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Jonas Tilvikas

FOLK MEDICINE IN THE HEALTH CARE SYSTEM OF LITHUANIA MINOR FROM THE END OF THE 19TH TO THE EARLY 21ST CENTURIES

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Scientific Supervisor – dr. Vida Savoniakaitė (Lithuanian Institute of History, Humanities, Ethnology H 006)

Dissertation will be defended at the Committee of Ethnology of Vytautas Magnus University, Klaipėda University, and Lithuanian Institute of History:

Chairman – **dr. Rasa Paukštytė-Šaknienė** (Lithuanian Institute of History, Humanities, Ethnology H 006)

Members:
Dr. Darius Daukšas (Lithuanian Institute of History, Humanities, Ethnology H 006)
Prof. (HP) dr. Alvydas Juocevičius (Vilnius University, Vilnius University Hospital Santaros Klinikos, Medicine and Health Science, Medicine M 001)
Doc. dr. Jūratė Lubienė (Klaipėda University, Humanities, Philology H 004)
Doc. dr. Rasa Račiūnaitė-Paužuolienė (Vytautas Magnus University, Humanities, Ethnology H 006)

The doctoral thesis will be defended in the public meeting at the Committee of Ethnology at "Didžioji salė" of Lithuanian Institute of History, at 13 p.m. on 21 of June, 2019.
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Jonas Tilvikas

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dr. Vida Savoniakaitė (Lietuvos istorijos institutas, humanitariniai mokslai, etnologija H 006)

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Pirmininkė
dr. Rasa Paukštytė-Šaknienė (Lietuvos istorijos institutas, humanitariniai mokslai, etnologija (H 006)

Nariai:
dr. Darius Daukšas (Lietuvos istorijos institutas, humanitariniai mokslai, etnologija H 006)
prof. (HP) Alvydas Juocevičius (Vilniaus universitetas, Vilniaus universiteto ligoninės Santaros klinikos, medicinos ir sveikatos mokslai, medicina M 001)
doc. dr. Jūratė Lubienė (Klaipėdos universitetas, humanitariniai mokslai, filologija H 004)
doc. dr. Rasa Račiūnaitė-Paužuolienė (Vytauto Didžiojo universitetas, humanitariniai mokslai, etnologija H 006)

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INTRODUCTION

The brightest minds of Prussia, such as Karlas Kapeleris, considered the various beliefs of the early inhabitants of Lithuania Minor (*lietuvininkai*), including those related to health problems, as "trifling hangovers from pagan times", and was glad that not everyone believed in them, moreover, that no one trusted such "idiocy" at the time of his writing (Kapeleris 1904). However, a collection (fifty-nine) of beliefs and healing practices amassed by Jonas (Ansas) Bruožis that can be attributed to the field of folk medicine shows that the unique understanding of people in those times about illness and their unique healing experiences were a relevant part of their lives and were integral to the health care system (Bruožis 1937). Vilius Kalvaitis and Kristupas Jurkšaitis revealed that people's ethnic provisions and religious world view had an impact on the health care system in Lithuania Minor (Kalvaitis 2004; Jurkšaitis 2004). Reflections of the ethnic and religious confrontations are evident in the narratives of Jonas Skvirblys from the early 20th century (Skvirblys 2003). He also drew attention to the importance of social factors. The state medical clinic network that started to be intensively developed in Lithuania after World War II and state-compensated medical treatment changed the traditional attitudes that prevailed in society, pushing out the earlier usual healing practices (Kriaučiūnas 1966; Ižginaitis 1972; Gribauskatė 2006). At this time, folk medicine emerged as an object of research, and is important to our health system even today.

The existence of different attitudes, practices and institutions in one space is an element of the *medical pluralism* issue, where the aim is to explain how biomedicine affects local healing traditions. Research of this kind is relevant in those countries where it is important to know how the local population will accept biomedical knowledge and methods. Nonetheless, as the German medical ethnologist Katarina Greifeld claims, this kind of research is important

in Europe as a whole, as despite the fact that biomedicine is the dominant form of medicine here, some traces of traditional culture remain in post-industrialist European society (Greifeld 2013). It is not just biomedicine that forms today's health system – it is also affected by the attitudes and experiences of various sociocultural groups. A unique understanding of health and illness, and traditions and values determines individual healing choices (Lee et al. 2000).

The folk medicine researchers who are widely acknowledged in contemporary anthropology, French psychologist Tobie Nathan and Belgian science philosopher Isabelle Stengers, are drawing new attention to the medical practices of different ethnic groups and societies. Generally, researchers say that societies are divided into those that think, and those that believe (Nathan, Stengers 2018). Folk medicine is illogical and based purely on belief or faith, while official (scientific) medicine is logical and based on thinking. In this regard, the scientists topple this approach, considering it non-productive. They think that it is important to disclose people's approach to health, and not to hurry to devalue folk practices that might still be in use.

