

FOLK MEDICINE: A UKRAINIAN CANADIAN EXPERIENCE

BY

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Submitted to the Faculty of Graduate Studies
in Partial Fulfillment of the Requirements
for the Degree of

MASTER OF ARTS

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ABSTRACT

This study is an ethnographic description of contemporary Ukrainian Canadian folk medicine. The focus is on healing techniques of Canadian born Ukrainians, primarily in Manitoba. The folk medicine practised in Manitoba consists almost exclusively of wax pouring. This healing method is performed by a few Ukrainian Canadian women and is believed to be an effective cure for evil eye for those people who believe in it. A healer in a small rural Manitoba town is the main informant. Interviews with people who had been to healers in their lifetime are also included.

The materials gathered show that urban and rural differentiation does not affect beliefs in folk medicine. Small towns may be physically isolated from large cities, but the people are not. Folk medicine and Western biomedicine exist together and may be utilized by the same people. Ukrainian folk medicine continues to be practised and used by more women than men, although the younger generation is quickly losing belief in the traditional ways.

Historically, it is valuable to document Ukrainian healing techniques; anthropologically it contributes to an understanding of how these techniques are used today.

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PART ONE

Chapter I

INTRODUCTION

Ukrainians have been studied throughout the 100 years they have been in Canada (1991 marks the centenary of Ukrainian settlement in Canada). As an ethnic group originating from what is now a part of the Soviet Union, they settled across Canada.¹ The history, settlement patterns, folklore, and everyday lives of Ukrainian Canadians have been and continue to be documented (see Chapter II).

Ukrainian folk medicine in Canada has received only brief mention in a few publications through the years; nothing combining different beliefs and aspects of this folk medicine has been written. This thesis, then, is an ethnographic description of contemporary Ukrainian Canadian folk medicine as it is currently practised by Canadian born Ukrainians, primarily in Manitoba. It is based on qualitative data from archival research, current and historical literature, and interviews.

Description and theory are of the same logical process (Pelto and Pelto 1978:7) and in many situations the major contribution provided by the anthropologist is descriptive information (Ibid:234). There is no essential logical difference between low-level generalizations and those made at

the most abstract levels (Ibid:7). Developing a body of descriptive data and "getting the facts" is an essential part of almost all anthropology. However, a holistic integration of ethnographic data is needed when describing traditions and ceremonies (Ibid:234). Methods for analyses of ethnography can be gained from Agar (1980) and Spradley (1979). According to Agar, ethnography involves a collection of different kinds of information and sentiment and relations among them (1980:194). Spradley deals specifically with the ethnographic interview and making inferences from what people say (1979:9). The ethnographic interview is a way to get people to talk about what they know and from this to build a systematic understanding of an aspect of their culture (Ibid). In our pluralistic society, it is valuable to analyze the choices people make with regard to their health. Hopefully, this thesis will show Canadian Ukrainians how their forefathers practised folk healing techniques and how presently, their own culture offers a realm of healing that they might not have realized.

A study of folk medicine in the 1990s often brings forward the general public's question, "They don't still believe in this, do they?" Yes, some of them do, and this thesis shows how and why.

I specifically decided to study people who were actively seeking out Ukrainian folk healers today. I did not want to interview people in senior citizen or nursing homes who had

visited healers decades ago. I wanted to see if people were using Ukrainian healers as well as biomedicine. My location in Winnipeg, Manitoba, allows access to both urban and rural Ukrainians. Friends and relatives were actively sought as initial informants, and they subsequently referred other people for interviewing.

Initially, I had planned to interview many people in Winnipeg as well as in small rural towns; I expected Ukrainian folk medical practices to be fairly prevalent. I was not able to get as much empirical data as I had hoped, however, since Ukrainian folk healing is not as popular as I had anticipated. Since I did not find as many informants as I had expected, I focused on one key informant, Doris Skurski² who practices Ukrainian healing techniques in a rural Manitoba town. Some of her patients and others who had been to different Ukrainian healers were also interviewed. Finally, I included people living in Winnipeg and other cities and towns in Canada who had visited Ukrainian healers in their lifetime or could recall being taken to a healer as children by their parents or other relatives.

In total, I interviewed 21 people as well as the healer, Doris. Five of the people interviewed were recent patients of Doris. The other 16 were either patients of the previous healer in the community or of Ukrainian healers from other cities and towns in Canada. Seventy-five percent of my informants now reside in cities (Winnipeg, Toronto, and

Ottawa), but they have either lived in the surrounding rural area where Doris lives or they have relatives there. The informants ranged in age from 22 to 86 with the majority in their early 50s. Three-quarters of them were women.

Field study took place in the months of July and August 1987 and 1988. Interviews were very informal and lasted a few hours, averaging three hours a day. The healer, Doris, was interviewed over several days. Other casual interviews and discussions have taken place throughout 1989 and 1990 whenever a person had information on Ukrainian healing to offer.

Personal documents can be diverse depending on the methods of their elicitation (Degh 1975:vii). Open-ended interview techniques were used and preferred since I found people naturally talking off topic for long periods of time. This allows for quite lengthy, but very interesting narratives and brings out relevant data and insights that would not have been gained by more formal techniques. Recording in a comfortable environment allows the speaker to feel relaxed enough to talk freely without inhibitions (Degh 1975:viii).

The materials that I gathered show that, contrary to popular belief, urban and rural differentiation does not affect beliefs in folk medicine. Small towns in Manitoba and throughout Canada are physically isolated from major city centers, but socially the people are not. A person's belief in or allegiance to Ukrainian folk medicine is individual regardless of the person's place of residence. Studies have

shown that where folk and Western biomedical systems co-exist, they do not appear to be sharply delineated, locally integrated, sharply opposed entities (Fabrega and Manning 1979:41). Instead, what can be demonstrated to exist are symbolic frameworks for defining and acting upon illness in understood conditions (*Ibid*). Folk medical and Western biomedical systems are continuous frameworks and may be utilized by the same people.

Women, rather than men, were more willing to discuss folk medicine. Traditionally, healing in Ukrainian communities was a female practice. This stems from the fact that the healer was almost always a midwife and women refused to expose themselves to men. This tradition has carried on in the immigrant healing sphere since the healers are invariably women although midwifery has been taken over by the established mainstream physician. Women also frequent the healer more than men and are therefore knowledgeable about the healing techniques and more willing to discuss them. During interviews, I found that most men did not want to sit down and talk. In fact, the husband of my main informant said that he did not want her to discuss what she did, and when she proceeded to answer my questions he got up and left. Apparently, he saw no need for me to question how and why his wife was a healer. I can only speculate as to why he felt this way. This could have been due to concern that the Ukrainian folk healing his wife performs is not mainstream medicine. He

could also have been embarrassed or even jealous because of the attention his wife was receiving. This is entirely speculation on my part as to why his mannerisms and language were very curt.

Historically, it is valuable to document Ukrainian healing techniques and anthropologically it contributes to how these techniques are used today for comparison with other ethnic groups' healing methods. Initially, I will examine some of the more recent work on folk medicine in general. I discuss historical aspects of allopathic medicine³ to distinguish it conceptually from folk medicine. I record some historical traditions of ancient Slavic medicine as well as missionary reports on Ukrainian health and beliefs in Canada in the late 1800s and early 1900s. Finally, I focus on my work with Canadian Ukrainian folk medicine and the analysis of several aspects of this medicine such as evil eye and divination that are comparable with the beliefs of many other cultural and ethnic groups. The primary use of theoretical material will be in the section concerning the symbolic interpretation of the practice of Ukrainian Canadian folk medicine.

Chapter II

SURVEY OF RELATED LITERATURE

Sources of Ukrainian Canadian Research and Healing Information

Ukrainians began to immigrate to Canada during the late 1800s (Woycenko 1968:11). The initial mass immigration of Galicians, Bukovynians, and Ruthenians was for economic and political reasons (*Ibid*). Studies of Ukrainians in Canada have been recorded by Yuzyk (1953), Lupul (1982), and Kaye (1964). These studies focus on the government's development of Western Canada with the influx of thousands of Ukrainian settlers.⁴

Presently, people of Ukrainian origin are the third largest ethnic group (after the British and Germans) in the three prairie provinces of Manitoba, Saskatchewan, and Alberta (White 1990:21). With the influx of Ukrainian peoples, Canada's present population of Ukrainians of single origin (both parents identified as Ukrainian) is approximately 420,000 and of multiple origins (one parent identified as Ukrainian) is approximately 540,000 (*Ibid*:46).

This large ethnic group has been and continues to be researched. Initial reports of Ukrainians in Canada were produced by missionaries such as Charles Young (1931) and physicians including Hunter (1929) and often sponsored by the United Church for the Canadian National Committee for Mental Hygiene. Most of these studies were intended for non-Ukrainian readers and the Ukrainian Canadian community was largely

ignorant of any of the data being recorded at the time (Klymasz 1983:173). Reports often highlighted the "backward" culture of the Ukrainians which missionaries planned to change. For example, the increased rates of gastro-intestinal diseases were believed to be caused by badly prepared food lacking variety and "the women being without the most elementary knowledge of the culinary art" (C. Young 1931:229). At the time, the Ukrainians were expected to acculturate and assimilate the values of British Canada.

Most Ukrainians have never fully assimilated to the British lifestyle and continue to practice their religion and traditional customs. Canadians of Ukrainian descent are often aware of their contribution to Canada as a colourful ethnic group. Festivals, such as Canada's National Ukrainian Festival, held annually in Dauphin, Manitoba, have helped make the public more aware of Ukrainians as a major Canadian ethnic group. Studies, such as Yuzyk (1967) and Woycenko (1968), highlight initial Ukrainian contributions to business, agriculture, politics, and the arts in Canada.

More recent works focus on Ukrainian Canadian identity, (Rozumnyj 1983) and specific Ukrainian settlements (Ewanchuk 1977, 1988). The history, multicultural, and separatist aspects of Ukrainians in Canada have also been studied (Marunchak 1982; Lupul 1978). Current Ukrainian and Slavic research in Canada focuses primarily on Ukrainian literature.

Although, many aspects of Ukrainian Canadian life have

been researched, almost nothing has been recorded about folk medicine. Some missionaries recorded healing techniques which they considered "an intricate system of traditions and superstitions on the one hand," and on the other, actual ways of meeting the needs of the people (C. Young 1931:230). Missionary reports are discussed in Chapter III. Klymasz (1970, 1986) has recorded some beliefs of Ukrainian Canadian folk healing, but thorough reports only exist on Slavic folk medicine (Moszynski 1967; Kemp 1935); these latter do not deal with folk medical beliefs in North America. An ethnography of a Russian American community, (Gerber 1985) and another of Doukhobor peoples (Tarasoff 1977) include a chapter on folk medicine. Two recent works briefly mention some aspects of Ukrainian healing techniques (Beresko 1989; Klymasz 1986), but these accounts are included within fictional stories or ballads. Two other recent works from Bulgaria deal with medicinal herbs (Kitanov 1987) and yoghurt and health, (Chomakov 1987). There is one notable book in the Ukrainian language on medicinal plants in the Soviet Union (Kharchenko 1982).⁵ Soviet Ukrainian literature itself does not offer much in the way of healing since the established medical profession is regarded as the norm with folk medicine and folk beliefs viewed as past practices. Also, because of the lack of Ukrainian Canadian documentation on folk medicine, hopefully, this thesis will bring forward some aspects of this subject and raise questions for future study.

Related Anthropological Literature

A review of medical anthropology literature dealing with different forms of medical knowledge and concepts of illness and sickness was reported in the Annual Review of Anthropology (A. Young 1982). Young discusses Arthur Kleinman's work and states that he is "probably the most influential and prolific writer in medical anthropology today" (1982:264). Kleinman has studied healing practices in Taiwan and believes that "the study of indigenous healing may be important to the general anthropologist for the light it throws on a particular culture" and important to the medical anthropologist for the understanding of a society's system of health care and for cross-cultural investigation (1980:311). He also believes that the study of indigenous healing can elucidate universal and culturally particular features of healing and is needed for comparison with Western medical systems (Ibid).

Another important work on culture and health is Allan Harwood's Ethnicity and Medical Care (1981). Harwood discusses the relationship between ethnicity and health beliefs and behaviour, but his book is primarily for health professionals (Ibid:16). The Handbook of American Folklore (1983) includes a description of folk healers within the context of folklore studies (Hufford 1983:306).

Currently, in the medical anthropology literature, both biological and cultural factors are seen as affecting human health. "The field of medical anthropology has tended to

fragment along intradisciplinary boundaries between cultural and biological anthropology and along interdisciplinary boundaries between anthropology and medicine" (McElroy 1990:257). McElroy suggests that biocultural studies offer the promise of bridging these boundaries by linking biological and cultural variables (Ibid). Other current studies look at shamanism (Brown 1988), native healing (Young, Ingram, and Swartz 1989), charismatic healing (Csordas 1988), and humoral medicine (Foster 1987), within North and South American ethnic groups. Gevitz has compiled studies on different forms of healing in the United States including osteopathy, homeopathy, Christian Science, and Protestant divine healing (1988).

The studies which relate ethnicity and health stress the fact that immigrants may adapt to a new lifestyle but they will also retain elements of their own country of origin (Cruikshank and Brown 1989:7). This is an important point to remember when discussing traditional beliefs and ethnicity especially within groups of new immigrants and refugees to Canada. People may outwardly adapt to the Canadian lifestyle quite rapidly, but they may still practice their traditional religious beliefs, mother tongue, and ways of raising their children. A recent report in the Canadian Family Physician states that folk healers can have a valuable role in Western medical systems (Byard 1990).

Health and its relationship to culture is important and so are the methods used to keep people healthy.

Health Concepts

According to the constitution of the World Health Organization: health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (1948). In recent years, this statement has been modified to include the ability to lead a socially and economically productive life (Mahler 1981). Perhaps a more realistic formulation is that proposed by Rene Dubos. After noting the utopian character of the WHO definition, Dubos goes on to say that health is not to be considered:

an ideal state of well-being achieved through the complete elimination of disease, but as a modus vivendi enabling imperfect men to achieve a rewarding and not too painful existence while they cope with an imperfect world (1968).

This definition is similar to the one proposed by Andrew Weil. Far from being simply the absence of disease, "health is a dynamic and harmonious equilibrium of all the elements and forces making up and surrounding a human being" (1983:51). The only aspect missing from this definition is that life is in constant fluctuation and change. Balance and equilibrium are only temporary and perfect health is therefore, an impossibility (Weil 1983:52). The inability to fully define health is surprising if one takes into account how central the concept of health is in society, both to the individual and the socio-political world (Van der Geest 1985:287).

To a large extent culture and health coincide. Each

culture gives shape to a unique gestalt of health and to a unique conformation of attitudes towards pain, disease, impairment, and death (Illich 1976:134). Each culture creates its response to disease and defines what is sickness (Ibid: 125). To be in good health means not only to be successful in coping with reality, but also to enjoy the success; it means to be able to feel alive in pleasure and in pain (Ibid:133-134). If Illich's definition is taken literally, health is the ability to cope with pain and sickness and not the absence of pain and sickness. Health is defined as autonomy and those who are physically sick can be totally healthy in Illich's terminology (Van der Geest 1985:291). Ultimately, health is self-defined.

At present, most health care professionals tend to treat disease but not illness⁶ whereas, in general, indigenous systems of healing tend to treat illness not disease (Kleinman and Sung 1979:8). According to Kleinman and Sung, disease is any primary malfunctioning in biological and psychological processes whereas illness is the secondary psychosocial and cultural responses to disease (1979:8). For example, illness involves how the patient, his or her family and social network react to the disease (Ibid). Illness behaviour has also been defined as "the ways in which given symptoms may be differentially perceived, evaluated, and acted (or not acted) upon by different kinds of persons" (Mechanic 1962:189). Among the reasons for differences in illness behaviour are 1) the

past history of the person; 2) the cultural, ethnic, family background, and situational factors of the person; and 3) the nature of the arrangement for medical care (Mausner and Kramer 1985:63).

Research by Kleinman et al. (1978), Good and Good (1980) and others have shown the importance of understanding the patient's perception of illness. Recent sociolinguistic analysis of doctor-patient interviews have demonstrated that illness can be understood in different ways according to culturally bound beliefs (Marshall 1988; Williams and Wood 1986). Another recent study by Angel and Thoits (1987) discusses the impact of culture on the perception of physical and emotional states of illness. The majority of people in Western society interpret their bodily states in accordance with modern medical and scientific conceptions of disease and illness (Angel and Thoits 1987:468). In the not too distant past, folk beliefs and practices were an important part of many ethnic cultures and folk medicine continues to play a limited role for some members of different groups (Velimirovic 1987).

A number of sociologists have documented ethnic differences in the importance attached to various symptoms by different ethnic groups (Zola 1966; Zborowski 1952; Morse and Park 1988). As well, recent books dealing with cross cultural medicine and holistic health have been published (Qureshi 1989; Dossey 1989). Research on the cultural influences

involved in health care may create some sensitivity among health professionals to the health ways of other cultures (other than their own), but there are risks associated with this. Dr. Patricia Kaufert, a medical anthropologist, believes that the descriptions and labelling of culture cause it to be broken apart, packed, and boxed for easy consumption (1990). Hence, the title of her paper "The Box-ification of Culture: The Role of the Social Scientist". Dr. Bashir Qureshi's book Transcultural Medicine: Dealing with Patients from Different Cultures (1989) typifies what Kaufert describes as "box-ification" of culture (Tables 1-2). Qureshi makes culture a matrix with columns and headings of different religions, cultural groups, symptoms, beliefs, and perceptions. He homogenizes cultural variables and generalizes traits and beliefs for members of different ethnic groups. It is often the anthropologist who is responsible for unpacking and analyzing these cultural "boxes".

Culture is used in this way not to explain differences, but to explain away differences. In addition, culture may be used or misused as a way of accounting for whatever is seen as emotional, irrational, or illogical in the behaviour of a patient (Kaufert 1990). "Problems become blamed on the patient or client - or his or her cultural identity - rather than on the values, attitudes, and beliefs which make up the culture of medicine" (Ibid:4).

