by passivity, submission, and a sense of inferiority. Fatalism stemmed from the belief that everything

depended on God, that God's will must not be opposed, and from the peasant's feeling of helplessness and powerlessness in the face of serious illness. Cut off from professional medical care, left to himself, he could only hope that the disease would pass or try to cast spells and charms on it, 'kill it', transfer it to another person or object, bury it or frighten it away. Being usually convinced that he could control neither his fate nor his family's, the peasant waited for 'what God will dispose'. Apart from passivity and apathy, this led to the acceptance of fate even if punishment in the form of illness was considered undeserved. The peasant mentality did not take into account the possibility of actively opposing evil. Illness was evil, but it was also part of the supernatural world, remained impenetrable and mysterious. In this way fatalism - both a part of culture and an element of the individual mind - impacted on behaviors and attitudes towards illness. Peasants would say 'It's the will of God, so be it. God will not harm man, you have to believe in God's grace'. The father of a family with many wrote, 'I had six children, and buried three [...] what God wants to take a will, everything is in God's hands'[14]. A popular saying in the country said that doctors would not help if you were ill with death.

The well-known community-committed doctor A. Bałasz characterized his patients in this way: 'The patience of rural patients is amazing. The sick waiting in the hospital corridor, who often had to spend a long time waiting until I returned never reproached me or complained. On the contrary, they were glad although they spent all night cramped in the small room unsuitable for a waiting room'[14]. In the early 1950s the peasant patient treated medical care as a privilege rather than a right. The peasant coping with everyday adversities, with no possibility of influencing his life, and living in the manner determined by the natural calendar, was patient. He suffered pain in patience, he waited for months for his health to improve, and that is why he was able and wanted to wait for the doctor, whom he called 'our doctor'. Did his kind of 'peasant mentality' change at the turn of the twentieth century? Not entirely. M. Halamska points out that the mentality of agricultural peasant group is still traditional [42]. B. Fedyszak-Radziejowska [43] emphasizes in conclusion of her studies that farmers (especially of older age) are characterized by 'the traditional, passive way of reacting to innovation and hazards'.

On the one hand, people believed in home self-treatment and in tried and tested folk healthcare, on the other hand, they sought Divine support, taking destiny into account. With this attitude, a doctor was not necessary - his visit was associated with the last stage of illness and death. If a doctor was called in, it was usually at the last

moment. Even patients tried to evade calling one, being afraid that doctors would poison them [44].

Doctors themselves pointed out that this distrust was often due to the low quality of treatments and the occurrence of iatrogenic errors. No less important was the fact that doctors thought and worked in the way that was different from folk medicine; therefore they could not meet the special expectations of the village people. When a peasant heard the doctor's words [...] shattering his beliefs, he was deeply disappointed [...] A common peasant does not expect learned diagnoses from a doctor. Basically, the peasant knows and recognizes only three types of diagnosis: a cold, overexertion, and becoming infected. If the doctor's explanations [...] do not contain one of these diagnoses, the patient is dissatisfied' [14]. What the peasant family required from a doctor was fast and effective measures to restore the ability to work, an explicit diagnosis, and painless treatment without operation. 'A doctor should know everything without X-rays. That's what a doctor is for. In the country we need a miraculous doctor. There is no time for X-ray and some blood examination. There is no time to go to the doctor's all the time so that he will identify the illness and treat it slowly. Work in the field won't wait [14]. The peasant's skepticism also applied to the representatives of other medical professions (certified nurses and midwives). When describing the rural attitude to medical institutions in the late 1930s, S. Kosiński and S. Tokarski emphasized that the rural populations shied away from hospital treatment for many reasons, and even expressed negative attitudes towards hospitalization [16].

CONCLUSIONS

The permanence of culturally and socially determined "peasant" patterns of reaction to illness is confirmed by the results of comparatively few ethnological and sociological studies on contemporary folk medicine. It is still highly popular in some areas in Poland [6,8-13] because it originates from "the whole foundation of changing folk beliefs, customs and traditions, from the whole folk sphere of worldview" [29], which causes some of its elements to be still practiced and passed down from generation to generation in the process of socialization. As the results of research conducted by Lesińska-Sawicka and Waško [11] show, the currently practiced behaviors connected with self-treatment have their source in traditional folk medicine. They most often pertain to trivial and common complaints such as warts, hiccups, rheumatism and the like, and they utilize substances used in old folk medicine: plants, herbs, and human and animal secretions and excrements. Inga Jaguś in turn asserts that in the countryside there are still treatment methods that have been used for centuries: pressing plantain onto ulcers, drinking

raspberry juice for common cold, or peppermint extract for stomach troubles, etc. A feature of the contemporary methods is, however, the elimination of magic and thaumaturgical elements, and performing of mainly rational instrumental acts [45].

Despite globalization, socio-cultural transformations, and progressing medicalization of social life, the "institution" of a village healer has survived. An example can be the several decade-long operation of the "Serwin clan" from Lubartów district (Lublin province), who, without having medical (or any other) education, have for years successfully practiced setting joints, treating inflammatory conditions, or setting fractured limbs.

An unusual form of treatment activity practiced in the 21st century and rooted in traditional folk medicine is the phenomenon of contemporary *szeptuchy* [whispering healers] of Podlasie. They treat many ailments, and "chase away life misfortunes". During treatment ceremonies which include inter alia burning flax and candles, spilling ashes, pouring holy water into vessels, etc. (which do not significantly differ from those of a century ago) they whisper prayers because they believe that these have a healing power. As studies by Charyton show, the activities of the *szeptuchy*, who cultivate magic elements of folk medicine, still enjoy considerable popularity [12,13].

It seems justified to ask what, in the contemporary, highly developed society, makes this form of treatment activity still recognized, and what makes folk "medicine", seemingly ineffective and unsuccessful, enjoy social trust? The features of folk culture, outlined in this text, deeply internalized and passed down from generation to generation, unquestionably contribute to the fact that it is still a lasting phenomenon in many rural communities, its magic and religious components being significant factors that impact current behaviors towards health and illness. As Olchowska-Kotala observes, we are now dealing with a crisis of the neopositivist model of culture and the accompanying demand on the part of the contemporary people for magic elements [46]. At the same time, transformations in academic medicine itself, its dehumanization and consequent reification of the patient, narrow specializations, and the absence of sufficient efficacy in treating chronic, functional or civilization diseases, cause the patients, disillusioned with the situation, to seek other, "exotic" but also abstract ways of satisfying their health needs, often choosing, apart from a visit to the doctor, a meeting with a "szeptucha", "serwinka" [member of the Serwin family] or other representatives of folk "medicine".

Folk medicine, which was regarded in the 1950s and 1960s as a manifestation of ignorance, superstitions, and backwardness, has now an

opportunity to become a significant element of Poland's cultural heritage. However, to get a full picture of the phenomenon, it is necessary to carry out further, multidisciplinary in-depth research in this field.

Conflicts of interest

None

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