For several years now, a discussion has continued in Lithuania about the legal regulation of complementary and alternative medicine (CAM) (Raudonytė, Lekauskaitė Toliušienė 2006; Špokienė 2011, 2012; Kreivinienė, Vaičekauskaitė 2014, 2016; Vaičekauskaitė, Kreivinienė, Tilvikas, 2014). This question has become the main point to be addressed in the group formed by the health minister in 2013, On the consistent implementation of directions in health activities. The academic CAM discourse is also becoming more defined: publications are being released that analyse the meaning of complementary and alternative medicine in society, the potential for their application and benefits (Mockevičienė 2007: 1325–1333; Kreivinienė, Vaičekauskaitė 2010; Sinkevičius, 2014: 11–16), and

complementary and alternative medicine conferences are also starting to be organised (The Variety of Complementary and Alternative Medicine. The Power of Balneotherapy, 2018).

Scientists agree that we can get a better picture of a medical system by looking at different ethnic group communities (Schröder 2017; Nathan, Stengers 2018). This claim became one of the reasons for choosing to study the Lithuania Minor region. The government started to take an interest in medical problems relatively earlier here,[1] and the health care structure that existed here until 1945 was very different to that which was in place in other regions of Lithuania (Meškauskas 1987; Pilipavičius, Genienė; Guogis, Bogdanova 2012). Incidentally, this region is distinguished for its ethnic multicultural realities (Savoniakaitė 2012), and ultimately, its unique religious provisions (Tilvikas 2016) that formed the folk medicine of the land's residents. The medical pluralism issue is worthy of research in this case, focusing attention on the main question of how

[1] The development of official medicine in Lithuania Minor is related to the Duchy of Prussia, later the Kingdom of Prussia, then the German Empire, where official medicine evolved much faster than in other regions of present-day Lithuania, which belonged to the Grand Duchy of Lithuania (GDL) at the time, later – the tsarist Russian Empire. According to Leonardas Poviliūnas and Jurgis Mališauskas, the first doctors appeared in Königsberg in Barstein; a barbers' guild was founded in Königsberg in 1530. The first hospital was also founded in Königsberg in 1552 (Poviliūnas, Mališauskas 2009: 368). When the University of Königsberg opened in 1544, there was also a Faculty of Medicine (Matulevičius, Vaitkevičius 2000: 733). According to Monika Ramonaitė, we know of the existence of regular medical doctors, barbers and pharmacists in the territory of the GDL from the turn of the 15th–16th centuries, yet they had arrived from other countries. She has noticed that medicine only started being taught at the only university in the territory of the GDL, Vilnius University, from the late 18th century, when the Faculty of Medicine was established in 1781 (Ramonaitė 2016). For more, see the chapter The Health Care System in Lithuania Minor.

people's religion, ethnicity and social environment influenced the health system in the history of Lithuania Minor.

In this study, I **seek** to reveal and evaluate the position of folk medicine in the health care system of Lithuania Minor from the end of the 19th until the beginning of the 21st centuries.

Objectives:

1) to present my theoretical approach regarding the health care system;

2) to substantiate the ethnographic research methods I apply to the health care system existing in Lithuania Minor;

3) to distinguish health care system structures formed by the religious world view;

4) to evaluate the ethnic aspects of folk medicine;

5) to reveal the health care system model that existed in the social environment from the end of the 19th to the end of the 20th centuries;

6) to distinguish the special features of the health care system in Lithuania Minor.

Novelty and relevance of the research

The idea that is firmly entrenched in Lithuania is that there are two medical models in place, the *folk* and the *official*, one of which is "right" and one of which is "wrong" (Skliutauskas 1958). Folk medicine is viewed as an element of Lithuanian medical heritage (Skliutauskas 1931; Bankauskas 1935: 12; Mekas 2010) in the nation's history (Basanavičius 1898; Grinius 1910; Dundulienė 1991). Official medicine with the dominant biomedical model is viewed as a factor destroying traditional folk medicine (Petkevičius 2012; Trimakas 2008; Gribauskaitė 2011). However, research of folk medicine, as a living socio-cultural phenomenon, is still not being wholeheartedly embraced.

In the view of foreign ethnologists and anthropologists, the divide between folk and official medicine is not so strict. Biomedicine is based on specific cultural conditions related to the body, illness and healing, which is why it should be viewed in the same way as various "non-Western", "traditional" and "alternative medicines" (Hansjörg, Bernhard 2012). We could look at biomedical concepts and practices as a part of modern (post-industrial) social science cosmology and try to reveal how the image of health and illness is demonstrated in the narratives of different cultures (Eschenbruch 2013). That is why in this study, we will be trying to look at folk medicine as a living and integral part of the existing health system.