According to Angel and Thoits (1987), the curative

practices of a society involve a cultural system of at least three levels:

- 1) the popular beliefs and practices of lay persons,
- 2) folk medicine as it is practised by indigenous healers, and
- 3) modern technical medicine.

There are studies of popular health care (Chrisman and Kleinman 1983) as well as of the efficacy of indigenous healers (Kleinman and Sung 1979). Angel and Thoits believe that "the cognitive processes through which lay persons come to define themselves as ill and select curative options have been poorly elaborated" (1987:473). Therefore, they focus their study on the impact of culture on illness perception and medical care. While it is clear from ethnographic literature that health beliefs and practices are influenced by culture, the specific cognitive mechanisms through which such an influence is exerted are not fully understood. The research by Angel and Thoits and others like Kamppinen (1989) is a step in this direction. The patient's ethno-cultural concept of etiology influences what form of therapy will be acceptable, because it is the one expected to be effective (Stein 1979:201). Simply to know that a person is of Ukrainian ancestry, or of Roman Catholic or Baptist religious parentage, is to know worse than nothing: "for the label evokes more the professional's stereotypes about such labels than denotes useful information about the patient" (Stein 1979:204). Health professionals must also look at their own cultural values and how they interact with those of a patient or client.

There are three major arenas of care in a local health care system according to Kleinman: popular, folk, and professional (Figure 1). Popular or self-care is by far the largest sector of the health care system. Illness is first experienced, labelled and treated by the individual, a family member or other member of the person's social network (Kleinman 1984:142). The folk sector of the health care system comprises non-professional, non-bureaucratized "specialists" (Ibid:149). This sector is often divided into sacred and secular categories to indicate its roots in both religious (e.g., shamanism) and empirical (e.g., herbalism and bone setting) traditions (Ibid). There are also modern and traditional forms of folk healing. Various indigenous ethnic folk practitioners comprise the traditional folk sector whereas hypnotists and practitioners of many "new age" or modern healing techniques represent modern forms of folk healing (Ibid). The professional sector not only comprises of Western biomedicine, but also encompasses some indigenous professions like Chinese and Tibetan medicine (Kleinman 1984:145-146). According to Kleinman, the important lesson of professionalization in medical care is that it "tends to distance practitioners from patients and to prioritize concern for disease ahead of interest in illness" (1984:147). It needs to be emphasized that these three sectors of the health care system do not always function on their own and frequently a person may consult a physician and a folk healer for the same

illness.

It must be emphasized that although allopathic or modern Western medicine predominates, the majority of illness is treated either at home or by non-biomedically trained practitioners (Harwood 1981:492). The conditions treated at home are usually minor problems that the mainstream medical system is not specialized to deal with or are considered too trivial to merit professional attention such as colds, minor cuts, and burns (Harwood 1981:492). "The tradition of self-help in medicine has existed since time immemorial" (Risse, Numbers, and Leavitt 1977:1). There are primarily three reasons why people who have access to biomedical services may use self-help methods of care: 1) they may have strong feelings of self-reliance and independence and would rather treat their own illness; 2) there is a scarcity of qualified medical personnel or a distrust of the medical personnel; or 3) the ailing individual or a member of his or her family or social network has some form of medical knowledge (Risse, Numbers, and Leavitt 1977:3-4). For these reasons, many people today continue to cure their ailments on their own or within the realm of family and friends.

The present health care system in Canada is due to the sociopolitical history of this country and to the history of medicine itself.

Table 1
Ethnic Dietary Problems (Qureshi 1989).

Diet	Content	Benefit	Problem
English	Low fibre	No breath smell	Constipation
Indian	Highly spiced	Cheap	Griping
Chinese	High fibre	Very light	Short stature
Vegetarian	High fibre	Very light	Anaemia
Vegan	No eggs	Frequent motions	Less food or drug absorption
Greek	Excess olive oil	Loose motions	Less food or drug absorption
Italian	High fat and pasta	Sustained release of energy (athletes' diet)	Obesity

Table 2
Family Planning Care and Culture (Qureshi 1989).

Issues	English Scottish Welsh	Irish Polish Italians	Greek- Cypriots & Greeks	Chinese
Choice of doctor	Equal	Equal	Female only	Female
Choice of language	English	English Polish Italian	Greek	Chinese
Husband's consent	Not required	Required	Required	Essential
Morbid jealousy (male doctor examining)	Non - existent	Slight	Very Strong	Strong
Preference Clinic or GP Surgery	Both	Clinic	Clinic	Surgery

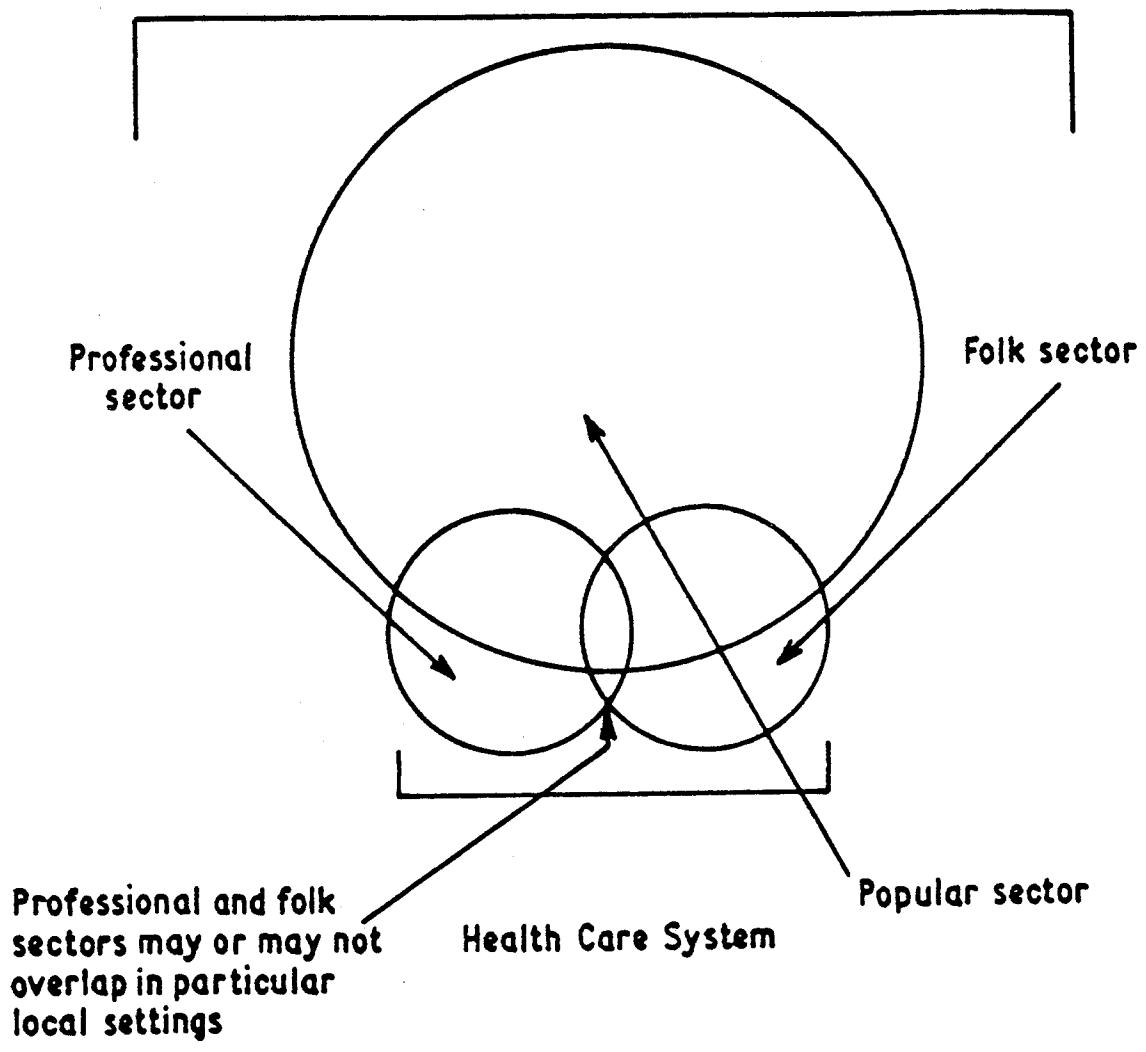


Figure 1 Local health care system: internal structure (Kleinman 1984:141).

Chapter III
HISTORICAL CONSIDERATIONS/PRELIMINARIES
Western Medicine

Throughout history there have been two major methods of healing: allopathic and folk. Early allopathic medicine was often heroic and unhygienic versus folk medicine which was moderately effective at healing some illnesses. During the eighteenth to twentieth centuries, allopathic or elite medicine was affected by positivism, rationalism, and scientism.⁷ Folk medicine became affected by formal institutions like organized religion and education. All medicine is influenced by the philosophical debates of its time. Since the nineteenth century, science and technology have become the focus in medicine.

Most historians of medicine are usually Western trained allopathic physicians with little history or social science training. Many histories of science and medicine proceed on a sort of "great man" theory, chronicling one "hero" after another (McQueen 1978:69). Folk medicine, as a system of medical care based upon belief in moral, social, and supernatural causation of illness, has always existed either as the main healing approach or alongside other dominant forms such as allopathic. "In most societies throughout most of history, magic, religion, and medicine have been intertwined, practised together, and seen as having a common origin" (Weil

1983:47). Although the self and body of a person are distinguished in folk medicine, both are judged as continuous and overlapping. Moreover, a variety of both natural and preternatural agents are held to cause disease (Fabrega and Manning 1979:46). The notion that disease is due to natural causes lies at the root of Western scientific medicine and folk medicine. Allopathic or biomedicine accelerated after World War II, but recently, in the last twenty years, folk medicine and different healing techniques are resurging.

By briefly tracing the development of scientific medicine, it can be shown how the two primary functions of physicians, healing and curing,⁸ have become separated and how curing has become the main function (Cassell 1989:52).

Greek Medicine

Most of the current system of medical explanations in Western culture and the rational basis of medicine is due in large part to the Greeks (Ibid:53). Greek medicine covered a period of about 1,000 years, from 500 B.C. to A.D. 500 (Ackerknecht 1982:47,79). Disease, within the professional sector of scientific medicine, was no longer regarded as a supernatural phenomenon. It was among the ancient Greeks that the earliest principles of empirical medicine were formulated; the first complete separation of religion and medicine took place (Haggard 1933:28). The geographical location of Greece exposed people to a variety of cultural contacts, and the

development of medicine was also influenced by Egyptian, Mesopotamian, Phoenician, and Creatan beliefs (Ackerknecht 1982:48,51).

It was in the fifth century B.C. that Greek medicine began to take on the form of a science as well as a craft (Amundsen and Ferngren 1982:73). Greek medicine was influenced by philosophers, but its main development was due not to rationalism but to pragmatism (Ackerknecht 1982:55). Hippocrates (460-370 B.C.), known as the "father of medicine", is a symbol of the first creative period of Greek medicine and perhaps of medicine of all times (*Ibid*). He believed that the least amount of intervention is best for sick people (Illich 1976:88). Most Hippocratic treatises reveal an approach to medicine that is both rational and empirical: rational in its freedom from magic and its belief in the natural causes of disease, and empirical in the collection of case histories with careful descriptions of symptoms (Amundsen and Ferngren 1982:74). The age of Hippocrates was the age of medicine in which magic gave way to reason based on observation (Cassell 1989:54). But, there was also recognition and respect for the unknown healing forces of nature. One of the ironies of the history of medicine dating to the classical Greek times is that the Hippocratic school of medicine no longer looked for the causes of disease in divine retribution, the invasion of demons, or the disturbance of evil spirits. Diseases, according to these physicians, were natural things, arising

from natural causes (*Ibid*:55). Hippocratic physicians were so eager to separate themselves from "superstitious" and popular medicine that they disavowed the spoken or sung charms, chants, and incantations that were formerly the primary modes of treatment (*Ibid*:56). The irony comes from the fact that physicians, with their drive for rationalism and objectivity, were casting aside the use of the spoken word in medicine and were laying the basis for the modern physician who usually does not speak with his or her patients (*Ibid*).

Empedocles of Agrigentum (504 - 433 B.C.) was probably the originator of the theory that replaced the belief that disease originated from supernatural sources with the belief that four elements: air, fire, water, and earth affected disease (Ackerknecht 1982:52). He suggested that these elements came into being through a combination of four fundamental qualities: hot, dry, wet, and cold. A further step was to identify the four elements with the humors of the body: blood, phlegm, yellow bile, and black bile which originated in the heart, brain, liver, and spleen respectively (*Ibid*:53).

The theory of the four elements and humors, through its incorporation into Hippocratic writings and its development through Aristotle and Galen, became the primary medical theory of the Middle Ages and the following centuries (Ackerknecht 1982:53). The ancient doctrine of humors became the basis of medieval Christian medicine, and it remained dominant in Europe until the seventeenth century and popular until the

nineteenth century (Foster 1987:361). The concepts of the humors were used by the established medical profession through the 1800s in North and South America:

humoral concepts permeated the assumptions not only of physicians but of all educated and intellectual people. Humoral explanations of illness and humoral therapies were as much taken for granted as are the germ theory and antibiotics today (Ibid:363).

The filtering down model from elite scientific to popular culture applied to both medicine and culture at large. Many practices of modern folk medicine are indebted to the eighteenth century scientific method with its poultices, potions, plasters and humoral elements - such as "feed a cold starve a fever" (Ibid). Variations of this are still used in many non-Western and folk medical systems today (Foster 1987). It provided the reasons for techniques such as venesection, cupping, and emetics. Its popularity has been attributed to its simplicity and principle of opposites; for example, a hot-wet disease would be treated by cold-dry methods (Ackerknecht 1982:53). Ukrainians also integrated the standard medical practices of the time with their own traditions.

Medieval Medicine

In the period that followed classical Greece, scientific medicine was involved with theological overgrowth (Cassell 1989:57). Medieval medicine existed from approximately A.D. 500 to 1500. During the thousand year period called the Middle Ages, the relationship of Christianity with health, disease,

and medicine was varied and complex (Amundsen and Ferngren 1982:112).

The relationship between health, disease, medicine, and early Christianity can best be understood by examining the concepts of suffering in the New Testament. Central to the belief is that suffering is linked to evil, and evil to sin, and sin to the Fall of man (Ibid:93). Christianity originally held its own theory of disease; it was punishment for sins, possession by the devil, or the result of witchcraft (Ackerknecht 1982:81). Christianity also had its own therapeutic methods - namely, prayer, penitence and the assistance of saints. Every cure was regarded as a miracle (Ibid).

There were two periods of Medieval medicine: the monastic and the scholastic. Monastic medicine covered the period of the so-called Dark Ages and monks played the predominant role in the practice of medicine (Ackerknecht 1982:80). The writings of the monks were primarily translations and emphasized interest in the soul as opposed to concern for bodily ills (Ibid:81). The period of monastic medicine was officially closed in 1130 when the Council of Clermont forbade the practice of medicine by monks believing it to be too disruptive to an orderly monastic life (Ibid:82).

The scholastic medicine of the second half of the Middle Ages was basically a repetition of Greek observations and theories, subjected to more discussion and interpretation.

Combined with this Greek material were many elements of religion including invocation of numerous saints (Ibid:87).

The medical literature that has survived from the Middle Ages is extensive, diverse and ranges from general surveys of medical knowledge to treatises dealing with specific areas of medicine (Amundsen and Ferngren 1982:119).

Medicine in the Sixteenth to Eighteenth Centuries

The medical world of the early sixteenth century bore a greater resemblance to that of antiquity than to what we know today. Physicians understood little about the cure of disease and even less about its cause (Numbers and Sawyer 1982:133). Hospitals provided solace and shelter but scarcely any therapy. Christianity permeated all aspects of medical life: theories, institutions and practices, but above all, the beliefs of the people (Ibid). "For society as a whole, God and Christianity gave weight to the soul and answered the seemingly mystical personal questions of illness" (Cassell 1989:57).

For many of the scientists of the time, "simple" answers did not suffice, and a number of theories about the basic forces of life were advanced in an attempt to bring them within the realm of reason and to deny their mysticism (Ibid). Descartes said that all life could be explained on a mechanical basis and formulated the mind-body duality concept (Ibid:57-58). By dividing man into mind and body as separate

realities and by giving the body over to science and the mind and soul to philosophy and religion, scientists worked without invading the territory of God (Ibid:58).

The seventeenth century was full of many new advances in physics, chemistry and physiology, but they were too far removed from medical application at the time (Poynter and Keele 1961:43). Contemporary opinion was also not ready for all the new scientific ideas. The greatest physiological advance of this period and perhaps of all times, was the discovery of the circulation of the blood by William Harvey (Ackerknecht 1982:113). The Roman Catholic Church actively supported anatomical research during the sixteenth and seventeenth centuries. Many of the greatest anatomists of the time taught at the papal medical school in Rome and served as papal physicians (Numbers and Sawyer 1982:135).

The most characteristic medical advances of the eighteenth century were associated with the philosophy of the age of Enlightenment (Ackerknecht 1982:137). Philosophy shifted from preoccupation with the fate of the soul in another world toward an improvement of conditions in this world (Ibid). Such changes were thought to be possible through "enlightenment", a time of law and reason, combined with the dissemination of knowledge to the largest possible extent (Poynter and Keele 1961:43). The term "social science" first appeared in the writings of the Enlightenment (Ackerknecht 1982:138). The new approaches of the Enlightenment stimulated

the field of medicine now called public health. This was needed since disease-caused death was the commonplace of life. The diseases we dismiss lightly today, the ordinary contagious diseases of childhood, were then commonly fatal (Cassell 1989:59).

The eighteenth century was ready for the assimilation of the mass of discoveries and information from the seventeenth century. Assimilation consisted of constructing a new frame of mind and not just fitting facts into old frameworks (Poynter and Keele 1961:43).

