

We and They: Family, Illness and Physicians in Transylvania (1940–1990)

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“Well, and while I was there in the hospital someone told me about a monk...”

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THIS PAPER has as its starting point the popular attitude towards illness but also towards the modernization of the healthcare system in the rural area during the communist period. The main method in obtaining the raw information underlying this work is the ethnological one, especially that of interviewing some people from a few Transylvanian villages, who lived and had the experience of illness during 1940–1989. The oral inquiries central to our research were carried out during the summer of 2009. The research was a qualitative one, and the approach rather metonymical, given our attempt to define/present a certain type of relation through the life experience of some people we deemed to be representative.

We must begin by defining or explaining the terms employed in the study: *we* represents the self and his/her more or less extended family (we shall see that according to what they describe, this *we*

The study is based on field research done in the summer of 2009, in three villages of Transylvania, financed through a CNCIS grant, ID 1647.

includes either the nuclear family or the large one extending to cousins, forefathers etc); *they* represents not necessarily all that is outside the family but mostly the modern healthcare system imposed by the state. We will see that the characters that belong to a healthcare system we chose to call pre-modern occupy an intermediate position between *we* and *they*. In other words, individuals (the witch, the priest, the man who puts the bones back) who are neither totally *we*, nor totally *they*.

The central point or indeed the *action* that makes the connection between this multitude of subjects is *illness*. It also has a wide range of definitions, as we notice a change of perception regarding illness not as much according to the person affected but according to the context of the disease. In other words, illness can and usually means something totally different for the researcher (coming from the world of *they*) than for the interviewed persons.

Thus, while for me the definition of illness is very close to the one given in the dictionary—i.e. a problem with the normal functioning of the body generated by inadequate nourishment or, let us say, by the inadequate care of one's own body—, for the peasants, illness (as many other positive or negative things) is something *given* by God, obviously in very close connection with the improper management of the self (not necessarily the physical self) in relation with God, or with an act of disobedience towards the religious canon. There could also be a different cause for illness, more specifically witchcraft, when illness is caused by a person through a recourse to magic, for various reasons. This cause appears usually when peasants do not have a 'normal' (known) cause for the disease and especially when physicians cannot offer healing and the disease proves incurable.

In the final analysis, we are dealing with a transfer of problems of a physical nature into the mental realm and to the impossibility, for various reasons, to achieve *harmony* with the religious beliefs. The imbalance that occurs attracts punishment: *the illness*.

The two positions of *they* and *we* do meet at their extreme ends, because as *they* generate a scientific idea upon the appearance of illnesses, the latter also come from the bad management of the physical body by the mind.¹

Coming back to the topic of the present paper, we may say that we have operated a polarization. This polarization, though existent in the premises of our work, came to be confirmed by the research done in a few villages of Cluj County (Râșca, Finișel and Mociu), especially for the aforementioned period, which coincides with the communist era in our country.

From the very beginning, we notice that all this effort of modernization in the healthcare sector during the period in question generated a major fracture between *we* and *they* (in fact, between *family* and *physicians*), so that the two sides came

to live separately the drama of misunderstanding. The peasants do not feel understood by the physicians and the latter feel that they cannot communicate with the former. Each of them lives the drama of isolation in regard to the other, as lots of things remain hidden, untold, leaving the illness somewhere in between (for example, many people deliberately refused to tell physicians about certain symptoms they had or refused a certain medication; many physicians no longer drew attention upon certain restrictions knowing that they would not be observed).

Another equally important aspect regarding illness in the rural area is the fact that it is not named. This attitude comes in close connection with the entire peasant approach to the negative things or characters with which they might have a more or less direct contact. For example, characters like *the devil* or *death* either are not named at all, or described with a euphemism as the only way to avoid contagion by evil.

