

Ajankohtaiset

Healing rituals and vernacular conceptions of illness

Cognitive perspective to traditional healing in Finland and Karelia

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In March 2020, the global pandemic Covid-19 spread in Finland with such intensity that almost every face-to-face encounter was considered dangerous, and society was locked down. For the first weeks and months, nearly no one knew much about the virus. How does it spread? What are the symptoms? What is the most effective cure?

This kind of uncertainty was new to many of us in Finland, since we live in a modern society, and have relatively easy access to the Western medical system. During those weeks, I think the uncertainty might have been somewhat similar to the experiences of historical Finns when they faced dangerous illnesses. Modern biomedicine was not yet developed or people did not yet have access to it. There were no antibiotics, so many illnesses and wounds were more fatal than they are nowadays. Even authorized information about illnesses and the most efficacious healing methods might not have led to good results.

In my doctoral dissertation, I have been interested in the ways in which people in the past encountered illnesses, afflictions, and the traditional ways of healing them. I have studied archival materials from the 1880s to the 1930s – materials from just approximately one hundred years ago – however, the historical and social context was very different from society nowadays. The rural areas in Finland and Karelia still had rather long distances to towns and hospitals, public education was not very developed, and in many areas, agricultural livelihood was still more common than industrial work. When people got sick or hurt themselves, it was quite often a better idea to turn to local traditional healers than to travel far and go to a hospital.

Vernacular healing was a diverse tradition in Finland and Karelia. There were different kinds of specialists in the field – for instance, cuppers, masseurs, bonesetters, and of course the *tietäjäs*, the "ones who know", whose healing methods were based on ritual enactments and verbal incantations. However, the lay people also knew some healing methods, and their healing tradition is often called "domestic healing". This was often influenced by the



methods of the specialists, and it might have included, for instance, use of herbs, ingredients from a pharmacy, small ritualistic enactments, and short verbal incantations.

In this study, I am interested especially in these people – the historical lay people who were not specialists in healing but who had experiences with professional or semi-professional healers and who might have known some healing methods themselves. How did they interpret illnesses and afflictions? What did they consider as a successful healing method? What did they think about healing specialists, especially *tietäjäs*? And how did they express these thoughts and interpretations in the narratives and recollections that they presented to the folklore collectors?

The research material

The research material of this study is gathered from the Folklore Archive of the Finnish Literature Society. The materials in the archive are collected via ethnographic interviews with rural people, and the materials used in this study are from the late 19th and early 20th century from all over Finland and Karelia, Olonets Karelia excluded. Altogether they comprise over 600 archive units.

Interview situations always affect the answers the interviewees present, and this was the case with these folklore interviews as well. There are different challenges that the nature of the research material casts for a contemporary researcher.

One of the most serious challenges for this study is the fact that the interview situations rarely happened during an actual healing situation or shortly after witnessing one. Thus, the materials cannot be considered as direct descriptions about traditional healing. Instead, they are recollections – recollections about usual healing customs or recollections about certain specific situations in the past. As such, I treat this research material as meta-commentaries of the tradition.

The following report represents an example of the research material:

Teacher K has said:

A smith took ordinary pieces of sheep's poop and roasted them in a pot in the glow of the forge. Then he ground them fine with his anvil and mixed them with sparks of coal and cream. – He cooked this while incantating. – This turned into a yellowish salve, which was a cure for all burns. (The teacher had seen this when he was a boy, and nobody had seemed to care about a boy being present. The teacher's sister had had hot water spilled onto her chest, and the smith Pöykänen from Vesanta had made the medicine mentioned above.)

Opett. K on kertonut:

Seppä otti tavallisia lampaan "papuja" ja paahtoi niitä padankappaleella ahjon hehkussa. Sitten hän jauhoi ne alasimella hienoksi ja sekoitti joukkoon hiilen kyventä ja kermaa. – Tätä hän keitti ja samalla loitsi. – Tästä tuli kellertävää salvaa, joka oli parannusaineena kaikkiin palamiin. (Opett. oli nähnyt tämän poikasena ollessaan, pojan läsnäolosta ei nähtävästi välitetty. Opett:n sisaren rinnalle oli mennyt kuumaa vettä ja seppä Pöykänen Vesannalta oli tehnyt yllä m. lääkkeen.)

(Example 1. SKS KRA Konnevesi. Kyllikki Sutinen 144. 1936.)



Theoretical perspectives

In this study, I apply theories of the human mind to the analyses of archival materials. I follow the research strategies of the multi-disciplinary field called the Cognitive Science of Religion (shortened as CSR, also known as Cognitive and Evolutionary Sciences of Religion). Within this field, the human behaviour connected to religions and spirituality is studied from the perspectives of the human mind and its processes.

This theoretical perspective helps me to examine the mental trains of thought that the historical people express in the research materials. I focus on questions of how the cross-cultural aspects of the mind have influenced the ways in which people interpreted and represented the healing tradition in this material. More precisely, I concentrate on the cognitive aspects and qualities, that is, mental processes guiding the ways of knowing in the human mind: processes of memory, perception, making judgements et cetera.

The main cognitive theories used in this study are the theories considering memory processes and the dual-process theories. In addition, I apply medical placebo theories in this study as well.