Throughout the ages, an interplay and exchange between scientific and religious modes of thought can be seen (Herzlich and Pierret 1986:75). In retrospect, it may seem good that the people looked to God, because doctors were not of much use. The treatment of individual cases was a horror. The tools available to physicians were rarely effective and treatment consisted largely of purgatives, emetics, and bleeding (Cassell 1989:60).

During the nineteenth and twentieth centuries, as medicine grew less speculative and more empirical, Christian doctrines ceased to influence the content of medical science (Number and Sawyer 1982:137). By the mid-nineteenth century, preventive medicine was advanced with sanitation and cleanliness (Cassell 1989:61). Later, the germ theory of disease gained acceptance through the work of Louis Pasteur, Joseph Lister, and Robert Koch in the late 1800s and

vaccinations were developed (*Ibid*).

Throughout the entire development of scientific medicine, folk medicine and indigenous systems⁹ of healing still proliferated. Persistent folk medical beliefs were only partly influenced by scientific medicine. "Each answer of medical science has explained a manifestation of disease; but the answer, and even the cure based on it, may fail to pull the patient back into the world" (Cassell 1989:83). Scientific medicine is based on mechanical and materialistic views. The reliance in medical doctrines on the belief in single causation allows healing to be seen as the removal of that single cause (McQueen 1978:74). This priority has resulted in the downplaying of social factors in the etiology of disease (*Ibid*). Recently, advances in medical technology as well as biomedicine have moved the physician even further away from social interaction with the patient in a holistic manner (Townsend 1991). Most of the ultimate cause of illness is beyond reason and involves fate. In other words, the reasons why certain people become afflicted with disease are never really known. Scientific medicine has never had all the answers and therefore, beliefs in the supernatural and in folk medicine exist.

Ancient Slavic Medicine

In their ancient homeland, the Slavic people developed their own medicine, which was influenced by the medicine of other European peoples (e.g., the Germans and Celts) and to some extent was similar to Greek medicine (Grmek 1959:18). Between the sixth and twelfth centuries the Slavs gained knowledge of medical techniques of the Greek, Latin, and Arabian civilizations particularly through Christian missionaries and Arabian merchants. Shortly after the Slavs' conversion to Christianity in the sixth century, their medicine was persecuted as a remnant of paganism and underwent changes (Ibid). It began to disappear between the tenth and twelfth centuries, although its traces still persist in the abundant folklore of the Slavic peoples (Ibid:18-19). Only a limited amount of written material on the civilization of the Slavs and their mode of life before the tenth century has been preserved. Particularly lacking are records on Slavic medicine before contact with the Graeco-Arabian civilization (Ibid). Therefore, on the basis of evidence from archaeological findings, folklore and comparative ethnography, it is believed that methods of preventing and curing diseases were known to the population of present day Ukraine (Petrenko 1987:1007). Lesions in ancient Slavic skeletal remains from the tenth century can be traced to specific diseases. Considering the climate in their homeland, the frequent rheumatic changes are

not surprising (Grmek 1959:20). Remarkable data about the ailments of the ancient Slavs are revealed, thanks to contemporary philology. It appears that besides fever and rheumatism the most common maladies were hernia, catarrh, asthma, and conjunctivitis (Ibid:21). There was a high differentiation of pathological processes of the skin and on the basis of philological evidence it may be concluded that early Slavs possessed knowledge of many diseases and syndromes (Ibid:22).

The religion of the ancient Slavs was animism with personification and worship of natural powers (Ibid:25). The early religion of the South Slavs can only be reconstructed from later evidence, from recent folklore, and some archaeological studies (Kemp 1935:158). The human organism consisted of the body and the soul. The ancient Slavs compared the soul not only with the breath, and the wind, but also with fire, since it warmed the body (Grmek 1959:24). People distinguished two types of ailments: those due to visible material causes and others that possessed a magical pathogenesis (Ibid:26). The magical causes of sickness were believed to be demonic possession, inimical witchcraft, and punishment of offended deities (Ibid:27). Great distress, fear, and other strong effects were, in the opinion of the Slavs, of great significance in the occurrence and development of certain maladies and could even cause death (Ibid). For therapy, it was of primary importance to find out whether, in

a given case, a natural, magical, or theurgical disease was in question. Diagnosis was established on the basis of the history of the disease which showed whether some natural cause (e.g., trauma) had preceded the disease, or whether the absence of visible causes, sudden onset, or strong pain without visible, objective changes in the person pointed to magical pathogenesis (Ibid:29). Diagnosis, for magical diseases, was attempted by divination whereas natural ailments were treated within the family where some member (usually an elderly woman) was experienced in treatment and nursing (Ibid).

Ancient Slavic medicine consisted of general Indo-European concepts and indigenous Slavic empirical achievements and magical beliefs enriched by the influences of the neighbouring Germans, Scythians, Finns, and Lithuanians, and slight indirect influence of the Graeco-Roman civilization. After the conversion of the Slavs, Christian theurgy followed Galenic empirical and systematic medicine including the incorporation of the four humors (Ibid:37).

The Princely Period

A number of diseases were recognized in the Princely period (c. A.D. 1000): jaundice, arthritis, pleurisy, asthma, epilepsy, itching illness, tuberculosis, malaria, typhoid, bubonic plague, Siberian plague, and many others. Attention

was also paid to the prevention of disease. Herbs, animal products, and drugs of a mineral origin were used in treating diseases. Wounds were stitched together with raw hemp threads or gut strips and there were specially prepared medicines: tinctures, powders, ointments, and pain-killing drugs brought from Byzantium. Also applied in treatment were hot baths, compresses and so on (Ibid:1008). Throughout this time, the art of folk healing was practised mostly by "fortune tellers", diviners, herbalists, and midwives. They cured with the help of herbs, although frequently they confined themselves to invocations and incantations (Petrenko 1987:1008). "A kind of primitive psycho-therapy was applied in some cases utilizing so-called magic medicine" (Ibid:1007). Some of this carried over into modern folk medicine, but most was replaced by scientific remedies.

Nursing the sick and helpless, like many other domestic jobs, was the duty of the women. What was known of the therapeutic value of certain medicinal plants, of dietetics, assisting in childbirth, and nursing procedures was transmitted from generation to generation of Slavic women (Ibid:23).

All Slavs, and particularly the eastern and western Slavs, enjoyed taking steam baths. Their wooden bath-houses contained a fireplace or stove with big stones which were used for evaporation of water. Naked bathers were seated around, pouring warm water over one another and whipping their bodies

with small brooms. This was a cleansing ritual in which plants and later soaps were used as cleaning agents. Often the hot bath was concluded by a cold shower and the body was anointed with melted butter or animal fat. Combs, razors, scissors, and tweezers have been found in excavations of Slavic tombs (Grmek 1959:24).

Some of the best data on ancient witchcraft or pagan healing are found in old church documents where such activities were sharply condemned in the 1300s (Ibid:31). Ancient Slavic medical practitioners made conjures about diseases and cured them by pronouncing magical formulae, falling into ecstasy (trance), using sympathetic magic, or by means of medicinal plants, hydrotherapy, or psychotherapy (Ibid:30). Magical procedures were employed not only for healing, but even more as a means of preventing disease. It was considered that children were especially endangered by evil spirits and were decked with amulets and called by false names (Ibid:31).

The disintegration of the Kievan realm in the thirteenth century and the Galician - Volhynian state in the fourteenth century led to a decline of ancient Ukrainian culture and a subsequent deterioration in the area of established medical services. Folk medicine and the art of healing assumed even greater importance (Petrenko 1987:1008). Monasteries were the main centers of medical care and treatment. Also, some medical treatment in Ukraine was administered by the so-called

trysarti or mediary - itinerant traders from Hungary who sold drugs. Medical literature consisted of herb guides which contained information on the folk art of healing (Ibid:1009).

Scholastic medicine, based on Galen's theories was stabilized among the Slavs after the foundation of the universities of Prague (in 1348) and Krakow (in 1364). This medicine, however, remained limited to urban populations and a small number of feudal nobles. In the villages ancient beliefs and traditional arts of healing persisted for a very long time (Grmek 1959:38).

Because of the persistence of traditional healing techniques in many rural areas of Ukraine, Ukrainians who immigrated to Canada in the early nineteenth century brought many of their traditional beliefs and practices with them.

The Nature of Canadian Medicine in the Nineteenth Century

Canadians in the 1800s were relying primarily on self-help medicine and traditional healing methods passed from generation to generation. In the preconfederation era (before 1867), medicine men or shamans provided care for the native people, whereas physicians and so called "quacks" cared for the early settlers (Shah 1987:70). For native Canadians, Western medicine was turned to largely as a last resort when traditional Indian methods were perceived to be unsuccessful or in times of epidemics like smallpox (Jack 1981:47). Traditional native healing techniques were often superior to the invasive techniques of many of the early physicians. The debate about the existence of contagion and the nature of its processes lasted until the discoveries of Louis Pasteur in 1864 (Unschuld 1986:80).

Of increasing concern in Canada was the introduction of epidemics (such as smallpox, cholera, and typhus fever) by new immigrants. To control this in 1800, ships were inspected and "sick" immigrants placed in quarantine. Even with these precautions, epidemics continued to plague the country after Confederation (Shah 1987:70-71). According to Charles Young, medical examinations of immigrants did not begin in Canada until 1903 when the Immigration Act of Canada was passed. "This was at least eight years after the Ukrainians began to come to Canada" (1931:226).

In opposition to the therapeutic and heroic techniques of allopathic medicine, there arose in the first half of the nineteenth century two competing, but similar, sects, eclecticism and homeopathy (Hamowy 1984:24). Both of these practices increased in popularity as regular physicians continued to kill more patients than they cured. Eclecticism was developed by Samuel Thomson, a New Hampshire farmer, in 1813. It repudiated the therapeutic techniques of heroic medicine and offered in its place techniques relying exclusively on botanical remedies, steam baths, and bed rest (Ibid:24-25). Homeopathy stressed the recuperative powers of the human organism. It advocated fresh air, proper diet, sunshine, bed rest, and personal hygiene when the regular profession saw these as of little or no value (Ibid:25-26). Homeopathy was developed by a German physician, Samuel Hahnemann, and was brought to North America by another German physician, Hans Gram, in 1825 (Ibid). Homeopaths stressed the principle that "less is more" and with their minute doses of remedies they could not possibly make patients worse (Weil 1983:21). Both eclecticism and homeopathy showed that the absence of therapy was often far superior to heroic, intrusive therapy. Ukrainians used aspects of both homeopathy and eclecticism in their healing, but did not consciously integrate them as healing doctrines.

The established medical profession, up to approximately 1840 and later in remote and rural areas, relied on

symptomatic treatment consisting of bloodletting, blistering, and the administration of purgatives and emetics. The most common, calomel (mercurous chloride) and tartar emetic (tartrate of antimony), both mineral poisons, were prescribed to "cleanse the stomach and the bowels" (Hamowy 1984:23). The only major shift in therapy in the late 1800s was that bloodletting was less used in general practice (Bilson 1981:129). Dr. F.C. Mewburn remarked in the 1880s that, "in medicine, the furious bloodletting is gone, and well would it have been had we retained the lancet, using it moderately, instead of doing as we did about 1845... carrying it to excess" (Ibid). Another doctor, William Marsden made a strong plea for the use of bloodletting in his own practice; many of his colleagues in India and France had convinced him that it restored circulation even in collapse (Ibid:130). It is no wonder that, "at first the people were terribly frightened at the idea of coming to a hospital" (Hunter 1929:28). The Ukrainians feared the hospitals because, according to them, those who entered them rarely left alive (C. Young 1931:237). "There was truth in this in the early days, for only the dying or near dead would then go to the hospitals and the mortality rate was consequently high" (Ibid). High mortality was not the only consequence of being seriously ill, however; there were many problems with heroic medicine including septic and sanitary.

The early Ukrainian settlers who began to arrive after 1891 had practices of their own which they used to heal the sick. Some of these reflected the standard "scientific" medical practices of the time, for example cupping, bloodletting and the use of leeches. One missionary states in the early 1900s:

The use of herbs and simple remedies is common knowledge to the Ukrainian housewives. They make a drink out of a slough weed for colds. Cupping is very common with them as it is among other immigrant groups...and blood letting is practised by means of leeches (C. Young 1931:231).

Old women in the districts often resorted to signs and "magical" methods, such as melting wax or lead, pouring it in water, and from the shape it assumed, diagnosed the case and treated it accordingly. Among the older people, prayer was used to drive out the evil spirit possessing the sick person (*Ibid*:232).

The Dominion government sponsored thousands of Galicians, Ukrainians, and Ruthenians to establish homesteads on the flat dusty prairies (Jack 1981:290). The conditions that many of the immigrants were willing to put up with in their new country were hard and often appalling to many British doctors. Although the federal government had taken over the financial responsibility for the health of the immigrants to Manitoba, it was limited to severe illness and major surgery.

When, to the prohibitive prices which the doctors must charge for their services, are added the handicaps inherent in the situation owing to the conservative and ignorant attitudes of the people, it will be seen that the great majority of the

Ukrainians in the rural settlements are left untouched by the health institutions (C. Young 1931:237).

Many health professionals at the time viewed the Ukrainians' lack of understanding of the English language as ignorance.

In August of 1897, Dr. Murrough O'Brien was appointed by the Canadian government to look after approximately 4,000 immigrants and worked from his home base in Winnipeg, Manitoba. Dr. O'Brien often had to improvise since he could not afford expensive surgical equipment. Once he was forced to drain a Galician woman's abscessed antrum (sinus cavity) with a two inch nail and a hammer. The husband paid Dr. O'Brien with a chicken and a bag of eggs. He also performed a tracheotomy on a young girl by bending two hairpins into the shape of fish hooks and using the hooks to keep the flesh of the wound open. To complete the operation, he used quills from goose feathers to clear the mucous (Jack 1981:291-292).

Dr. O'Brien described one case:

It was a typical immigrant's home on the prairie - a one-room shack with dirt floors and a sod roof. The bed where the patient lay stood high on pine blocks and under it were a number of boxes filled with children. Hens, geese, pigs, and calves were also in the room. The stench was awful (Ibid).

Dr. O'Brien bullied the husband into removing the livestock, shovelling out the filth and washing the children. He did not believe the wife would live, but when he returned the next day she was up and about the house as were the pigs and other animals, and the children looked as dirty as ever. The

household was back to normal (*Ibid*). Dr. O'Brien could not easily change the living habits of his patients.

Aside from the accidents and general surgeries that required attention, diphtheria, whooping-cough, scarlet fever, and typhoid remained rampaging killers. In 1898, however, a diphtheria antitoxin was developed that saved many people (Jack 1981:292). According to Young, the popularity of vaccination among Ukrainians gave them immunity to small pox and diphtheria (1931:224).

"Scientific" medicine in the late 1800s and early 1900s was heroic and archaic yet the people's lives were improved due to sanitation and general cleanliness. Traditional herbal medicines as well as home remedies continued to be used unless a person believed a physician could do something better. If a person could not travel to a city hospital, he or she was left to be cared for by family or friends.

Missionaries Among Early Pioneer Ukrainian Settlements

There is no question about it! In the past, Ukrainians and other immigrants with almost every conceivable physical and mental disability have been admitted to this country. Our system of medical inspection in pre-war days was so lax that immigrants, fearing their inability to pass inspection to get into the United States, were "earnestly recommended" to take the Canadian route, where as one agent puts it, "anyone is accepted who is capable of walking off the ship" (C. Young 1931:225).

Throughout the 1800s many Protestant missionaries were sent to convert new Canadian immigrants to Protestant religions. At the time of the first Ukrainian immigration to Canada, the Protestant churches supported a providential view of history, believing that God not only directs the lives of individuals but also intervenes in the fate of nations (Olender 1988:221). Most Ukrainian immigrants were either Ukrainian Catholic or Ukrainian Orthodox. Missionaries wrote letters often describing holidays and ceremonies that were foreign to themselves. One missionary states, "Most of the adult Ukrainians can neither read nor write, but believe what the priest tells them. They know about the traditions and ceremonies of the Ukrainian people" (Hannochko 1922:433). A description of collecting Holy water in Bellis, Alberta proceeds as follows:

After the priest blesses the water, the people fill up their pails, jars, and bottles with the blessed water from the river or lake and take it home. They drink it as if the water were a Holy thing, and sprinkle their foreheads and chests with it. After sprinkling themselves, they sprinkle inside the house and paint

crosses on windows and doors (barns, buildings, etc.). Every householder fills a bottle with the Holy water and saves it for future use, saying "we should have Holy things in the house". If someone gets sick, Holy water is sprinkled over them in expectation of them getting better (Hannochko 1922:434).

Missionary letters also described the "appalling" conditions of Ukrainians' lives:

though laboring hard, they had no means of procuring fish, and their supply of vegetables was very limited. Thus, in many cases they had absolutely nothing but coarse bread and potatoes for each meal for the seven weeks (Easter fast), resulting in the last week in more than one medical case (Lawford 1902:126).

The first Protestant missionaries among the Ukrainian settlers were primarily medical missionaries (Olender 1988:222). Lawford, who was a physician as well as a missionary writes: "they also interest themselves by pouring cold water on the back of their necks. As one empties about a cup of water he says, "Christ is risen" while the other replies, "He is indeed". Some say that the water makes them strong for the ensuing year" (1902:126).

Another discussion of Ukrainian life, in The Palm Branch missionary bulletin, reflects some of the living conditions among the Ukrainian Canadian pioneers:

Sometimes Russian (Ukrainian) children are not taken a care of as they should be. Suppose one of you fell and dislocated your hip, do you think your father would let you suffer two months before he sent for the doctor? Yet nine year old Frozina was left so, and now that it is in place she must suffer for many days before she can walk again. And she has no pretty room, no soft white bed, only boards with dirty-looking pillows to lie on. She does not get her hands and face washed to make them feel nice and fresh, but the last time I saw her

she was sitting up with her hair freshly combed and greased. We are so glad that many of the women have given up putting butter on the little girls' hair (1906:2).