Illness is one of these evil elements, and in its case as well the usual solution is a sort of disregard for its presence, and consequently the failure to name it. It is given a name only when it becomes so serious that the symptoms can no longer be hidden or when it starts to hinder activities in the household. Thus, the term used in all the places we studied is that of *beteşug* (infirmity, sickness, disease), while the context is that of *a fi beteag* (being sick). The word “illness” is not unknown, but it is not part of their usual vocabulary, used only in the relation with the outsiders—medical staff or... researchers. We will try to make a short analysis of this semantic pair, *beteşug* (archaism)—*boală* (neologism). During the interviews, when asked if they had ever been ill, the answer was a firm no, but if we started to exemplify with cases of illness, they answered that they had been *betegi* (ill). We have a linguistic expression for an entire dynamic of illness that shows the transition from *beteşug* (infirmity) to *boală* (illness). On the other hand, *boală* (illness) is associated with physicians and with hospitals, or indeed with an extremely dramatic and even tragic dysfunction of the body. We have here a plasticity of terms that comes to illustrate to the discerning viewer exactly the two realities of *boală* (illness): an archaic one, with a whole universe of traditional representations, and a modern one, with its plethora of scientific representations.

But why all this negative framing, and especially the refusal to name the illness? This refusal has its roots somewhere deep in the ways of rural existence. Their work, of a physical nature, exhausting but mandatory in a peasant household, needs healthy people or at least people who can carry out all those physical activities on time and in a suitable fashion. A ‘sick’ person cannot do such a thing and, furthermore, he cuts into the work time of another person, who has to take care of him. Without work the household will not thrive. Thus, the fact that a person is ill is met with disapproval by the others, because that per-

son cannot *contribute*, and it also creates a negative image of that family. The marital chances of a person coming from a family with past or present cases of serious illness are extremely low and require all sorts of subterfuges from the people who negotiate such marriages. It becomes essential for any family with one or more sick or ailing persons to hide this fact for as long as possible, so as not to compromise the marriage opportunities of their youths.

The traditional system is based on the idea of heredity,² and therefore illness also has a hereditary explanation (we find this idea even with the modern medical system) or, as we heard it expressed in local terms, it runs in the family (*merge pă neam*).

Moving on to the core component of this paper, what do the peasants do first when they get sick? If we take just a superficial look at what they are saying and at how they see the whole matter, we may draw the hasty conclusion that they had never been sick and therefore did nothing about it. Hence the idea that in the past people were healthier...

Nevertheless, they did become sick and they did try to do something about it. It is true, though, that there would be no rush to apply any healing methods, traditional or not. The old generation of interviewees had very little knowledge of modern medication (injections, pills, suppositories). That explains why we found a very plastic imagery about pills with one of our informants—the pills were just colored *little buttons*. She knew that the purple buttons were for when you caught a cold, the red ones for heart problems, etc. We see here an attempt to bring closer to her level of knowledge those pills that do not normally belong to the world she knows, and thus the most appropriate parallel is with buttons. This also conveys a positive image because of the tone employed, but we also know that buttons are relatively *new* in the peasant garb and they have managed to gain a respectable status. So she needs the familiar—the *button*, to introduce the unfamiliar—the *pill*. Nowadays even physicians resort to this description based on shape and color when they issue prescriptions to this age group. Even so, there were cases when the pills were not taken at all. It took quite a bit of time until pills were accepted by the older generation:

Once I caught a cold. A bad one. And some spots appeared on my leg. Red ones. From the cold. They said it was a cold. And they took me to the hospital. This hospital. And here they gave me some little buttons, I can see them now, purple, like this purple, but big ones. They didn't put them in my mouth. So I went to the bathroom and threw them where the water flowed. I didn't take them at all. But I recovered. I stayed there for two weeks . . . I took them only when the nurse stayed with me, if not, I went where the water flowed and solved the problem (V. M., born in 1941).³

Thus, with the oldest generation of interviewees, we find quite a different range of healing methods. One important thing is that illness had to be fought starting from early childhood. It was believed that the chances of survival were shown on the face of the baby, or anyway revealed in the first days after birth. As one informant said to us, in the past there were so many children that people were not too concerned about their survival:

They used to have so many babies. Nobody took them to the doctor. They used to say that they died of something. Others couldn't wait for the children to die because they were having other children. They were making a lot of babies and those children died. You asked how they died, they answered that God took them. If a woman was pregnant, who would register her? Not even the child was registered. She stayed with the baby to see if it lived or not. And then [if it lived] he registered it. He told someone to go and write in the register that he had had one child. His woman had given birth (V. V., born in 1930).