Research of health care systems, looked at from the position of the individual rather than a professional doctor or health policy former, is of particular importance at this time for its practical significance. If the theoretical and practical potential of medicine fails to meet society's expectations, conflict may arise on the one hand between medical personnel and the institutions that organise the health care system, and in terms of society's expectations on the other (Jakušovaitė, Luneckaitė 2011). Complementary and alternative medicine legalisation drafts that include folk medicine have always received criticism and have been rejected numerous times. By understanding the folk medicine situation, it would be easier to form national health care structures and make them more appealing to Lithuania's society. This research is also important in that it reveals the uniqueness of Lithuania's regions.

Theoretical approach and methodology

Based on the anthropological interdisciplinary provisions of Nathan and Stengers, and also the theoretical approach of Dilger Hansjörg and Hadolt Bernhard, folk and official medicine are analysed as common parts of the medical system. Folk medical practices of different ethnic groups are not devalued (Nathan, Stengers 2018). Our own ethnological, anthropological methodological approach

analyses the health care system based on: the level of science involved, tradition, and on the social environment. Research results are compared to the theory of Arthur Kleinman, a doctor and medical anthropologist who is acknowledged by Lithuanian and foreign authors (Kleinman 1988), who makes a distinction between the popular, professional and traditional medicine sectors.

The anthropological interdisciplinary theoretical approach of "our own" and "the other" are applied to determine the unique historical features of the Lithuanian health care system, where the concept of alterity is deemed important (for more, see Savoniakaitė 2014). This type of approach allows revealing what health care system was considered "their own" for the residents of Lithuania Minor, how the image of this "own" health care system changes in various sociocultural contexts and the case of illness.

The main ethnographic field research methods are: observation while participating, and semi-structured interviews. This ethnographic research method stands out for the chance to observe the respondent's surroundings while participating in the hospital and in respondents' homes (Rapport 2010). Research ethical principles were strictly adhered to in this research.

The quantitative mathematical analysis helped discern the features of medical treatment practices in narratives and alike (more in Chapter 2). The historical-comparative analysis encompassed the qualitative analysis of Lithuanian archives and museum ethnographical data, and was widely applied in the research of discourses, narratives and empirical data on historical and regional health care systems throughout the whole paper.

The time boundaries for this research are from the second half of the 19th century until today. This choice was made because specific folk medicine research in Lithuania Minor started in the late 19th century, while the narratives collected then could have gone back to the middle of the 19th century, which is why a more precise start to this research cannot be strictly defined.

What is also important to this research is that the period from the 19th to the middle of the 20th century is considered the period when traditional Lithuanian culture actually flourished. During the Soviet period, "traditional" folk culture changed. By comparing folk medicine examples from these periods we can reveal the dynamics of folk medicine.

Main concepts

Lithuania Minor – a historic region that formed over the centuries in the vicinity of the Pregel River basin and the lower reaches of the Nemunas from western Baltic lands conquered by the Teutonic Order. In the opinion of Algirdas Matulevičius, Lithuania Minor formed up to the beginning of the 16th century. The area of Lithuania Minor, in the broader sense, covered the Königsberg and Klaipėda regions, and in the narrower sense, it followed the western Lithuanian and Prussian boundary, not including the Prussian lands. The *lietuvininkai* made up the majority population in villages in this territory up to the 19th century (Matulevičius 2003: 761). On January 10, 1920, Lithuania Minor was divided into two parts. The *Klaipėda Region* was separated from Germany. This was "the part of Lithuania Minor on the right bank of the lower reaches of the Nemunas. It officially existed as an administrative and territorial unit from June 28, 1919 until March 22, 1939" (Gliožaitis 2013: 233). After the uprising in the Klaipėda Region in 1923, this part of Lithuania Minor was joined to the rest of the Republic of Lithuania. The Ethnic Culture Protection Council confirmed the borders of the Lithuania Minor region in 2003.

The population of Lithuania Minor. According to Vida Savoniakaitė, it is incomparably difficult to meet a middle-aged or older person born in Lithuania Minor (Savoniakaitė 2012). From the end of 1944, as Vasilijus Safronovas mentions, all the East Prussians experienced significant changes to their population structure (Safronovas 2009). The main ethnic groups in Lithuania Minor are Lithuanians

and Germans. According to Algirdas Matulevičius, until the beginning of the 18th century, Lithuanians made up the majority in villages, while Germans concentrated in cities (Matulevičius 2003). Later on, this proportion changed, with less Lithuanians making up the dominant population.