These ethnocentric accounts are quite possibly exaggerated. The early Protestant missionaries were suspicious of any way of life that did not conform to their own customs and therefore, their reports tended to be derogatory. They described Ukrainians' treatment of the sick:

The Galicians (Ukrainians) cannot understand why a doctor should not take disease like they do. They think there must be some medicine we use and never let anyone know what it is. But when we tell them it is keeping ourselves clean and our houses, and taking plenty of fresh air, they laugh and tell us they never will believe that. However, a number of them are now believing that cleanliness and fresh air have a lot to do with the prevention of disease, and the more these things are talked about, the more they reason. About three years ago some new immigrants brought with them a malignant type of diphtheria, and a number died within the first two days of sickness, still the one thought of the Galicians seemed to be, spread the disease: better to have it as soon as possible, and they tried their hardest in this direction. Many more deaths took place, and in all cases in the families of those who had the disease, and had run from house to house. Measures were taken to quarantine, but they failed. Slowly they are learning to take advice (The Missionary Outlook 1907:261).

This is strikingly similar to the Aboriginal Canadian situation with communicable and airborne diseases like the common cold. Family and visitors were and often still are allowed to crowd into a sick person's room for comfort and companionship. It was thought, by the missionaries, that "before anyone is aware of what is happening the disease has spread over a wide area and many children are infected"

(Elston 1919). Obviously, the spread of disease was unintentional. Historically, the system of house communities in which people lived together with their extended family, led to unsatisfactory living conditions, but it also provided for permanent care and nursing of sick and helpless dependants (Grmek 1959:22-23). "The amount of social support available to an individual has begun to be recognized as critical to health" (Pilisuk and Froland 1978:273). Miriam Elston, however, believed that the visitors who crowd into a sick room are detrimental in more ways than one:

Almost all of them have some pet remedy which is supposed to be a cureall for sickness. Many of them may be good in their place, but they are very apt to be fitted to the wrong disease. The result is often disastrous. Sometimes (for the Russians are a superstitious people) these cures are charms. When a patient becomes worse the doctor's remedies are neglected because, forsooth, since the patient is worse it is apparent that the remedies must be worthless and charms are tried instead (1919).

Miriam Elston also writes:

among the Russians (Ukrainians) there appears to be a deep-seated conviction that heat is a cure-all for disease. The doctor may have left explicit directions that the patient must be kept in a well ventilated room; but let the sick person show signs of becoming worse... and fuel is heaped on the fire (1919).

This is not surprising since the climate in their homeland could be characterized as unhealthy. The numerous marshes and dense damp forests were suited to the endemic incidence of certain diseases (e.g., fevers transmitted by lice, eczema, abdominal colic, and respiratory problems) (Grmek 1959:19-20). If ventilation did not seem to work, the Ukrainians would try

heat. In 1916 Miriam described how a mother treated her son's pneumonia:

The mother's cure-all was the closed door and the glowing fire. There had been orders conveyed through an interpreter, that the window was to be left ajar. Such directions might be followed till the patient showed signs of becoming worse, and then... a roaring fire would be built.

These blatant changes of doctor's orders upset the missionaries:

The homes in our midst that do not know and heed the laws of health are a menace, not only to the inmates of such homes, but to our communities at large. It is hoped that an educational campaign on a large scale will result from our experiences (Elston 1919).

Thus, medical missionaries not only campaigned against health practices, but also religious beliefs. In the end, the Protestant mission programme had a much greater cultural than religious impact on the Ukrainian Canadian community. The missionaries introduced the Ukrainian immigrants to new foods, styles of clothing, types of recreation, and provided medical services and educational opportunities (Olender 1988:226). The biases of the Protestant missionaries are evident in their reports. Dr. Hunter even realized:

The English, as a rule, will not take the trouble to study the language of the newcomers, but the latter have to learn English as well as their own language. In the English press they read all the uncomplimentary things said about themselves (1929:128).

Ukrainian Canadians were introduced to British cultural traditions, but most did not change their religious conviction or the traditions they brought to Canada from their homeland.

PART TWO
Chapter IV
THE UKRAINIAN HEALER AND HER WORK

Ukrainian folk medicine as practised in Canada is primarily a healing of the mind or what I term "psychological healing". This form of healing uses ritualistic techniques to placate the patient or rid the patient of evil. Illness that is believed to be caused by evil eye, bad dreams, or fright (e.g., large dogs, fire, etc.) is treated by the pouring of wax. Nausea and general malaise are the first signs of having some sort of illness. Death has been attributed to evil eye (see Appendix A), but has not been witnessed by any of the informants that I spoke with. Herbal remedies are used primarily for colds and coughs.

Today, in Canada, a number of Ukrainians practice some form of folk healing. One of these healers, Doris Skurski, practices wax pouring in a rural Manitoba town with a population of approximately 3,000. Doris lives about a mile from town with her husband and four children. She is a large woman in her middle forties and is from a lower socio-economic background. She and her husband own a farm , but they are not wealthy, prosperous farmers. They have enough resources to feed and clothe their family. Doris learned her healing techniques from Lena, a close friend and the previous healer in the community. Lena did not have any daughters and Doris

became her apprentice. Lena was an elderly woman born in 1892 in Ukraine. She was Doris's neighbour until she died about ten years ago. I believe that Doris's healing gives her a sense of pride and self-satisfaction.

Doris possesses a degree of clairvoyance as well as a healing knowledge. She had vivid dreams as a child which she now believes have developed into premonitions since she feels she has the power to predict the future. She says that her premonitions have become stronger over the last few years and that they sometimes scare her because she can predict unfortunate events. For example, she told me that she had a dream of a car accident and of a coffin. The next day she found out that a neighbour's brother had been killed in an accident. She states that everything in life is "mind over matter". She would be wary of telling someone that something awful was going to happen to them , but that she might feel a duty or obligation to do so since she has this gift. Her gift is considered both a spiritual and practical ability.

Wax Pouring

Wax pouring as a method of folk medicine was widely practised in Ukraine and was brought to Canada by the first Ukrainian immigrants in 1891. The knowledge to perform the wax pouring technique must be learned and the divining ability to "read" the wax is a spiritual gift. Unlike other folk remedies, wax pouring did not require herbs or other

paraphernalia except for water and beeswax. Wax pouring may have helped alleviate the fears and anxiety that the new settlers must have felt moving to a foreign land. It is still practised by some Ukrainian Canadians and is done primarily for "strax" (fear, fright, or shock) and "uroky" (ill-wishing, evil eye, or possession) (Klymasz 1980:61-63).¹⁰ In addition to these, Doris also treats bedwetting and bad dreams by the pouring of wax.

Beeswax is melted on the stove and poured into well or tap water in a bowl or dish held over the patient's head while reciting an incantation or prayer, usually in the Ukrainian language, three times. The following (used by Doris) is the most typical incantation used to ward off illness caused by fear:

No matter if you're due to eating or sleeping,
Fear or fright, water or dew, or to an accident,
or a draft of wind, or sent from the eyes or from
fire, from thunder or lightning, from a beast or an
animal, or from the figure of a man or the figure
of something else -
As clean and healthy as when the mother bore this
person into the world,
So leave her clean and healthy!
Like the chips that split away from the axe,
May all sickness and disease split away from this
person! And let it go off to the forests and the
timbers, to the mountains of rock,
where people don't go and cocks don't crow.

Another incantation used for evil eye is:

Over the mountains, the seas, the forests, the
yellow sands, there where the water bites at the
banks, from where no one can flee -

There go to remain -
not to bite at the yellow sand, not to drink the
red blood and not to trouble this heart.

The sign of the cross is made over the dish of water containing the wax. The wax forms a shape in the water when it cools and this shape is of the object which has frightened the patient or caused him or her to feel ill. The person drinks some of the water (usually three small sips) and washes his or her face and hands with it. The wax figures are "an image of the source of affliction through which the healer verbally draws the sickness out of the patient and confines it to the waxen image itself" (Klymasz 1980:63). The entire healing process expels the "evil" from the person through the actual pouring of the wax and the power in the words of the incantation. Sometimes an incantation is not used and the Lord's Prayer is recited:

Our Father who art in Heaven hallowed be thy name
Thy kingdom come, Thy will be done on earth as it
is in Heaven.

Give us this day our daily bread and forgive us our
trespasses, as we forgive those who trespass
against us, and lead us not into temptation but
deliver us from evil, for thine is the kingdom, the
power and the glory, forever and ever, Amen.

According to Doris, it does not matter whether she recites an incantation or a prayer; both rid the patient of "evil". Often, the recitation is spoken very softly in barely an audible whisper. I suspect that Doris assesses whether the patient or client is very religious or God fearing and then proceeds with the appropriate incantation or prayer. Within three days from the wax pouring the person should be cured. If the person is not cured, the procedure is repeated. I did not find anyone who felt that he or she was not cured by the wax

pouring. Doris attributes the cure to the act of pouring the wax and also to the power of God or spirits sent through the prayer or incantation. After the procedure, the wax and water are normally discarded; the water is poured down the drain and the wax is usually burned or thrown out in the garbage.

This healing process is only done when a patient has time to go and see a healer. People make appointments with Doris by phoning and asking when they can come. She is quite flexible and readily available since she works at home full-time raising her children and farming. Not a lot of local people go to see her, although many people in the community know who she is and that she is a healer. She has approximately 40 clients a year. Most of the people who see Doris come from a larger neighbouring town or from places like the Pas and even Toronto. They range in age from young children (brought by their parents) to elderly men and women. The frequency of visits depends primarily on the weather. More people visit in the summer than in the winter due to the inconvenience of travelling on dirt roads. Doris will often see one person a week in the summer months.

Women still go to the healer more often than men (approximately three-quarters of the visits are by women) and usually bring their children. This may be because women, as a group, are more involved with the larger health care system since they physically give birth to children and are usually in charge of their care. Therefore, they are more apt to seek

out any form of health care and frequent traditional healers more often than men. The healing that Doris performs gives her a sense of satisfaction since she knows she has the powers to do something for others. Doris does not charge for her service, although she will accept small gifts like food and even money since beeswax can be expensive.

People will normally go to a physician first with their ailment. The physician usually prescribes some type of invasive technique. For example, my grandmother once had a severe earache which the town doctor said had developed an infection and would require some minor surgery the next day. She returned home with little relief from the throbbing discomfort and it was suggested to her, by her mother, to visit the healer. The healer poured the wax and said the Lord's prayer three times. She stated that the earache was caused by an evil spirit in a gust of wind. The next day, the earache subsided and the ear began to drain itself of the "evil". The healer's treatment is always bloodless and does not involve manipulation or incision. Consequently, the patient risks nothing when consulting the healer. This is perhaps one of the reasons why folk healing continues to function in communities even though people recognize the value of professional medical services. One mother recalls taking her young son to the healer:

John was about 5 or 6 at the time when I took him to the healer. John had been having nightmares and I thought sure, try going to the healer. If something is bothering the kid maybe she can tell

me - the kid can't tell the mother what's wrong. We drove out to the house and she poured the wax, showed us the shape of the wax, and told me that when John was very small he got scared by a dog and by fire. I remember there was a fire at the teacherage when he was small and he got very scared, but I don't know if she was talking about a recent or a past fire. John was better right away, he had no more nightmares.

The actual act of the wax pouring and divining the cause of John's nightmares brought about the cure without anything else being done.

One woman in her early twenties can slightly recall her mother taking her to the healer:

I was 3 or 4 at the time that mom took me. Mom drove to a small house and the lady poured wax. Now looking back I would think of her as a witch, but not an evil witch. I can't remember exactly what she did or how she looked. I remember something with melted wax. I don't know what it was for because I wasn't really sick. She [the healer] gave me a red apple when I left.

Young people in their late teens and early twenties do not go to the healer as readily as older people unless they were taken there as small children. Scientific medicine and new technologies still seem the first choice of most people. But for those people who believe in what Doris does, she offers them a concrete, tangible method to rid themselves and their children of fear or "evil".

Self-Healing Techniques

Traditionally, if evil or fear strikes someone when he or she is alone, the best cure is to wash in one's own urine

(Klymasz 1980:62). The spell or evil should immediately disappear. If it did not then the person would go to the healer for wax pouring. This practice is not followed today because of people's disgust at washing in their own urine.

Another method used to rid a person of fear when they are alone at home is hot coals. Coals are heated in a wood stove or fire and a dish of cold water is retrieved. One at a time, the coals are tossed into the water while saying "not one, not two, not three" and repeating this three times so that a total of nine coals are placed in the water. The afflicted person makes the sign of the cross and again takes three small sips of the water and washes his or her face and hands with it. This technique was used by my grandmother when my mother was a small child.

Treatment for one's illness can usually be undertaken by the patient without recourse to the healer. Both the use of urine and coals can be done by anyone, but the wax pouring healing technique is considered part of a true healer's repertoire since it has to be learned from a previous healer.

Traditional Healing Techniques

Although Doris recalls Lena, the previous healer, discussing a cure for inflammation or a skin rash (roza) she does not use it. It is treated by placing a red cloth over the inflamed area. Nine cotton balls, soaked in alcohol, are placed on the cloth and set aflame. The heat that radiates

through the cloth cures the inflammation. The skin disease erysipelas was also treated by tying a red sash on the infected area, placing oakum on the sash and igniting it (A. Klymasz 1989:99-100).

Another healing method that is not practised any more is cupping. If a person had a striking pain in his or her arm or back due to cold muscles or pneumonia, cupping would be done. At least 12 jars were applied to the person's back. The inside of these jars were wiped or moistened with alcohol and then lit with a match. As the alcohol is lit, suction is formed and draws up the skin that the open mouth of the jar is placed against. The skin is cut or punctured to let out the "bad blood". Some jars had a blade in them that would puncture the skin as it was drawn up. I did not find anyone who had this procedure done to them although my mother recalls people who had scars on their backs from the procedure who were in their 80s in the 1960s. The use of cupping reflects the accepted medical practice of the nineteenth century and is an example of the absorption of standard medical practices of the time being incorporated with the folk medical system. It remained a part of folk medicine often long after the current medical system of the dominant society had given it up.

As the older healers die there are few women to replace them. Doris is perhaps one of the only healers who is relatively young and who plans to teach her daughter everything she knows. Whether her daughter wants to continue

the tradition remains to be seen. Most young Ukrainian Canadians do not see a use for folk healing methods.

Evil Eye

Evil eye is one of the primary causes of illness for the Ukrainian Canadians who believe in it. The first symptoms of evil eye show great variety - from psychological depression to stomachaches, headaches, and nausea. The cause of a person's illness is often attributed to other people who may induce the illness on purpose or quite unintentionally (Moszynski 1967:34). Slavic belief has centered around the concept that the most dangerous source of many diseases is the "spell", which is cast either by a person's gaze or praise (Moszynski 1967:34). At one time this belief was so widespread and generally feared that the people seemed almost constantly to be taking one precaution or another against it (Koenig 1937:83). This vigilance becomes understandable when one realizes that any person may cause harm to another, inadvertently merely by looking at or talking about that person.

The origin for the belief in the evil eye within the Western cultures has been attributed to the ancient Greek theory of visual perception where the eyes were thought to emanate rays that struck objects and people with sufficient power to produce physical harm or even death (Coss 1981:182).

The late nineteenth century investigator of the evil eye, Frederick Elworthy, reported that many unrelated languages throughout the world manifest reference to the evil eye. Elworthy, though, deals with a multitude of religious phenomena and refers principally to ancient civilizations. The

three most informative works that I have found on the evil eye are Dundes (1981), Maloney (1976), and Gifford (1958). Gifford's is principally descriptive, Dundes's is a folkloric casebook and Maloney's a compilation of anthropologists' views on the evil eye.

Any type of evil magic is often described by the terms witchcraft and sorcery (Lehmann and Myers 1985:149). Most anthropologists accept the distinction between the two terms put forward by E.E. Evans-Pritchard in 1937: A sorcerer intentionally seeks to bring about harm with certain formulas and actual objects; a witch uses psychic methods which are often unconsciously acquired, innate abilities. Ethnographic reports of witchcraft and sorcery dominate the literature, but other forces of evil do exist, such as evil eye (*Ibid*).

Evil eye is widely known in the Middle East, parts of Europe, Central America, and Africa, areas that are characterized by Islamic and Judeo-Christian as well as so-called pagan religions (Lehmann and Myers 1985:150). Evil eye is believed to be a voluntary power brought about by the malicious nature of the possessor, on one hand, or an involuntary but still dangerous, uncontrolled power, on the other (*Ibid*). For example, one woman, a recent informant, recalls her experience when she was married approximately 30 years ago:

I don't know what you call it, evil eye or what, but I had it happen to me personally. After I was first married there was a reception a week later for us. I woke up in

the morning and there were a number of people in the kitchen - family and guests from the night before - and this guy was standing there looking at me. I was suddenly very nauseated so I went outside to the out-house, but I couldn't bring up. I then ran into my mother-in-law who was picking tomatoes and she could tell I was sick. She asked if I was ok and I said no I felt nauseated. She laughed, saying I could be pregnant! I didn't think so, I knew it was from that guy looking at me.

The usual sign of having been "struck" in this manner is a nauseous sensation which can be treated by the sufferer privately and without seeking treatment outside the home. If the sufferer is unable to recognize the cause of the ailment, she (more often than he) can confer with the local folk healer, invariably a woman (Klymasz 1980:61).

It should be emphasized that while any human is liable to attacks from evil eye, children, and especially babies, are particularly susceptible. Sometimes they cry, get colic, convulsions, hiccoughs, or fever and this is attributed to the evil eye (Jones 1981:158). Children and farm animals, the most precious of one's possessions, are most vulnerable to evil eye. Two popular folktales about the power of evil eye are often told by elderly Ukrainian people (Appendix A). In these situations, when a child or animal becomes sick, the self help remedies with urine or the use of blessed (Holy) water will help.