Thus, if the baby had a darker skin color or showed other worrying signs, the mother was told to stop feeding it because it was pointless. Even so, not all mothers took this advice. They acted under the idea that first of all the sick person, child or adult, had to *endure* or, in other words, to let his own body fight the illness. When this first approach did not work, they resorted to hot baths with or without salt in them, to herbal teas, oil, or plum brandy (*pălincă*), generally used for all types of illnesses. To our amazement, during this field research we noticed that the knowledge of medicinal plants was not as widespread as we had thought it would be as part of the so-called traditional medicine. Most of our informants told us that there were specialized people who knew the plants and their beneficial properties, and that these people (men or women) lived in a 'nearby' village. In most cases, when trying find these people, we found out that in fact at least some of them were pharmacists, designated using the popular name of that profession—*poticar* (apothecary). Thus, we noticed that even the oldest informants were familiar only with a limited repertoire of medicinal plants. The main healing *agents* were pork grease, oil, and brandy. The grease was used with or without additional plants for massaging the body in the case of all types of aches and sprained limbs, while oil and brandy were used also for massaging and for 'cleaning,' disinfecting, and warming the body in the case of colds.

The caregiver is generally a feminine figure: the mother, the wife, the grandmother or the daughter, for the elderly ones. She prepares potions using the plants she knows or takes the sick person to the healer. In very rare cases the care is provided by someone who does not belong to the nuclear family: cousin, aunt, uncle,

etc. The most important thing is to keep the family united in case of illness, as with other things in life, and this stems from the perception of things that was common at the end of the previous century.⁴ This is what happened in case of colds or various physical aches. In the most serious cases, especially in situations where there was no *visible* cause of illness, people thought that the cause was surely magical in nature and therefore the sick person was taken to a witch or to a priest, depending on the nature of the symptoms or on the advice given by the enlarged family or by the neighbors. For the period under study, 1940–1990, we identified a certain evolution in the healing methods used, from the early ones mentioned above (pork grease, brandy, visits to priests or witches) to the increasingly scientific methods (shots, pills, surgery) used in the last years of the period.

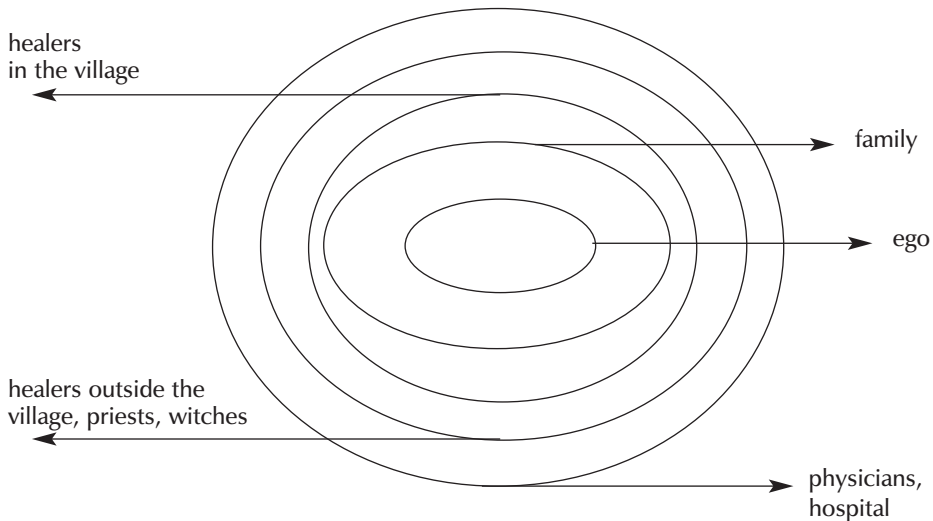
Obviously, this development was caused by the strong intrusion of the communist regime.⁵ As we know, one of the main goals of the communist regimes was to dismantle the old beliefs of the peasantry. Medical issues were definitely part of this agenda. Nevertheless, the glorious work of the communist regime was actually met with a certain quiet resistance. Thus, the peasants preferred to go to a priest, a local midwife, or a witch to solve their medical problems, instead of going to a physician. As the number of hospitals, village surgeries, and maternities increased over the years, and compulsory visits to the physician were introduced, especially in the case of children, peasants started to show more confidence in the modern healthcare system, which peaked in the final years of the period. We have seen that the people born in the 1940s, at the beginning of the period under study, came to have great confidence in pills—those little colored buttons prescribed by their physicians—, saying that they would probably not be alive without them:

What can I say, in the past they got sick and they could only say that they died. And they didn't know why. Now the life of people has been prolonged, with so many medicines. And, anyway, this science has made progress. I see it myself. If I weren't under treatment... oho... I would be long in the grave. So I say it is better than before (V. V., born in 1930).

We may talk here about a certain exteriorization of illness: it was once an internal affair—that is, it was the individual or his family taking care of the matter—while nowadays the problem is exteriorized, the solution is sought outside the individual or his family, with state or private institutions, with people they see for the first time in their lives. They transform their selves into physical bodies, as this is mostly how they are perceived by the physicians or the medical staff they see.⁶

Before, meaning at the beginning of the period under study, a visit to the physician was a measure of last resort once all the other healers had failed. This most probably also contributed to the negative image of physicians, if we consider that in that stage of the disease they could probably do little for the patient. Could distance be the reason for their refusal to go to a doctor and consequently for the preference for other healers? At first sight it may seem so. But then how can we explain that the same persons were willing to travel very far in order to be cured by a priest, a witchdoctor or a witch? I think one possible answer resides in the strong oral component of the peasant society: they *heard* about a priest or a person that can put bones back. Redundancy is the key here. One would go to a person that was known to have succeeded in a certain healing operation. One had proof that their healing method had worked on other people, even if the proof was quite relative. Although at a first glance it may seem a rational choice, it is in fact an affective choice, as these folk healers are affectively closer to the peasant than the physicians. A rational choice would be a visit to a doctor.

Accordingly, we may say that the peasant attitude towards healing is a concentric one: it starts in a center and moves outward in the attempt to find a solution to the crisis, eventually to reach the outer limit—the physician and the hospital, as shown in the representation below.



We may say that for the interviewees physical distance is subjective and *close* means the place where they feel comfortable going. For example, in one village they named two or three localities that are actually in the neighboring Alba County

(so quite far from their village). Conversely, *far* means the place where they do not feel comfortable going, such as Cluj, even though the city of Cluj is nearer in terms of physical distance than those places in Alba county.

The most obvious example of this subjectivity is childbirth. In one of the studied villages almost all interviewed women had given birth at home, assisted by their mothers, mothers-in-law or a local midwife. This local midwife was an old woman—old age was mandatory—who had gained this type of authority in the collective perception by the simple fact that she had given birth to children of her own, usually quite many. As I mentioned in one of my books,⁷ peasant women refused to go to the hospital to give birth to their children. Birthing in a hospital was accepted only when it became compulsory. The communist regime introduced so many sanctions in the case of problematic births that this matter came to be treated with utmost care. Consequently, women were no longer allowed to give birth at home. They were forced to go to the nearest hospital or maternity. One can easily imagine that this change seriously affected the traditional mentality regarding birth. All the familiar characters (mother, husband, mother-in-law, etc.) and places (house, barn, fields) were *brutally* replaced by impersonal characters (physicians, nurses, medical staff) and places (hospital, maternity). The woman found herself, in her hour of need, in a foreign place surrounded by foreign people. This also seriously disrupted the traditional rites that were to be performed right after childbirth on both mother and child and were intended to protect them and the community from evil forces.

IN CONCLUSION, for the whole period under study, practically fifty years, we may say that *we* and *they* started as opposites, and the former simply ignored the presence of the latter for most of their lives. The family was the entity that offered help in times of trouble, and that included illness as well. This meant resorting only to the people they knew, with whom they had a type of connection. Physicians were either unknown or negatively known, through incurable cases. How else could it have been? The fact that peasants went to a doctor only in the final stages of a disease could not bring a positive image for the profession. In fact, the peasants were utterly unaware of the limits of modern medicine. Besides, there were also medical mistakes, wrong injections or the wrong medication given to a patient. In certain cases even doctors confronted with their own limitations advised the patients to seek healing elsewhere (with priest or monks).