There are different kinds of memory processes in the human mind, for instance, long-term memory, short-term memory, and sensory memory. In this study, I concentrate especially on semantic memory, which represents certain processes of long-term memory. Semantic memory focuses on storing and organizing general knowledge in the mind, and memory schemas are one form of storing this information. People have schematic knowledge about, for instance, different situations, people, or cultural phenomena. This knowledge accumulates through experiences in which an individual gains new information about different phenomena. Because of schematic knowledge, people have general expectations about different entities and phenomena in the world, and when an individual encounters, for instance, a new person they have never met before, or enters a restaurant they have never visited before, they still have those general, schematic expectations about these new situations, and they can act according to them.

In memory studies, researchers have found evidence that people recall things that are part of their schematic knowledge better than they recall less familiar things. In fact, schemas might even overrun sensory perceptions when an individual is asked to recall certain events. Thus, in this study, I treat the research materials as such meta-commentaries about traditional healing that are influenced by the interviewed people's schematic knowledge about the healing tradition.

The second theoretical perspective comes from the dual-process theories. According to these theories, there are two kinds of thinking modes in the mind: fast, automatic, intuitive thinking and slow, analytical, reflective thinking. When an individual encounters a new situation, the intuitive thinking mode activates first, and it provides quick, generalized interpretations about the situation. After a short delay, the reflective thinking mode activates and it might confirm, complete, correct, or contradict the interpretations of intuitive thinking.

There are different intuitive thinking processes that affect the first interpretations people make. General schematic knowledge has quite a major effect, because the first interpretations



are often based on previous experiences. In addition, there are certain cross-cultural ways of thinking that guide intuitive thinking, for instance, heuristics and cognitive biases. Stereotypical thinking and the tendency to rely on familiar information rather than information acquired for the first time are some examples of these cognitive heuristics and biases.

In this study, I concentrate on the kind of intuitive thinking that considers ritual behaviour, as well as heuristics that influence modes of thought that are commonly known as magical thinking. Magical thinking might refer to, for instance, ideas about similar things affecting each other, or mysterious transfer of inner essences via contact. I rely on theories presenting that these kinds of thoughts are based on intuitive thinking and are common within all humans. In the analyses of this study, I consider that intuitive interpretations, which are confirmed by the reflective thinking mode and become parts of schematic knowledge, can be detected from this research material.

The third theoretical perspective comes from placebo studies. The placebo effect is a medical phenomenon in which mental stimuli lead to effects that improve physical outcomes in a patient's condition, and it is an important part of all medical encounters. General – schematic – expectations have been noted to play a major role in the activation of the placebo effect. People trust such treatments that follow their expectations about a good and effective cure. In this study, I present that following the schematic expectations of the patients and the lay people in general might have been beneficial for traditional healers. The healing situations and the narratives told about them have been in an ongoing interaction with each other, and they have influenced one another.

In addition to the cognitive theories and the placebo theories, I apply performance and ritual theories to this dissertation. The healing enactments studied here have often occurred in a ritualistic context, and they have been considered to include interactions with otherworldly spiritual beings. I consider that the healing enactments – the healing rituals – have been special kinds of performances, and that the performance context has enabled certain forms of thought and behaviour to flourish. In other words, intuitive trains of thought connected to magical thinking and behaviour improving the placebo effect have been expected and encouraged in these performance situations.

Research articles

So, how did the studied people consider the healing tradition, illnesses, and specialized healers? I examine this question in three separate research articles.

The first article, published in 2018, is titled "Counterintuitiveness and Ritual Efficacy in Early Modern Karelian Healing – An Application of the Ritual Competence Theory". In this article, I examine the ways in which people in the village of Koivisto, in the Karelian Isthmus, considered two specific *tietäjä*-healers and their ritual performances. I use a CSR ritual theory called the Ritual Competence Theory (Lawson & McCauley 1990; McCauley & Lawson 2002) for comparing the representations of these two healers. I propose that in the recollections of the local people, these two *tietäjä*-healers were considered differently from each other because their rituals were recalled differently: one was remembered as possessing special inner powers, whereas the other was remembered as knowing specific incantations. The application of the



Ritual Competence Theory proposes that the first tietäjä might have had a more scary reputation than the other one had.

The second article was published in 2020, and it is titled "The Wraths of Fire: Contagion Heuristic and Intuitive Personification Processes in Early Modern Finnish-Karelian Conceptions of Illness." In this article, I examine how lay people from different parts of Finland and Karelia considered skin burns – especially severe ones. I propose that the general conception of illness regarding skin burns was highly influenced by certain intuitive heuristics and biases – namely, the contagion heuristic, teleo-functional thinking, and hyperactive detection of intentionality. Via these, people have often considered severe skin burns as "the wraths of fire": as wretched contaminations from fire, which was considered intentional, even a personal being.

The third article has not yet been published but it has been accepted for publication. The article is titled "Traditional Healing Expectations Light of Placebo and Performance Studies". This article concentrates on the ways in which lay people in Finland and Karelia considered usual traditional healing procedures of severe skin burns. I propose that at least four aspects were included in a general schematic understanding about healing burns: 1) the healing requires ointments, 2) the healing requires recited words, usually incantations, 3) the similar-affects-similar concept is used in healing, and 4) the healing requires symbolic repetitions three or nine times. I propose that these aspects were also expected when people faced new traditional healing situations, and that following these expectations might have increased the placebo effect.

Finally

This dissertation represents a cross-disciplinary dialogue between cultural studies and studies about the human mind. My purpose is to show how cognitive theories can enrich the analyses of folklore materials. After all, the representations concerning traditional healing have been influenced by both, cultural and traditional effects as well as cognitive aspects.

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