A variety of protective measures have been prescribed to ward off evil eye. For example, glass-eyes and various amulets are sold to tourists and residents of Greece. Colours, magical

words, gestures, and certain avoidance patterns have also been felt to be effective against evil eye in different cultures (Lehmann and Myers 1985:150). Ukrainian Canadians have used Holy water, blessed by a priest, to ward off evil. They drink this water, sprinkle it in their homes and anoint themselves with it.

One informant, in her late thirties, recalls when she was a child, her father warding off any evil eye by sucking her forehead and then spitting right and then left. This spitting or "rosputna" is an ancient and widely used device for keeping off all forms of evil and is also used to remove evil eye among Jews (Jones 1981:163 and see also Kirshenblatt-Gimblett and Lenowitz 1973). A variant used mostly in curing children consists of the mother licking the eye or forehead of the child. Sometimes she turns her head after each lick and makes a sound which is taken to be "Poo!" but which was originally probably a polite spit. Expectoration has been noted to bear a relationship to magic spells and rituals, often being used at the beginning and end of the ritual (Jones 1981:163). Sucking, as a common shamanistic technique, is done to extract the illness causing element, not to protect against it.

The Ukrainian use of wax and sometimes coals in the divination and cure procedure for evil eye is similar to other cultures' rituals. Both Mexicans and Guatemalans break an egg into a glass or bowl of water and if it forms a diagnostic shape for evil eye the patient's body is rubbed with a whole

(unbroken) egg, the sign of the cross is made, and the Credo recited (Clark 1970:172-173; Rubel 1966:160-161). An Italian and Greek variation of this uses olive oil (Williams 1938:154-155; Dionisopoulos-Mass 1976:47). A basin of water is placed on a table and approximately a tablespoon of olive oil is allowed to slowly drop into it by the "charm worker". If the oil remains coagulated, the evil eye has been at work and a charm must be pronounced over the basin to dispel its power (Williams 1938:155). If the oil "disappears" the patient's sickness is not due to the evil eye (Appel 1976:18). Other cultures use melted lead in their divination process. In a Lebanese technique, once the lead is melted it is poured into a small vessel (bowl, cup, or deep plate) containing water. This is held over the head of the affected person. When the melted lead reaches the cold water it solidifies into the shape of an eye, face, hand, or other feature of the suspect. For proper identification, the pouring of melted lead is usually repeated 3 times (Harfouche 1981:104). Romanians also use a piece of melted lead or wax which when cooled by water will take the form of a human figure (Murgoci 1981:126). Another variation from the Philippines involves the melting of some "rock composite" perhaps coal or lead and dropping the material into water (Flores-Meiser 1976:156).

Many explanations for a cultural belief in evil eye have been proposed by researchers. The core belief, that a glance or stare can produce damage to other living things, and in

some instances, to material objects as well, may rest in part on the presence of the steady stare as a signal of hostility and impending aggression in the human and even the primate ethnogram. According to Roberts, it is not difficult to see that a linkage between the hostile look and imputed hostility in others could be panhuman (1976:226). There is no general theory for the absence or presence of evil eye in different societies. In some belief systems the evil eye is associated with envy (Foster 1972:165-202). Roberts's has suggested that his cross-cultural study might lead to a more universally valid theory of envy. But, despite the common occurrence of folk explanations in terms of envy, envy is far more universal than the concept of evil eye (Spooner 1976:284). Why then should envy generate the concept of evil eye in some societies and not in others? Foster has attributed envy to the concept of "limited good". He states:

Limited Good, i.e., insufficient quantities of the good things in life (whether defined as more food or more high honors), therefore seems to me to underlie a great deal of and possibly all envy (1972:169).

The situation of peasant rivalry for wheatfields and water-rights produces a "limited good", a high rate of envy, and the reliance upon patronage and patronal retaliation that is symbolized in the evil eye protection (Garrison and Arensberg 1976:295-296).

Roberts has postulated that a belief in the evil eye is associated with cultural complexity (1976:236-238). The

association of the evil eye belief with technological specialization confirms the view that the evil eye becomes more prominent in a culture when the society produces goods that can be envied and when there is an unequal distribution of these goods in the presence of social inequality (Roberts 1976:238-239). Envy or invidia is a highly culturally elaborated emotional state and the rivalries to which it is attributed are probably universal. The complex conceptualizations of that state, however, such as the emic concept of envy, are probably not universal (Garrison and Arensberg 1976:323). Because the power to give the evil eye can be and is often unintentional or unpremeditated, one should keep analytically distinct the evil eye as an agent of misfortune (such as poverty and bad luck) and as one of illness (Cosminsky 1976:165 and 172). A distinction is needed between intentional and unintentional causation since intentional harm is often motivated by envy or jealousy and is usually associated with sorcery (Cosminsky 1976:172).

Evil eye can be unintentional. The divination of the cause of the disease inflicted on the person is simultaneously the cure and it is unnecessary to identify the gazer or to make any retaliation, symbolic or real (Garrison and Arensberg 1976:315). The evil eye seems to be different from other religious and magic symbolic behaviour, then, not only in the nature of the motivation, but in the behavioral chain of events it involves or supposes (Garrison and Arensberg

1976:293). The evil eye is an element of the religious or symbolic system - an element that forms part of an explanation of evil (Spooner 1976:284). In societies where there are no other explanations available or satisfactory, beliefs in witchcraft, sorcery, and other forms of evil still account for disease, death, injustice, and other tragic events (Lehmann and Myers 1985:150).

Evil eye has also been studied from a psychological point of view. If evil eye is intentional, the concept is seen to function within the structure of the society to discourage individuals from exceeding the limits of their socially ascribed roles (Spooner 1976:282). Stein believes the Slovak belief in evil eye stems from the weaning process when a child is weaned too early (1974:15-46). Doris stated that some Ukrainians used to believe that there were people who had "evil" eyes because their mothers had breast fed them only two times; they could look at someone and that person would become ill. Kearney argues that the belief is best explained in more general social-psychiatric terms through the concepts of paranoia and envy (1976:176). Psychiatric discussion of evil eye often centers on the use of the set of beliefs as rationale for psychosomatic complaints, fears, and anxieties (Stephenson 1979:248). For those who feel the psychodynamic hypotheses concerning the belief in evil eye provide insufficient cover for many variant and contradictory permutations (e.g., intentional versus unintentional, etc.)

the historical approach and diffusionist interpretation may be the more compelling (Maloney 1976:xi).

Whatever research method or approach is employed in the study of evil eye, it sheds new understanding on a belief that has continued among immigrant groups in Canada including the Ukrainians. As Stein has pointed out "we cannot automatically infer unconscious dynamics from an item of behaviour" nor can we infer unconscious dynamics from folk (conscious, socially acceptable) explanations (Garrison and Arensberg 1976:309). It is difficult to know let alone understand the intrapsychic processes involved in the illness and cure of the evil eye (Garrison and Arensberg 1976:319).

Every culture that has a belief in the evil eye symbolically and ritually expresses those beliefs. There are similarities in the ritualistic behaviour associated with the beliefs but there are also differences. Because most Ukrainians are not recent immigrants to Canada and because they are involved in mainstream Western society, those who believe in the evil eye tend to be few. People who do believe in evil eye as a negative force feel it stems from jealousy, especially from neighbours. They think that if someone is jealous of their material possessions or good fortune in life then a stare from that person can cause misfortune or sudden nausea. Evil eye in this form is still viewed as unintentional and the act of divining with wax pouring continues to be the primary cure.

I have found that Canadian born Ukrainians tend not to believe in evil eye and if they do, not as a real disease-causing entity. A knowledge of evil eye among third or fourth generation Ukrainian Canadians is prevalent but a belief in it as an actual power or force is not. It often seems to be a fad or "in" type of thing to say "I'll give you the evil eye!" but there are no healers sought or rituals performed. As Redfield has said, "there is reason to suppose that when what is traditionally done becomes less meaningful because people no longer know what the acts stand for, life becomes more secular" (1941:394). In fact I found many informants asking me what evil eye was!

As Jones has pointed out about the Italian belief in evil eye:

Today one could probably go into any Italian settlement in the United States and find women who know rituals for the removal of the evil eye... But for the most part these women are over 50 and another 25 years will see the belief almost completely lost sight of in this country - unless... there comes a fresh tide of immigration. Our land seems to be a dead end for a belief which has had a long run down through innumerable centuries (1981:168).

There are cultural environments where the evil eye will flourish and there are other cultural environments where it will not (Roberts 1976:258). North American culture is inundated with technology and Western biomedicine which is concerned with a materialistic or positivist world view. This often causes people to give up their beliefs in evil eye as a true disease causing force. Evil eye is an important component of the folk medicine of many cultures including Ukrainian.

But, as Ukrainians in Canada become more involved with urban cosmopolitan society, they tend to regard their ancestors' beliefs in a negative way and often as superstition.

Divination

"Divination means learning about the future or about things that may be hidden" (Lehmann and Myers 1985:193). According to Park, "divinatory procedure has the effect of stamping with a mark of special legitimacy a particular decision or a particular kind of response to a crisis" (1967:241). Divination also appears to have a derandomizing function by establishing consensus, it renders action more predictable and regular (Ibid:242). It seems to relieve anxiety and a sense of danger for a patient as well as legitimizes the illness a patient believes he or she has (Ibid:234-235).

Doris's primary form of healing, wax pouring, is a type of divination. The act of placing melted wax into cold water is a mechanical type of divining (Lehmann and Myers 1985:193). It involves seeking answers by manipulation of an object or element, and in this circumstance, the wax. The shape of the wax, upon cooling, is in the form of the object, person, or animal that has caused the patient to be ill. The technique of wax pouring allows the patient to know that his or her fear or anxiety is real and justified and has an actual cause. People who feel nauseous or sick, but do not know why, can go to a healer and get a legitimate reason for their often sudden illness.

According to Moore, divination, of the type the Montagnais-Naskapi Indians practised, supplies a chance mechanism and directs human activity toward randomness (1957:69). This may serve as a useful role in avoiding regularity where such regularity may be a disadvantage as in hunting caribou (*Ibid*). This is interesting, but clearly different from the divinatory aspect of wax pouring. The act of wax pouring uncovers the thing or person who has caused evil eye to another, but it does not foretell future events. This is similar to Victor Turner's analysis of Ndembu divination:

Among the Ndembu, the diviner regards his task as the practical one of revealing the causes of misfortune or death. These are almost invariably mystical or non empirical in character, although human wishes, desires, and feelings are involved in their operation. The diviner's insight is retrospective, not mantic; he discloses what has happened and does not foretell future events (1975:209).

Dreams can also be viewed as a type of divination. They are probably the most prevalent form of divination with the dream's meaning either obvious or requiring more analysis (Lehmann and Myers 1985:193). Doris's dreams could be viewed as a form of divination or precognition, in which an individual develops a feeling or premonition about something (*Ibid*).

The diagnosis and the cure of evil eye are done by the pouring of wax. Divination is used systematically first to establish an identity, itself curative or a means of a cure;

second to benefit by the forces let loose in the procedure; and third to obtain a propitious sign (Kemp 1935:126).

Innumerable mental processes concern and radiate from the act of identification and the intellectual effort of defining a concept. The most rational type of person generally feels a sense of relief when a doctor gives a precise diagnosis, and the pains that may cause the greatest mental irritation are those that cannot be exactly located (Ibid: 127).

Identification of a cause, the primary method of diagnosis, is a fundamental principle of healing (Ibid:128). The first step of identifying evil eye as the cause of illness is often all that is necessary for a cure; no other procedure is needed.

The five patients of Doris, whom I spoke to, invariably stated that they felt better upon knowing that something had caused them to feel ill and that it was not all in their head or imagined. The belief that their illness was indeed tangible was very important to them for a cure. They did not feel the need to go to a physician after the divination. Most of the symptoms that people present to Doris (fear, sleeplessness, etc.) respond to psychological and suggestive therapy. By attending to patients, listening to their problems, and confirming that something is indeed bothering them, Doris promotes the emotional dimension of recovery. The healer attends to the patient in a way that most physicians are unable or unwilling to do. Doris's technique is a healing method whereas physician's techniques can be viewed as entirely curative methods.

Herbal Remedies

Traditionally, Ukrainian herbal remedies have centered around a number of herbs and flowers.¹¹ Mr. Frank Kuzyk's grandmother used many herbs for healing when she came to Canada from the Ukraine in 1902 (Appendix B).

Today, rose hips are often collected when someone has a cold. Rose hips are the fruit of wild roses and consist of an edible, fleshy outer rind surrounding a mass of tightly packed seeds. There is normally a brownish tuft at the end of the hip (Turner and Szczawinski 1988:166). A mixture of rose hips, boiling water and sugar or honey can be used for colds and coughs. Rose hips have been found to contain substantial amounts of vitamin C and are a good source of vitamin A, calcium, phosphorous, and iron (Turner and Szczawinski 1988:169). Almost all the Indian tribes of North America at one time took advantage of the wild rose species (Stark 1981:34). For centuries rose petals were also used extensively in cooking throughout Europe and the Middle East (*Ibid*). A Ukrainian healer in Vegreville, Alberta said that if a person had a cold (in the summer) fresh wild rose petals were collected and then boiled in water. Honey was added and it was boiled a little longer and then the petals were removed by straining. This mixture was used as a cough medicine.

Colds can also be alleviated with drinks of honey and lemon in hot water; chest colds are treated by rubbing the chest with mustard, turpentine or goose oil and keeping the

area warm with layers of flannel (Thomas 1965). The use of mustard in this way is often referred to as a mustard plaster.

Two interesting remedies were told to me recently. My aunt, Joyce, recalls a woman named Evelyn who used to make a burn ointment out of poplar buds and give it to people in the community for their burns. Joyce used this ointment on her two young sons and it healed a festering toe and burned hand; she also found it good for arthritis. Poplar ointment is made by boiling one part of freshly picked buds in three parts of water. Two parts of unsalted lard are added and the mixture is cooked over a low heat until all the water has evaporated. The ointment is pressed or strained through a cloth and kept in a jar or other container with a lid (Palaiseul 1976:253). This ointment is recommended for burns, inflammation, chapped or cracked skin, rheumatic or gout pains, and haemorrhoids (*Ibid* 253:254).

Recently, a nurse, Lori, told me that she and her friend, Terry, had rid themselves of gallstones with a recipe given to them by Terry's Ukrainian mother (Appendix C). The concoction rid Lori of approximately 40 stones and Terry of about one-quarter of a cup. Lori and Terry had been scheduled for gall bladder surgery to remove the stones, but after this treatment they did not need surgery at all! Lori claims that this recipe works because it flushes out the system. The salt water is cathartic, the oil is a dilator and "greases" the ducts and bowels, and the acid in the lemon juice breaks down the

gallstones. Lori said that she could feel a spasm in her lower right quadrant under her ribs where the gallbladder is located. Lori and Terry believe that the concoction works and have recommended it for other people. Lori stresses that the recipe should only be used by people who definitely have gallstones, as shown by ultrasound, and not just by those who think they do since the ingredients could make them feel very ill.

Most of the natural remedies that are coming back into use in our society have a very long history. More than 200 medicinal plants indigenous to North and South America have been in the United States Pharmacopeia since its first edition in 1820 (Stark 1981:5). Ukrainians used many different herbs in Ukraine and brought some of them and their knowledge of use to Canada as well as adapted local plants for their own use. Understandably, people would rather use a remedy that does not involve surgery or invasive techniques. People are interested in knowledge about the prevention of disease and medical self-care. They want to find alternatives to the drugs and surgery that allopaths offer so aggressively (Weil 1983:viii). Many different herbal remedies and other concoctions have been proven efficacious, but it must always be stressed that one should consult a physician or pharmacist before embarking on a remedy that could do more harm than good.

Symbolism in Folk Healing

Symbolism is a universal human process and the essence of symbolism lies in the recognition of one thing standing for or representing another (Firth 1973:15). For Clifford Geertz, a symbol is any object that serves as a vehicle for a conception - the conception being the symbol's meaning (Lessa and Vogt 1979:78). Levi-Strauss draws a parallel between shamanistic cure and psycho-analysis which both resolve conflicts by the manipulation of symbols: meaningful equivalents at another order of reality (1963). Sherry Ortner states, "anything by definition can be a symbol i.e., a vehicle for cultural meaning" (1979:94). Certain elements in many cultures have become specified as key symbols (Ibid:93). Victor Turner calls them "dominant symbols" in his study of Ndembu ritual (1967:22). According to Turner, the properties of ritual symbols include: condensation, unification of disparate significata, and polarization of meaning. Condensation refers to the fact that many things and actions are represented in single form; disparate significata are dominant symbols that are interconnected by their common possession of analogous qualities or by association in fact or thought; and polarization of meaning refers to the two poles of any symbol, the sensory and ideological (Ibid:28). For Ortner, there are summarizing or sacred symbols, and elaborating or analytic symbols (1979:94). These symbolic attributes are exhibited in Ukrainian folk medicine. By

definition, the rituals used in Ukrainian folk healing involve symbolic behaviour.

The symbolism in healing often gives validity to a cure. Usually, a patient is principally concerned with symptom relief and treatment of psychosocial problems produced by the stress of the disease. For many patients, however, that is not enough; they require explanations of their health problems which are personally and socially meaningful (Kleinman and Sung 1979:22). The patient feels more confident about a cure when the healing involves symbols that he or she understands. Traditionally, and in some cultures today, the indigenous practitioner's view of disease is more in line with the patient's beliefs than is the Western medical concept of disease (Kleinman and Sung 1979:23). The ritual mechanism of magico-religious healing with its symbolic referents is more or less infallible in dispersing the uncertainty and fear of the mystery of disease (Yoder 1972:206). Therefore, symbolism and a belief in it reinforce healing procedures.