And then a doctor in Cluj decided that my body was weakened and prescribed an injection—insulin. That was for diabetics. . . . and, well, I went to the physician in the village. We were good friends, exchanging jokes. And he said that

he would give me that shot. And he did it. I didn't feel anything. And I had not eaten anything. Meanwhile, he went and told the midwife to give me the injection and how many milliliters to put in the syringe. But he didn't tell her he had given me a shot. And she was to do it later: She came and gave me that shot again. And I fell into a coma. And they took me home. And after that I got sick. They destroyed the nervous system in my stomach. . . . I went to Cluj again and I told them what had happened but they didn't believe me. And one day a physician told me: Well, you should try other stuff, 'cause who knows what you might have?! Well, and while I was there in the hospital someone told me about a monk... (V. V, born in 1930).

Nevertheless, the analyzed period shows an evolution from family, witch-doctors or priests to physicians, hospitals and pills. Today, everybody goes to see a doctor. Is it a success of modernization? Most probably. The old, traditional methods are barely mentioned. All informants have drawers full of pills, for more than one illness. This attitude leads to another one: self-medication. They buy pills for themselves and they give them to their family members or neighbors and friends, considering that if their efficiency has been proved on themselves, they could not harm others. On the other hand, when making a visit to the doctor, they want and ask for a specific treatment, pills that their relatives or neighbors are taking, because they are convinced they have the same disease. Their collective mentality resists this individual treatment of the patient. They *must* be all the same. Why different treatments?

Thus, the polarization of *we* and *they* is no longer that radical, but they do need the support of their family to cope with a visit to a physician or in the serious cases of hospitalization or surgery. Illness brings the two protagonists together, as both are trying to find a common point of reference so as to establish a fruitful dialogue. For old people, their mature children become the intermediaries. They are the ones who take them to see a physician. They are the ones to sit by their bedside, the ones who pay for the religious service, the ones who care. And so, by the end of the period, the idea that illness is a form of punishment begins to fade, leaving room to the scientific idea of its origin, at least for the most common illnesses.



Notes

1. Maurice Tubiana, *Histoire de la pensée médicale: Les chemins d'Esculape* (Paris: Flammarion, 1995), 692.
2. Alain Corbin, Jean-Jacques Courtine, and Georges Vigarello, eds., *Istoria corpului: De la Revoluția franceză la Primul Război Mondial*, trans. (Bucharest: Art, 2008), 32–3, 50.
3. For deontological reasons I chose not to give the full name of the informants, just their initials and date of birth.
4. Ioan Bolovan and Sorina Bolovan, “Transylvania until World War I: Demographic Opportunities and Vulnerabilities (II),” *Transylvanian Review* 18, 2 (Summer 2009): 133–146.
5. Frederick F. Cartwright and Michael Biddiss, *Bolile și istoria*, trans. (Bucharest: ALL, 2006), 282–3.
6. Roland Gori and Marie-José del Volgo, *La Santé Totalitaire: Essai sur la médicalisation de l'existence* (Paris: Denoël, 2005), 76–8.
7. Elena Bărbulescu, *Dulce cu amar se mănăcă: Eseu de etnologie privind cuplul în mediul rural* (Cluj-Napoca: Presa Universitară Clujeană, 2009), 71–3.

Abstract

We and They: Family, Illness and Physicians in Transylvania (1940–1990)

The paper is based on a field research done in the summer of 2009 in three villages of Cluj County—Râșca, Finișel and Mociu. The investigation sought to identify the attitude of peasants towards illness and towards the modern healthcare system. Precisely, it shows the way in which the family solidarity typical to rural societies functions in the concrete case of the process of illness and healing. We have in view here both systems that the rural world resorts to in pursuit of healing: the modern healthcare system and also what we may call the pre-modern healthcare system.

Keywords

peasants, family, illness