Christological or sacred symbols are a part of the ritual of Ukrainian healing. At one time, peasant belief and ceremonial centered around evil powers or forces as a cause of illness (Wolf 1966:99). For peasants, the religious referents are the natural objects and other people that surround them (Wolf 1966:101). According to Wolf, these explanations may be called first-order explanations, while the religious specialist deals with second or third-order meanings, seeking

explanations of explanations (Ibid). Peasant groups often retain traditional forms of religion, while religious systems of wider scope are built up and carried outward by the elite. Such a process frequently takes the form of syncretism, in this case, an older cultural tradition and a more recent one (Wolf 1966:103). Robert Redfield has noted that where cities have arisen, the country people dependent on those cities have developed economic and political relationships, as well as relationships of status, with the city people, and so have become that special kind of rural folk called "peasantry" (1939:xvi-xvii). Even in North America, many small towns resemble the folk society as well as urban life (Redfield 1947:306). But, the concept of "folk" is not tied to one class or cultural level in society; it is a way of thinking within all individuals, including ourselves (Pocius 1985:115). Folk medicine is not strictly identified with peasant cultures.

Sacred Symbols

Sacred symbols can be viewed as summarizing or representing for the participants, in an emotional way, what the system means to them (Ortner 1979:94). This is analogous to Victor Turner's symbolic property of condensation. The condensation symbol is "saturated with emotional quality" and is "multireferential" (1967:29). Most Ukrainian charms, rituals and actions are set in a Christian framework. Further, most rituals, to be effective in Christian religions, must end

in the "three highest names" - the trinitarian formula (Yoder 1972:207). The use of the trinitarian formula is evident throughout Ukrainian healing when the Lord's Prayer or other incantations are repeated three times. The frequent use of the number three has sacred overtones (Yoder 1972:207). Ritual provisions come in sets of three and some actions are repeated three or nine times to increase their power and efficacy. This repetition often dramatizes the healer's technique along with the aid of supernatural power over evil in all three dimensions of the spiritual universe: the underworld, inhabited by creatures of lower mythology (in Western traditions); the middle world, inhabited by humans or fallen angels; and the upper world, inhabited by God, angels and saints (Montepio 1988:44). The Ukrainian healer, while praying and making the sign of the cross, acknowledges the presence of help from supernatural beings or forces, usually God.

Christian symbolism is used to insure the success of a ritual that may otherwise be quite profane in character (Hand 1980:xxv). A religious symbol such as the cross stands not only for the Christian community and Church, but also for the concept of the redeeming sacrifice of Christ and the referent in God himself (Firth 1973:404). The sign of the cross is central to Christian religions especially Ukrainian Catholic and Orthodox. Christians, at one time, believed that witches could cause disease, turn milk sour, and destroy harvests. (Birren 1988:53). They would dispel the witch by raising a

crucifix or making the sign of the cross (Ibid). Making the sign of the cross is a Medieval rite that was incorporated into the orthodox religions and shunned by the Protestant religions because of its association with magic. God can be regarded in many ways, from a very real supreme being to an imaginative human construct (Ibid).

The belief that making the sign of the cross will ward off evil is exhibited today, within Ukrainian rituals, with the pouring of wax and the blessing of water. Making the sign of the cross over the water draws the central power of Christ into the healing process. It is stated in the New Testament, "In my name shall they cast out devils" (Mark 16:17). The power of Christ expels the evil from the patient when the sign of the cross is made during wax pouring.

Symbolism and Water

The use of Holy water in curing methods is an example of the replacement of a profane object with a sacred symbol. It is seen as a substance dedicated to God and believed to cause physical effects. If something happens, for example, a child or an adult becomes ill, Holy water is sprinkled on him or her in expectation of the person getting better from this treatment (Hannochko 1922:434). When Holy water is used, it is a reaction to the belief in evil powers or forces. This is evidenced by the practice of many Ukrainian families having their homes blessed by a priest who sprinkles Holy water

throughout the house to protect it from any evil. The water is transformed by blessing, usually by a priest, who makes the sign of the cross and uses the trinity. The water is then believed to have sacred power. Regular water may be classified as an elaborating symbol versus Holy water which is an object of respect and a focus of emotion. Water is also used to diagnose the effects of evil eye and with other items as a cure. Washing with water and drinking it tend to be the primary ways of cleansing one's soul or warding off evil spirits. Hungarians, Poles, and Russians all seem to put faith in the use of water for their cures (Jones 1981:161-162). Water usage in Ukrainian healing is primarily a cleansing method used to rid the patient of his or her ailment and is symbolic of baptism. Baptism is a ceremony in which one enters the family of the church. It is a way of showing that one has been washed free of sin by the death and rising from the dead of Jesus Christ. Thus, there is protection of God within the blessed water which is an effective cure of evil.

Transference

There is also a belief in transference in many folk cures based on the conception of disease as a foreign element which has penetrated the body and can be extricated by transmitting it to someone or something else (Lacourciere 1985:250). The use of a red cloth in treating erysipelas skin disease is an example of sympathetic transference of disease. The use of the

red coloured cloth, in treating roza, is a sympathetic remedy since erysipelas produces scarlet red blotches on the skin. As Yoder states, "erysipelas is a skin disease gotten rid of through the use of transference and vicarious destruction of the disease" (1972:208).

Colour Symbolism

Historically, most of the symbolism of colour in healing was quite direct. Birren suggests colours were associated with disease because disease produced colour (1988:84). Plants, flowers, minerals, and elixirs were efficacious when their hues resembled the colour of the skin or the sores or rash upon it (Ibid:85). Victor Turner's classic study of colour classification in Ndembu ritual produced the seminal work on the triad of colours red, white, and black. He states: 1. among the earliest symbols produced by man are the three colours representing products of the human body whose production is associated with heightened emotion; 2. these heightened emotional circumstances are experienced by society at large; 3. the colours represent heightened physical experience and transcend the normal human condition; and 4. the physical experiences associated with the three colours are also experiences of social relationships, e.g., white= milk linked to the mother-child tie, red= bloodshed connected with war and conflict, black= rain clouds or fertile earth, etc. Turner believes the three colours not only stand for basic

human experiences, but that they also provide a classification of reality for the Ndembu people (1967:88-90).

The colour red is believed to have a curative effect. Red is the most interesting of all colours in healing (Birren 1988:85). Scarlet cloth has for centuries been used to stop bleeding. English physicians once wore scarlet cloaks as a distinguishing mark of their profession (*Ibid*). Within Christianity, red was a symbol of charity and martyrdom for faith. It signified the Blood of Christ and became the colour of the lamp or candle that flickers on many church altars. This is to remind people of the suffering and sacrifice of Christ (*Ibid*:48). This is indeed evident in Ukrainian Catholic and Orthodox churches where a red light flickers on the altar in the tabernacle housing the communion. In an old Hebrew story, the colour red referred to love, sacrifice, and sin (*Ibid*:42). Through Western history, red has been considered to be a sacred and regal colour believed to be obnoxious to evil spirits (Montepio 1988:44). The colour red, like blood or dawn, can represent outer worldly activity and existence (Chetwynd 1982:93). If it is more purple in colour it symbolizes the transmutation of inner spiritual values into outer concrete events (*Ibid*). But, red is also a prophylactic and is presented to ward off evil (Firth 1973:69). Hutterites also use a red coloured cloth but it is an abstract symbol referring to the blood shed by Christ and His followers (Stephenson 1979:257). A red cloth serves as a reminder to the

afflicted, the perpetrator, and any witness of the "blood which was shed for you". The red cloth is only a mnemonic link with faith according to Stephenson (*Ibid*). This is clearly different from the Ukrainian sympathetic use of a red cloth in the treatment of erysipelas.

The colour blue is part of the belief in evil eye. Fear of evil eye was in its original form a fear of the blue eye. Blue eyes often seemed to be mysterious and threatening to dark eyed peoples. In their fear, they tried to protect themselves against evil eye with the help of blue colour; they resorted to homeopathic magic and attempted to combat like with like (Patai 1983:87). The distance from the belief that the blue colour can protect a person against the evil eye to the belief that it possesses curative powers is not great (*Ibid*:93).

The Ukrainian ethnologist Samojlovych had noted that in Ukraine the dwellings of the peasantry were traditionally decorated with a limited range of colours - primarily with a bright "cold sky blue" trim (Lehr 1981:203). External blue trim is also predominant in Manitoba as well as in Ukraine. In parts of the Carpathians, including Galicia, blue was reputed to possess protective properties against evil (Lehr 1981:204-205). As Patai notes, "we paint our houses blue against the evil eye because the Holy One painted his dwelling place, Heaven, with the sky blue colour. If we want to protect

ourselves from the evil eye, we do as God did, and paint our houses blue" (1983:87-88).

The colour blue, in relation to the sky, refers to inner spiritual essence (Chetwynd 1982:92). Blue is predominantly the Lord's hue (Birren 1988:42). In the Old Testament, the throne of God is blue like sapphire (Ibid). Blue in Christian terms signifies hope, love of divine works, sincerity, and piety (Ibid:48). It was the colour given to the Virgin Mary. Many statues and paintings of her depict her in a blue robe. Pale blue is also symbolic of peace, serene conscience, and Christian prudence (Ibid:49). If one was asked which colours to associate with feeling, thinking, intuition, and sensation, one's answers would not completely differ from the accepted symbolism, since feeling is associated with fire and blood; thinking with the sky and air; intuition with flashes of light; and sensation with the earth (Chetwynd 1982:91).

The question now is how to interpret systems of beliefs and actions? Can anthropological interpretations be valid if they imply meanings that the people themselves do not know? One must learn to go underneath the symbol to the reality which it represents and which gives it its meaning (Turner 1967:37). Symbols can be constructed as much to mystify people as to portray social reality. In other words, everyday knowledge can keep certain people in power and others in the dark (Crick 1982:303). In everyday life, people make their

symbols regulators or channels of power (Douglas 1970:30). All communication depends on the use of symbols, and they can be classified in numerous ways, from the most precise to the most vague, from single reference signs to multi-reference symbols (Ibid:29).

Mary Douglas shows that "dimensions of social life govern the fundamental attitudes to spirit and matter" (1970:18). She argues that the perception of symbols in general, as well as their interpretation, is socially determined (Ibid:27-28). In other words, symbolism can not be planned in advance. Ritualism, according to Douglas, signifies heightened appreciation of symbolic action. This can be manifested in two ways: belief in the efficacy of instituted signs and sensitivity to condensed symbols (Ibid:26). Therefore, ritualism is most highly developed where symbolic action is held to be most certainly efficacious (Ibid). These efficacious symbols should be correctly manipulated and the right words be pronounced in the right order (Ibid:28). Within Ukrainian Canadian folk medicine, the incantations and Lord's prayer used during wax pouring must be repeated three times for healing to take place.

Performances of ritual are phases in broad social processes, the span and complexity of which are roughly proportional to the size and degree of differentiation of the groups in which they occur (Turner 1967:45). Each ritual is a patterned process in time, the units of which are symbolic

objects and socialized items of symbolic behaviour (Ibid). The symbols may be classed into structural elements or "dominant symbols", which tend to be ends in themselves, and variable elements, or "instrumental symbols" which serve as means to the explicit or implicit goals of the ritual (Ibid:45-46). When a social group's members are in tight communal bonds, the religion is often ritualistic; when the group is relaxed, ritualism declines (Ibid:32). This fact is exhibited in the acculturation of peasant immigrant groups to Canadian society.

Every kind of Ukrainian ritual has several meanings and goals that are often not made explicit by informants but must be inferred by the investigator from the symbolic pattern and from behaviour (Ibid:43). Within the ritual of wax pouring, a number of symbols are present which can be classified as elaborating or instrumental, and sacred or dominant (Table 3). The incantations used (see page 51) call for all disease and sickness to, in effect, flee or be driven from the person. Within the Lord's prayer is the statement "deliver us from evil". These aspects of the verbal part of the healing process, along with the waxen image of the affliction, are used to rid the patient of evil eye or his or her illness.

The Ukrainian healer possesses knowledge of symbolic behaviour that is a resourceful healing power. Through the proper usage of an incantation and the manipulation of water and wax, healing takes place. The divination and diagnosis of evil eye is also a part of the treatment. A belief in evil eye

is a belief in the powers of the supernatural. If a person believes that misfortune can befall him or her by the glance from another, then he or she can blame someone or something for the problem. This aspect of the belief in evil eye allowed pioneering Ukrainian Canadians to blame something for their misfortunes and hardships. The healer reinforced their beliefs in Catholic or Orthodox religious symbolism. Currently, those people who visit Doris believe in the forces of the unknown and they are willing to accept different forms of healing for their ills. In their belief and usage of folk medicine they exhibit symbolism within ritualized behaviour.

Table 3

Symbols in Ukrainian Folk Medicine

Elaborating	Sacred
wax - symbolic of the person or thing that has frightened the patient	incantation or prayer - symbolic of God and his powers or the powers of the supernatural and in the actual words
water - a cleansing, purifying and natural object that symbolizes the removal of evil	sign of the cross - symbolizes the power of God and/or His blessing to heal
colours - depending on the hue symbolize different feelings and ideas	numbers - usually three or multiples of that symbolize the trinity and the blessing of God, Christ and the Holy Spirit

PART THREE

Chapter V

CONCLUSIONS

Ukrainian folk medicine was originally brought to Canada by the early pioneers. The retention of folk beliefs and practices of folk medicine was initially due, at least in part, to the cultural and language barrier which existed between members of the Western biomedical profession and the Ukrainian immigrants. The cultural gap lessened as more Ukrainians learned the English language through the 100 years they have been in Canada, and many aspects of their folk healing have been replaced by Western biomedicine.

Currently, in the 1990s, some Ukrainian Canadians still practice a few of the traditional healing methods, such as wax pouring. Wax pouring allows for the justification of problems that people may be having when it comes to bad dreams, fears, or evil eye.

What role does folk medicine have in people's lives today? Modern folk medical and ethnomedical¹² research can expose the relationship between physicians and patients with historical objectivity to comprehend contemporary opinions and attitudes by taking into consideration specific cultural patterns and to inform the public about individual causes of insecurities with Western biomedicine (Schenda 1986:151). Folk medicine includes opinions, attitudes, and behaviour patterns

that people have in relation to the larger biomedical health care system. Since folk medicine draws its strength largely from sufferers of chronic nonincapacitating dysfunctions, folk medicine, or something functionally equivalent to it, will probably never wholly disappear from our society (Gould 1957:513). There is also a vast amount of research in both scientific and pseudo-scientific realms associated with the intangible, yet psychologically real, distresses in our society (*Ibid*). It is the fact that there are many unknown, intangible, and unexplainable events in our world that cause people to search for answers in different ways.

Various forms of healing and diagnosis retain their credibility, despite their presumed biomedical ineffectiveness (Comaroff 1978:250). This is true with the gallstone removal recipe since the people who have used it assert its effectiveness. Healing involves rituals that appear to confirm key notions about the world in a way which affirms their own validity, irrespective of their practical outcome (*Ibid*). This even pertains to Western medicine which is not a wholly uniform and consistent body of knowledge. The perpetuation of relatively ineffectual therapeutic techniques, the ever present optimistic bias of medical belief, and the use of placebos need further study to understand the role of rituals in Western biomedicine. Health professionals can learn from indigenous forms of healing that alleviate illness and not only disease. Healing is placed at the centre of attention by

the practice of wax pouring. A person's fears are diagnosed and alleviated when he or she is healed. This healing method can be of importance to biomedicine and the continuing cross-cultural research in this area is always needed. Western science and medicine can also be studied as symbolic systems.

In urban settings, across Canada, ethnic groups are increasing as many rural people as well as new immigrants move to large cities. In this environment, aspects of traditional health beliefs may be reinforced (Weidman 1979:85). Individuals use competing health care systems and often benefit from them (Ibid:86). To understand and explain the dynamics of disease and medical care in a setting with different medical care systems, patterns of use might be established (Fabrega and Manning 1979:42). This would be an interesting area of future study.

There is a general paradigm of science which involves materialistic and positivistic beliefs that is fundamentally different from the paradigm of healing. Traditionally, small scale societies had little differentiation of roles and techniques for regulating and distancing conflicts between people. Within this situation beliefs in witchcraft and sorcery developed (Douglas 1970:139). Western society, with its cosmology, is a highly individualistic and competitive social system (Ibid). It is compartmentalized into separate institutions, thus ostensibly isolating folk belief and medicine from scientific medicine. Western allopathic medicine

is backed by vast sums of money and prestige (Weil 1983:81). Today this form of medicine is under attack. Beliefs in folk medicine have oscillated through history and perhaps now they are surfacing again.

Ukrainian people who believe in folk medicine have compartmentalized their beliefs of allopathic and traditional medicine. This is as though they are applying a scientific outlook to the belief in God or the supernatural with regard to aspects of cause and effect in healing. To give folk medicine credibility, Ukrainian Canadians rationalize and attempt to legitimize their folk medical tradition. Specifically, wax pouring is seen as a form of medicine that alleviates psychological stresses and fears. Folk systems exist everywhere and comprise the fundamental elements of knowledge, beliefs, and practices even where alternatives have developed (Fabrega and Manning 1979:41). Allopathic medicine dominates in North America, and for this reason most Ukrainian Canadians do not utilize the folk medicine within their culture.

In general, Canadian society demands that immigrants conform, at least externally, to the established norms and regulations of this country. Because of the need to internalize the values and social attitudes dominant in this country, Ukrainians adopted many North American customs. The younger generation Ukrainian Canadians do not usually believe in any of the traditions of their older relatives. This is a

cultural as well as a religious change. Healing, within younger generations, has moved away from the realm of the sacred (healers enlisting help from God or the supernatural) to the secular (allopathic medicine). Ukrainian Canadians readily use Western biomedicine, but a few use both traditional and Western biomedicine. According to Mary Douglas, there are three phases in the move away from ritualism: 1. there is the contempt of external ritual forms; 2. there is the private internalization of religious experience; and 3. there is the move to humanist philanthropy (1967:25). The loss of folk belief in Ukrainian Canadians is related to the loss of belief in formalized religions. The efficacy of healing is not believed when the symbols used are no longer sacred.

As young people become more separated from their religious beliefs, they lose sight of healing in relation to Christian symbols. When discussing Ukrainian folk beliefs with young people, I found that they do not continue to be readily passed to the younger generations; children who are third and fourth generation Canadian Ukrainians often look upon Ukrainian healing techniques as superstition or old folk belief. This is probably a result of a prejudicial education system which fostered mainstream, white, North American ideals.

The traditional Ukrainian folk medicine practised in Canada consists almost exclusively of wax pouring. This

healing method is performed by a few Ukrainian Canadian women and is believed to be an effective cure of evil eye for those Ukrainian people who believe in it. I believe that since the majority of Ukrainian Canadian healers are elderly women, and the younger people are not learning the traditional healing techniques, that this form of healing may disappear within the Ukrainian Canadian culture. Future research comparing the wax pouring type of healing within different ethnic groups in Canada and perhaps from a feminist point of view (since most of the healers are women) would be quite valuable.¹³ Perhaps as people's lives become more secular and materialistic, traditional beliefs will wane, but if the twenty-first century continues along the same way as the 1990s with the questioning of the methods and effectiveness of biomedicine and technology, then perhaps folk medicine will not disappear so quickly. Hopefully, this thesis is significant for recording aspects of Ukrainian Canadian folk medicine that are still being practised in 1991.

NOTES

1. Barth defines ethnic group in the context of populations that are 1. largely biologically self-perpetuating; 2. share fundamental cultural values realized in overt unity of cultural norms; 3. make up a field of communication and interaction; and 4. have a membership which identifies itself and is identified by others. See F. Barth, 1969.

The essence of an ethnic group is a sense of identity. It is not wholly definable in objective terms, although it may have objective markers. An ethnic group is not a tightly closed group, although it sometimes has been considered to be, nor is it a group from which it is impossible to resign. Because of intermarriages, boundary changes, and political redefinitions, many people have some degree of choice of ethnic allegiance. (Burnet and Palmer 1988:5).

Ukrainian is the accepted term to denote ethnicity or nationality, but historically Ukrainians have had various names. In the Austro-Hungarian Empire Ukrainians often described themselves as Galician or Bukovynian. Others called themselves Ruthenian denoting their Ukrainian Catholic as opposed to Ukrainian Orthodox religion. Part of the confusion over nationality was that seldom in their history have the Ukrainians occupied one geographical and political country. The terms Galician, Bukovynian and Ruthenian can essentially be viewed as synonymous with the designation of Ukrainian (Petryshyn 1985:214). Further discussion of Ukrainian ethnic and national designation can be found in Vladimir J. Kaye (1964:xxiii-xxvi).

2. To respect anonymity, pseudonyms have been used throughout this thesis; to maintain ethnicity, last names (if used) were selected that sounded typically Ukrainian.
3. Dictionaries often give two very different definitions of allopathy. The first, based on Greek roots, was coined by Samuel Hahnemann to describe regular medical practice; the second, from German roots, means "all therapies" and identifies allopathy as a system of medicine that embraces all methods of proven value in the treatment of disease

(Weil 1983:22,272). In this thesis, allopathic, Western biomedicine, and scientific medicine are used interchangeably.

4. Government policies aided in the settlement of the Canadian West. For a full history see J.M.S. Careless, 1970. For a brief outline of the settlement of Ukrainians in Canada see William A. Czumer, 1981.
5. The books published in Bulgaria were briefly described in English by the publishing company. The medicinal plant book is published in the Ukrainian language but useable by non-Ukrainian readers since the botanical names are cited by the proper Latin terms. A nonfluent Ukrainian could get by using the book with a cursory knowledge of the Ukrainian language.
6. "Disease is defined from the perspective of biomedical science. It may be defined narrowly, as a deviation from clinical norms, or it may be defined more broadly as an impairment in the ability to rally from an environmental insult. Illness is a cultural category applied to individual experience, and sickness is a category of social behaviour" (McElroy and Townsend 1985:49). For a thorough discussion of illness and sickness see Allan Young (1982:257-85).
7. According to Webster's Dictionary (1984), positivism is a theory that theology and metaphysics are earlier imperfect modes of knowledge and that positive knowledge is based on natural phenomena and their properties and relations as verified by the empirical sciences.

Rationalism is the reliance on reason as the basis for establishment of religious truth. It is a theory that reason is in itself a source of knowledge superior to and independent of sense perceptions. Reason and experience are the fundamental criteria in the solution of problems.

Scientism is the methods and attitudes typical of or attributed to the natural scientist. It is an exaggerated trust in the efficacy of the methods of natural science applied to all areas of investigation (as in philosophy, the social sciences, and the humanities).

8. Healing is to restore to the original integrity, purity or sound state; to restore health in a wholistic sense. Healing is not just a property of the physical body, it is also of the mind. Curing is a method of medical treatment often applied to the restoration of health after disease. (Weil 1983:67-68, 42).
9. Arthur Kleinman and Lilias H. Sung define folk medicine as a component or system within indigenous healing. It is a non-professional, non-bureaucratic arena of health care and it has a smaller domain than indigenous care (1979:17-26).
10. Every Slavic locality has its own terminology for evil eye and fear or fright (Kemp 1935:137). See also Kazmierz Moszynski, 1967, sections 130-131.
11. A discussion of herbs traditionally used by Slavic peoples, including Ukrainians, can be found in Kazimierz Moszynski Kultura Ludowa Słowian (Folk Culture of the Slavs. Vol. II Kultura duchowa (Spiritual Culture) Part I. 2nd edition, 1967. Warsaw: Ksiazka i Wiedza. It is in the Polish language but I have obtained a translated copy.
12. Ethnomedicine is the study of how members of different cultures think about disease and organize themselves toward medical treatment and the social organization of treatment itself. See Horacio Fabrega Jr., 1975.
13. A recent book discussing women as healers includes a chapter on Serbian Conjurers which can be compared to Ukrainian healing. It also has a discussion and interpretation of women in healing roles. See Carol Shepherd McClain, 1989.

Appendix A: Evil Eye Folktales

A woman was at a funeral with her small boy. He was a very nice looking child and everyone kept saying to the mother, "What a lovely child". They went home after the funeral and the child became ill. The mother didn't pay too much attention to the child and he died. The priest who had done the other burial was conducting the one of the child and said, "My good people, if you ever see a good looking child in someone's family, don't look at that child longingly, so that the child must die. This child was well only a short time ago and now lies dead from someone's evil look".

Another story describes how a man had a pair of the finest horses and a neighbour kept admiring the horses and saying, "What fine horses". The neighbour left and the horses died.

Appendix B: Materials for Herbal Remedies

The following list of herbs and flowers was introduced to Canada from the Ukraine and collected from family and friends by Frank Kuzyk.

BURDOCK - WILD RHUBARB

The juice from the leaves relieves bee, wasp and hornet stings.

NETTLE

Boiled leaves are used as a rinse for dandruff and the vapour relieves congestion in the nose.

BASIL

One seed under the eye lid helps to remove dust particles from the eye. Also used as a repellent to mosquitos.

CHAMOMILE

Tea made from the flowers is good to clear the digestive track and as a tonic for the kidneys.

PLANTAIN

Applied to wounds to heal cuts and acts as a poultice to draw boils.

DANDELION

Milk from the leaves or stem removes warts. Leaves are also good in salads.

WILD MINT

Tea made from the leaves aids in digestion.

WORM-WOOD

Decoction of leaves and alcohol aids in digestion and stomach disorders.

TOYA

A perennial plant of delphinium. The tubular root is used as a sedative.

PERIWINKLE

Tea made from the flowers is used as a sedative or anti-depressant.

ONION

When boiled in milk and consumed it cures ulcers in the stomach. Half of a large onion, placed on a hot surface, then on a boil, will draw out puss.

MARJORAM

Believed to cure depression, head aches and neuralgia. Lowers blood pressure and helps prevent hair loss.

WILD CRANBERRY (Canadian)

The bark is used for internal and nose bleeding and stomach cramps. A tablespoon of bark chips in one glass of boiling water - drink half a glass 3 times a day. The flowers relieve fever and cough. One teaspoon of flowers brewed for 10 minutes in a glass of boiling water - drink two glasses a day. The berries relieve sharp pain or colitis in the intestines. One tablespoon of crushed raw berries - take half an hour before meals three times a day.

WILD RASPBERRY (Canadian)

Stems cut into 4 inch lengths, tied together and then dried are used in a tea to relieve chest colds.

RED WILLOW (Canadian)

Shave the red bark off the branches, make a tea and apply to the skin for eczema. External use only.

SUNFLOWER

The yellow petals of the flower are good for curing malaria.

RUE

A woody herb with bitter leaves. Tea made from this is good as a sedative for heart trouble.

CABBAGE ROSE

Tea made from leaves relieves stomach aches.

SAND-WILLOW

Used for settling nerves.

CARAWAY

A stomach cure.

Appendix C: Recipe to Remove Gallstones

Do not ingest any other food or drinks when following this remedy.

- at 9:00 am drink 1 quart of hot water with 3 tablespoons of salt
- at noon drink 1 cup of grapefruit juice
- at 1:00 pm drink another quart of hot water with three tablespoons of salt
- at 5:00 pm prepare a can of consomme soup and drink it (can be either vegetable or beef)
- at 7:00 pm drink 8 ounces of olive oil, the juice of one lemon and 1 cup of grapefruit juice

Go to bed and lie on the right side with knees up to the chest and a pillow between them. Try to sleep! In the morning the gallstones will pass through the system.

REFERENCES CITED

- Ackerknecht, Erwin H.
1982 A Short History of Medicine. Revised edition. Baltimore and London: The Johns Hopkins University Press.
- Agar, Michael H.
1980 The Professional Stranger: An Informal Introduction to Ethnography. Orlando: Academic Press, Inc.
- Amundsen, Darrel W. and Gary B. Ferngren
1982 Medicine and Religion: Pre-Christian Antiquity and Medicine and Religion: Early Christianity through the Middle Ages. In Health/Medicine and the Faith Traditions: An Inquiry into Religion and Medicine. Martin E. Marty and Kenneth L. Vaux, eds. pp.53-131. Philadelphia: Fortress Press.
- Angel, Ronald and Peggy Thoits
1987 The Impact of Culture on the Cognitive Structure of Illness. Culture, Medicine and Psychiatry 11:465-494.
- Appel, Willa
1976 The Myth of the Jettura. In The Evil Eye. Clarence Maloney, ed. pp. 17-27. New York: Columbia University Press.
- Barth, F.
1969 Ethnic Groups and Boundaries. Boston: Little-Brown.
- Bereshko, Ludmilla
1989 The Parcel from Chicken Street and other Stories. Compiled by Fran Ponomarenko. Montreal: DC Books.
- Bilson, Geoffrey
1981 Canadian Doctors and the Cholera Epidemic. In Medicine in Canada: Historical Perspectives. S.E.D. Shortt, ed. pp.115-136. Montreal: McGill-Queen's University Press.
- Birren, Faber
1988 The Symbolism of Color. Secaucus, New Jersey: Citadel Press.

- Brown, Michael Fobes
1988 Shamanism and its Discontents. Medical Anthropology Quarterly 2(2):102-120.
- Burnet, Jean R., and Howard Palmer
1988 "Coming Canadians": An Introduction to a History of Canada's Peoples. Toronto: McClelland and Stewart, Inc.
- Byard, Roger W.
1990 Folk Healers: A Different Perspective. Can. Fam. Physician. 36:125-127. January 1990.
- Careless, J.M.S.
1970 Canada: A Story of Challenge. Toronto: MacMillan Company of Canada.
- Cassell, Eric J.
1989 The Healer's Art. Cambridge, Massachusetts: MIT Press.
- Chetwynd, Tom
1982 A Dictionary of Symbols. London, England: Paladin Books.
- Chomakov, Hristo
1987 Bulgarian Yoghourt - Longevity and Health. Sofia, Bulgaria: Zemizdat Publishing House.
- Chrisman, Noel J., and Arthur Kleinman
1983 Popular Health Care, Social Networks, and Cultural Meanings: The Orientation of Medical Anthropology. In David Mechanic, ed. Handbook of Health, Health Care, and the Health Professions. pp. 569-590. New York: The Free Press.
- Clark, Margaret
1970 Health in the Mexican-American Culture. Berkeley and Los Angeles: University of California Press.
- Comaroff, J.
1978 Medicine and Culture: Some Anthropological Perspectives. Soc. Sci. and Med. Vol. 12B. pp. 247-254.

- Cosminsky, Shelia
1976 The Evil Eye in a Quiche Community. In The Evil Eye. Clarence Maloney, ed. pp.163-174. New York: Columbia University Press.
- Coss, Richard G.
1981 Reflections on the Evil Eye. In The Evil Eye: A Folklore Casebook. Alan Dundes, ed. pp.181-191. New York: Garland Publishing Co., Inc.
- Crick, Malcolm R.
1982 Anthropology of Knowledge. Ann. Rev. Anthropol. 11:287-313.
- Cruickshank, J.K. and D.G. Beevers
1989 Ethnic Factors in Health and Disease. London: Wright, a division of Butterworth and Co., Ltd.
- Csordas, Thomas J.
1988 Elements of Charismatic Persuasion and Healing. Medical Anthropology Quarterly 2(2):121-142.
- Czumer, William A.
1981 Recollections About the Life of the First Ukrainian Settlers in Canada. Edmonton: Canadian Institute if Ukrainian Studies.
- Degh, Linda
1975 People In the Tobacco Belt: Four Lives. National Museum of Man Mercury Series. Canadian Centre for Folk Culture Studies. Paper No. 13. Ottawa: National Museums of Canada.
- Dionisopoulos-Mass, Regina
1976 The Evil Eye and Bewitchment in a Peasant Village. In The Evil Eye. Clarence Maloney, ed. pp.42-62. New York: Columbia University Press.
- Dossey, Barbara Montgomery, et al.
1989 Holistic Health Promotion: A Guide for Practice. Rockville, Maryland: Aspen Publishers, Inc.

- Douglas, Mary
1970 Natural Symbols: Explorations in Cosmology. Middlesex, England: Penguin Books, Ltd.
- Dubos, Rene
1968 Determinants of Health and Disease In Man, Medicine and Environment. Chapter 4. New York: Frederick A Praeger.
- Dundes, Alan, ed.
1981 The Evil Eye: A Folklore Casebook. New York: Garland Publishing Co., Inc.
- Elston, Miriam
1916 Our Little Russian Brother. A Glimpse at his Checkered Career in Becoming a Canadian Citizen. The Christian Guardian. May 24, 1916. pp. 9-11.
- 1919 Ruthenians in Western Canada. IV. When Sickness Visits a Russian Home. Onward 3, May 1919.
- Elworthy, Frederick T.
1895 The Evil Eye, An Account of this Ancient and Widespread Superstition. Facsimile of the 1895 edition. Secaucus, New Jersey: Citadel Press.
- Ewanchuk, M.
1977 Spruce, Swamp and Stone: History of the Pioneer Ukrainian Settlement in the Gimli Area. Winnipeg, Manitoba: M. Ewanchuk.
- 1988 Pioneer Settlers: Ukrainians in the Dauphin Area 1896-1926. Winnipeg, Manitoba: M. Ewanchuk.
- Fabrega, Horacio
1975 The Need for an Ethnomedical Science. Science 189:969-975. September, 19.
- Fabrega, Horacio Jr., and Peter K. Manning
1979 Illness Episodes, Illness Severity and Treatment Options in a Pluralistic Setting. Soc. Sci. and Med. Vol 13B. pp. 41-51.
- Firth, Raymond
1973 Symbols: Public and Private. Ithaca, New York: Cornell University Press.

- Flores-Meiser, Enya
1976 The Hot Mouth and Evil Eye. In The Evil Eye. Clarence Maloney, ed. pp.149-162. New York: Columbia University Press.
- Foster, George M.
1972 The Anatomy of Envy: A Study in Symbolic Behavior. Current Anthropology 13(2):165-202.
- 1987 On the Origin of Humoral Medicine in Latin America. Medical Anthropology Quarterly 1(4):355-393.
- Garrison, Vivian and Conrad M. Arensberg
1976 The Evil Eye: Envy or Risk of Seizure? Paranoia or Patronal Dependency? In The Evil Eye. Clarence Maloney, ed. pp. 287-328. New York: Columbia University Press.
- Gerber, Stanford Neil
1985 Russkaya Celo. The Ethnography of a Russian-American Community. New York: AMS Press, Inc.
- Gevitz, Norman, ed.
1988 Other Healers: Unorthodox Medicine in America. Baltimore and London: The Johns Hopkins University Press.
- Gifford, Edward S.
1958 The Evil Eye: Studies in the Folklore of Vision. New York: MacMillan.
- Good, Byron J., and Mary Jo DelVecchio-Good
1980 The Meaning of Symptoms: A Cultural Hermeneutic Model for Clinical Practice. In The Relevance of Social Science for Medicine. Chpt. 8. L. Eisenberb and A. Kleinman, eds. Boston: D. Reidel Publishing Company.
- Gould, Harold A.
1957 The Implications of Technological Change for Folk and Scientific Medicine. American Anthropologist 59:507-516.

- Grmek, Mirko Drazen
1959 Ancient Slavic Medicine. Journal of the History of Medicine and Allied Sciences 14(1):18-40.
- Haggard, Howard W.
1933 Mystery, Magic and Medicine. New York: Doubleday, Doran and Company, Inc.
- Hamowy, Ronald
1984 Canadian Medicine: A Study in Restricted Entry. Toronto: The Fraser Institute.
- Hanchuk, R.
1990 Thesis Proposal. The Wax Ceremony. Department of Slavic and East European Studies. University of Alberta, Edmonton, Alberta.
- Hand, Wayland D.
1980 Magical Medicine. Berkeley and Los Angeles: University of California Press.
- Hannochko, Taranty
1922 Ukrainian Traditions and Beliefs. Letter from the Rev. Taranty Hannochko, Bellis, Alberta. Missionary Bulletin 17(3):433-436. April-June.
- Harfouche, Jamal Karam
1981 The Evil Eye and Infant Health in Lebanon. In The Evil Eye: A Folklore Casebook. Alan Dundes, ed. pp.86-106. New York: Garland Publishing Co., Inc.
- Harwood, Alan
1981 Ethnicity and Medical Care. Cambridge: Harvard University Press.
- Herzlich, Claudine and Janine Pierret
1986 Illness: From Causes to Meaning. In Concepts of Health, Illness and Disease: A Comparative Perspective. Caroline Currer and Margaret Stacey, eds. pp.71-96. New York: Berg Publishers, Ltd.
- Hufford, David J.
1983 Folk Healers. In Handbook of American Folklore. Richard M. Dorson, ed. pp.306-313. Bloomington: Indiana University Press.

- Hunter, A.J.
1929 A Friendly Adventure. The Story of the United Church Mission Among New Canadians at Teulon, Manitoba. Toronto: United Church of Canada.
- Illich, Ivan
1976 Limits to Medicine. Medical Nemesis: The Expropriation of Health. Harmondsworth, England: Penguin Books.
- Jack, Donald
1981 Rogues, Rebels, and Geniuses: The Story of Canadian Medicine. Toronto: Doubleday Canada Ltd.
- Jones, Louis C.
1981 The Evil Eye Among European-Americans. In The Evil Eye: A Folklore Casebook. Alan Dundes, ed. pp.150-168. New York: Garland Publishing Co., Inc.
- Kamppinen, Matti
1989 Cognitive Systems and Cultural Models of Illness. A Study of Two Mestizo Peasant Communities of the Peruvian Amazon. Academic Dissertation. Helsinki: Academia Scientarum Fennica.
- Kaufert, Patricia
1990 The Box-ification of Culture: The Role of the Social Scientist. In Multicultural Health: Building a Framework. Special Edition Newsletter 1(2), of the Manitoba Council for Multicultural Health. Andrea K. Klymasz, ed.
- Kaye, Vladimir J.
1964 Early Ukrainian Settlements in Canada, 1895-1900: Dr. Josef Oleskow's Role in the Settlement of the Canadian Northwest. Toronto: University of Toronto Press.
- Kearney, Michael
1976 A World-View Explanation of the Evil Eye. In The Evil Eye. Clarence Maloney, ed. pp.175-192. New York: Columbia University Press.

- Kemp, P.
1935 Healing Ritual: Studies in the Technique
and Tradition of the Southern Slavs.
London: Faber and Faber.
- Kharchenko, M.S. et al.
1982 Medicinal Plants and their Usage. Kiev,
Ukraine, USSR: Zdorov'ia.
- Kirshenblatt-Gimblett, Barbara and Harris Lenowitz
1973 'The Evil Eye' (The Good Eye) Eyn Lore
Alcheringa Poetics, 5(Spring-Summer).
pp.71-77.
- Kitanov, Boris
1987 Identifying and Collecting Medicinal
Herbs. Sofia, Bulgaria: Zemizdat
Publishing House.
- Kleinman, Arthur
1980 Patients and Healers in the Context of
Culture. An Exploration of the Borderline
between Anthropology, Medicine, and
Psychiatry. Berkeley and Los Angeles:
University of California Press.
- 1984 Indigenous Systems of Healing: questions
for professional, popular, and folk care
In Alternative Medicines, popular and
policy perspectives. John B. McKinlay,
ed. pp.138-155. New York: Tavistock
Publications, Ltd.
- Kleinman, Arthur, Leon Eisenberg and Byron Good
1978 Culture, Illness and Care; Clinical
Lessons from Anthropological and Cross-
Cultural Research. Ann. Int. Med. 88:251-
258.
- Kleinman, Arthur and Lilias H. Sung
1979 Why Do Indigenous Practitioners
Successfully Heal? Soc. Sci. and Med.
13B:17-26.
- Klymasz, Andrea K.
1989 Ukrainian Folk Medicine in Canada.
Research Note. Material History Bulletin
29:99-101.

- Klymasz, Robert Bogdan
 1970 An Introduction to the Ukrainian Canadian Immigrant Folksong Cycle. Ottawa: Queen's Printer.
- 1980 Ukrainian Folklore in Canada. New York: Arno Press.
- 1983 Culture Maintenance and the Ukrainian Experience in Western Canada. In New Soil-Old Roots: The Ukrainian Experience in Canada. Jaroslav Rozumnyj, ed. pp.173-182. Winnipeg, Manitoba: Ukrainian Academy of Arts and Sciences in Canada.
- 1986 Ukrainian Folk Customs, Beliefs and Rituals in East Central Alberta to 1930. A report submitted to the Ukrainian Cultural Heritage Village, Historic Site Services, Alberta Culture. Edmonton, Alberta.
- 1989 The Ukrainian Folk Ballad in Canada. Musical transcriptions by Kenneth Peacock. New York: AMS Press, Inc.
- Koenig, Samuel
 1937 Magical Beliefs and Practices among the Galician Ukrainians. Folk-lore vol. XLVIII March. pp.55-91.
- Lacourciere, Luc
 1985 A Survey of Folk Medicine in French Canada. In Explorations in Canadian Folklore. Edith Fowke and Carole H. Carpenter, eds. pp. 237-252. Toronto: McClelland and Stewart, Ltd.
- Lawford, C.H.
 1902 Letters from Missionaries. Home Work. Letter from C.H. Lawford, M.D., Pakan, Alberta. The Missionary Outlook. June 1902, pg. 126.
- Lehmann, Arthur C. and James E. Myers
 1985 Magic, Witchcraft, and Religion: An Anthropological Study of the Supernatural. Palo Alto, California: Mayfield Publishing Company.

- Lehr, John C.
1981 Colour Preferences and Building Decoration Among Ukrainians in Western Canada. *Prairie Forum* 6(2):203-206.
- Lessa, William A. and Evon Z. Vogt
1979 Reader in Comparative Religion: An Anthropological Approach. New York: Harper and Row, Publishers Inc.
- Levi-Strauss, C.
1963 The effectiveness of symbols.
In *Structural Anthropology*. New York: Basic Books.
- Lupul, Manoly R., ed.
1978 Ukrainian Canadians, Multiculturalism, and Separatism: An Assessment. Edmonton, Alberta: University of Alberta Press.
- 1982 A Heritage in Transition: Essays in the History of Ukrainians in Canada. Toronto: McClelland and Stewart.
- Mahler, H.
1981 Health for all by the year 2000. World Health Statistics. Feb-Mar. 1981.
- Maloney, Clarence
1976 Introduction. In *The Evil Eye*. Clarence Maloney, ed. pp.v-xvi. New York: Columbia University Press.
- Marshall, Randolph S.
1988 Interpretation in Doctor-Patient Interviews: A Sociolinguistic Analysis. Culture, Medicine and Psychiatry 12(2):201-218.
- Marunchak, Michael H.
1982 The Ukrainian Canadians: A History. 2nd edition, revised. Winnipeg and Ottawa: Ukrainian Free Academy of Sciences.
- Mausner, Judith S. and Shira Kramer
1985 Epidemiology: An Introductory Text. 2nd edition. Philadelphia: W.B. Saunders Company.

- McClain, Carol Shepherd, ed.
 1989 Women as Healers: Cross-Cultural Perspectives. New Brunswick and London: Rutgers University Press.
- McElroy, Ann
 1990 Biocultural Models in Studies of Human Health and Adaptation. Medical Anthropology Quarterly 4(3):243-265.
- McElroy, Ann and Patricia K. Townsend
 1985 Medical Anthropology in Ecological Perspective. Boulder, Colorado: Westview Press, Inc.
- McQueen, David V.
 1978 The History of Science and Medicine as Theoretical Sources for the Comparative Study of Contemporary Medical Systems. Soc. Sci and Med. Vol 12. pp. 69-74.
- Mechanic, D.
 1962 The Concept of Illness Behavior. Journal of Chronic Disease 15:189.
- The Missionary Outlook
 1907 The Galicians. November 1907, pg.261.
- Montepio, Susan N.
 1988 Magical Medicine and the Filipino Healer. Folklore and Mythology Studies 11 and 12:36-46. University of California Los Angeles.
- Moore, Omar Khayyam
 1957 Divination-A New Perspective. American Anthropologist 59:69-74.
- Morse, Janice M. and Caroline Park
 1988 Differences in Cultural Expectations of the Perceived Painfulness of Childbirth. In Childbirth in America: Anthropological Perspectives. Karen L. Michaelson and Contributors. South Hadley, Massachusetts: Bergin and Garvey, Publishers, Inc.
- Moszynski, Kazimierz
 1967 Kultura Ludowa Slowian (Folk Culture of the Slavs). Vol. II Kultura duchowa (Spiritual Culture). Part I. 2nd edition. Warsaw: Ksiazka i Wiedza.

Murgoci, A.

- 1981 The Evil Eye in Roumania, and Its
Antidotes. In The Evil Eye: A Folklore
Casebook. Alan Dundes, ed. pp.124-129.
New York: Garland Publishing Co., Inc.

Numbers, Ronald L. and Ronald C. Sawyer

- 1982 Medicine and Christianity in the Modern
World. In Health/Medicine and the Faith
Traditions: An Inquiry into Religion and
Medicine. Martin E. Marty and Kenneth
L.Vaux, eds. pp.133-160. Philadelphia:
Fortress Press.

Olander, Vivian

- 1988 The Cultural Implications of Protestant
Missions. In Continuity and Change: The
Cultural Life of Alberta's First
Ukrainians. Monoly R. Lupul, ed. pp. 221-
227. Edmonton: Canadian Institute of
Ukrainian Studies, University of Alberta
and Historic Site Service, Alberta
Culture and Multiculturalism.

Ortner, Sherry B.

- 1979 On Key Symbols. In Reader in Comparative
Religion: An Anthropological Approach.
William A. Lessa and Evon Z. Vogt, eds.
pp. 92-98. New York: Harper and Row
Publishers, Inc.

Palaiseul, Jean

- 1976 Grandmother's Secrets: Her Green Guide to
Health from Plants. Middlesex, England:
Penguin Books, Ltd.

The Palm Branch

- 1906 Some Small Galicians. Junia and Nicoli.
15(7-8):2. July-August 1906, Halifax.

Park, George K.

- 1967 Divination and Its Social Contexts. In
Magic, Witchcraft, and Curing. John
Middleton, ed. pp. 233-254. Garden City,
NY: Natural History Press.

Patai, Raphael

- 1983 On Jewish Folklore. Detroit, Michigan:
Wayne State University Press.

- Pelto, Pertti J., and Gretel H. Pelto
1978 Anthropological Research: The Structure
 of Inquiry. 2nd Edition. Cambridge:
 Cambridge University Press.
- Petrenko, Halyna, ed.
1987 Ukraine, A Concise Encyclopedia. Vol. 2.
 Health Care to the end of the 18th
 Century. South Bound Brook, New Jersey:
 Ukrainian Orthodox Church of the U.S.A.
 and United Ukrainian Orthodox Sisterhood
 of the U.S.A.
- Petryshyn, Jaroslav
1985 Peasants in the Promised Land. Canada and
 the Ukrainians 1891-1914. Toronto: James
 Lorimer and Company, Publishers.
- Pilisuk, Marc and Charles Froland
1978 Kinship, Social Networks, Social Support
 and Health. Soc. Sci. and Med. Vol. 12B.
 pp. 273-280.
- Pocius, Gerald L.
1985 Urban Folk Medicine: Some Thoughts. In
 Folk Medicine and Religion. Pierre
 Crepeau, ed. pp.113-116. National Museum
 of Man Mercury Series. Canadian Centre
 for Folk Culture Studies Paper No.53.
 Ottawa: National Museums of Canada.
- Poynter, F.N.L. and K.D. Keele
1961 A Short History of Medicine. London:
 Mills and Boon.
- Qureshi, Bashir
1989 Transcultural Medicine: Dealing with
 Patients from Different Cultures.
 Hingham, MA: Kluwer Academic
 Publications.
- Redfield, Robert
1939 Introduction. In St. Denis: A French-
 Canadian Parish. Horace Miner, author.
 Chicago: University of Chicago Press.
- 1947 The Folk Society. The American Journal
 of Sociology, Vol. LII:293-308.

- Risse, Guenter B., Ronald L. Numbers, and Judith Walzer Leavitt
1977 Medicine Without Doctors: Home Health Care in American History. New York: Neale Watson Academic Publications, Inc.
- Roberts, John M.
1976 Belief in the Evil Eye in World Perspective. In The Evil Eye. Clarence Maloney, ed. pp. 223-278. New York: Columbia University Press.
- Rozumnyj, Jaroslav, ed.
1983 New Soil Old Roots. The Ukrainian Experience in Canada. Winnipeg, Manitoba: Ukrainian Academy of Arts and Sciences in Canada.
- Rubel, Arthur J.
1966 Across the Tracks: Mexican-Americans in a Texas City. Austin: University of Texas Press.
- Schenda, Rudolf
1986 Folk Medicine - What Is It Today? In German Volkskunde. A Decade of Theoretical Confrontation, Debate, and Reorientation (1967-1977). Edited and Translated by James R. Dow and Hannjost Lixfeld. pp.140-156. Bloomington, Indiana: Indiana University Press.
- Shah, C.P.
1987 An Introduction to Canadian Health and the Health Care System. 2nd edition. Toronto: University of Toronto.
- Spooner, Brian
1976 Anthropology and the Evil Eye. In The Evil Eye. Clarence Maloney, ed. pp.279-286. New York: Columbia University Press.
- Spradley, James P.
1979 The Ethnographic Interview. New York: Holt, Rinehart and Winston.
- Stark, Raymond
1981 Guide to Indian Herbs. Vancouver and Blaine, Washington: Hancock House Publishers.

Stein, Howard F.

- 1974 Envy and the Evil Eye Among Slovaks-Americans: An Essay in the Psychological Ontogeny of Belief and Ritual. *Ethos* 2(1): 15-46.
- 1979 The Salience of Ethno-Psychology for Medical Education and Practice. *Soc. Sci. and Med.* 13B:199-210.

Stephenson, Peter H.

- 1979 Hutterite Belief in the Evil Eye: Beyond Paranoia and Towards a General Theory of Invidia. *Culture, Medicine and Psychiatry* 3:247-265.

Tarasoff, Koozma J.

- 1977 Traditional Doukhobor Folkways: An Ethnographic and Bibliographic Record of Prescribed Behavior. National Museum of Man Mercury Series. CCFCS Paper No. 20. Ottawa: National Museums of Canada.

Thomas, Mai

- 1965 Grannies Remedies. New York: Gramercy Publishing Company.

Townsend, Joan B.

- 1991 Personal correspondence. Winnipeg, Manitoba.

Turner, Nancy J. and Adam F. Szczawinski

- 1988 Edible Wild Fruits and Nuts of Canada. Canada's Edible Wild Plants Series, Vol. 3. National Museum of Natural Sciences. Markham, Ontario: Fitzhenry and Whiteside.

Turner, Victor

- 1967 The Forest of Symbols. Aspects of Ndembu Ritual. Ithaca and London: Cornell University Press.
- 1975 Revelation and Divination in Ndembu Ritual. Ithaca and London: Cornell University Press.

- Unschuld, Paul
1986 The Conceptual Determination (Uberformung) of Individual and Collective Experiences of Illness. In Concepts of Health, Illness and Disease: A Comparative Perspective. Caroline Currer and Margaret Stacey, eds. pp.51-70. New York: Berg Publishers, Ltd.
- Van der Deest, Sjaak
1985 The Definition of Health. Review of The Social Logic of Health by W. Wright. New Brunswick: Rutgers University Press 1982. In Culture, Medicine and Psychiatry 9:287-294.
- Velimirovic, B., ed.
1987 Modern Medicine and Medical Anthropology in the United States-Mexico Border Population. Washington, D.C.:World Health Organization Scientific Publication No. 359.
- Webster's Ninth New Collegiate Dictionary
1984 Markham, Ontario: Thomas Allen and Son Limited. Registered User of the Trademark of Merriam-Webster Inc., Springfield, Mass.
- Weidman, Hazel Hitson
1979 The Transcultural View: Prerequisite to Interethnic (Intercultural) Communication in Medicine. Soc. Sci and Med. Vol. 13B. pp.85-87.
- Weil, Andrew
1983 Health and Healing: Understanding Conventional and Alternative Medicine. Boston: Houghton Mifflin Company.
- White, Pamela M.
1990 Ethnic Diversity in Canada. 1986 Census of Canada. Ottawa: Minister of Supply and Services.
- Williams, Gareth H., and Philip H.N. Wood
1986 Common-Sense Beliefs about Illness: A Mediating Role for the Doctor. The Lancet December 20/27:1435-1437.

- Williams, Phyllis H.
1938 South Italian Folkways in Europe and America. New Haven: Yale University Press. Reissued New York: Russell and Russell, 1969.
- Wolf, Eric R.
1966 Peasants. Englewood Cliffs, New Jersey: Prentice Hall, Inc.
- Woycenko, Ol'ha
1968 The Ukrainians in Canada. 2nd edition, revised. Ottawa and Winnipeg: Canadian Ethnic Press Federation.
- World Health Organization
1948 Constitution of the WHO. In Basic Documents, 15th edition. WHO Geneva, 1964.
- Yoder, Don
1972 Folk Medicine. In Folklore and Folklife: An Introduction. Richard M. Dorson, ed. pp.191-216. Chicago and London: University of Chicago Press.
- Young, Allan
1982 The Anthropologies of Illness and Sickness. Ann. Rev. Anthropol. 11:257-285.
- Young, Charles H.
1931 The Ukrainian Canadians: A Study in Assimilation. Toronto: Thomas Nelson and Sons Ltd.
- Young, David, Grant Ingram, and Lise Swartz
1989 Cry of the Eagle: Encounters with a Cree Healer. Toronto: University of Toronto Press.
- Yuzyk, Paul
1953 The Ukrainians in Manitoba: The Social History. Toronto: University of Toronto Press.
- 1967 Ukrainian Canadians. Toronto: Ukrainian Canadian Business and Professional Federation.

Zborowski, Mark

1952 Cultural Components in Responses to Pain.
Journal of Social Issues 8:16-30.

Zola, Irving

1966 Culture and Symptoms: An Analysis of
Patients Presenting Complaints. Am. Soc.
Review 31:615-630.