Health care system – the total of public and private organisations, institutions and resources dedicated to improving, maintaining and restoring health (the Tallinn charter).

Medicine – defined in the broadest sense as the doctrine of a healthy and ill being. In the research, medicine is the system of *knowledge*, *practices* and *institutions* dedicated to overcoming the person's physical and psychic afflictions (for more, see: Jakušovaitė 2011: 68).

Medical model – describes the concepts of health and illness; there are many. In the *biomedical* model, the orientation is on the illness that needs to be found in the body, health is understood as the non-existence of an illness, while an illness is something that affects the body from the outside, the doctor's function is seen as the control of a pathology and the goal to "mend" the body. In the *biopsychosocial* medical model, it is not only disorders in organ structure and function that are important, but also a person's everyday activities, their relations with their family, friends, community, emotional state and how the patient feels (Kriščiūnas 2014).

Folk medicine – the entirety of healing knowledge, practices and institutions that are accessible to the people of a specific social group and which they consider to be their own (ME 1991; Trimakas 2008; Petkevičiūtė, Mekas 2011). It is characterised by *traditionalism*, *spoken forms* and *empirical experience*, related to the village community.

Official medicine – understood as the current Western civilisation's scientific achievements and the application of these measures on the entirety of legally valid health impairment recognition, prevention, diagnosis and treatment methods (Špokienė 173). In other

words, official medicine uses medical practices (prevention, diagnosis and treatment methods) that are confirmed by statistical analysis. The concept of official medicine also means that this medicine has the support of the state government, and its representatives – official doctors – have permission to work in their profession, i.e., *approbation* (Poviliūnas 2000: 469) or have a valid license, which is legally regulated by the state.

Statements being defended:

- Folk medicine exists alongside official medicine, not in opposition to it; both supplement one another. Thus, in a theoretical sense, the interaction of folk and official medicine should not be viewed as destructive.
- It is right to use ethnographic methodologies – observation during participation and semi-structured interviews – in the research of medical pluralism.
- The religious provisions from the late 19th to the early 20th centuries uniquely formed the "scientific" approach in the health care system of Lithuania Minor.
- Folk medicine "traditions" have not lost their place in healing practices from the late 19th to the early 21st centuries that reveal ethnicity.
- The biomedical health and illness model that is dominant in official medicine, where an illness must be found in the body, the condition of being healthy is understood as the absence of illness, while illness is something that afflicts the body from the outside, seeing the doctor's functions as the control of a pathology and the goal to "mend" the body or its separate parts (Kriščiūnas 2014), has found its *own* place in the "social environment" of Lithuania Minor.
- The source of the longevity of folk medicine is the personal experience of people. The attitude of a person as a member of the *lietuvininkai* community and as an individual can differ. These differences are revealed through special cases of the person's own

illness or that of one of his close ones in the health care system of Lithuania Minor in the late 19th through to the early 21st centuries.

Structure of the dissertation

The paper consists of six chapters. In the first chapter, the health care system is analysed in a theoretical sense, and the new methodological approach applied in this study is presented. The second chapter presents an analysis of ethnographic research methods. The third chapter highlights the health care system structures formed by the religious world view. The fourth chapter focuses on the ethnic aspects of folk medicine. The fifth chapter reveals the health care system model found in the social environment of Lithuania Minor. The sixth chapter distinguishes the features of the health care system in Lithuania Minor. The results of the research are given in the conclusions.

I. THE HEALTH CARE SYSTEM IN A THEORETICAL SENSE: LEVEL OF SCIENCE INVOLVED, TRADITION, SOCIAL ENVIRONMENT

In Lithuania, as in Europe, we come across the phenomenon where alongside official medicine, there is also folk medicine – that is, healing practices and attitudes that formed in the pre-industrial era. The situation where different medical systems exist in the one society is called medical pluralism. The American psychiatrist and medical anthropologist Arthur Kleinman has distinguished *popular*, *professional* and *traditional* (folk) medicine sectors (Kleinman 1988). In his opinion, these sectors exist in all societies, only they hold a different place in each society. The Polish medical anthropologists Danuta Penkala-Gawęcka and Małgorzata Rajtar note that the concept of medical pluralism stems from the understanding of pluralism as separate medical systems, the combination and juxtaposition of different healing practices (Penkala-Gawęcka, Rajtar 2016).

The German medical ethnologist Viola Hörbst, the Dutch doctor and medical anthropologist Munich Rene Gerrets and the Italian medical anthropologist Pino Schirripa draw attention to the fact that in order to avoid criticism that medical pluralism studies are coming to resemble unipolar, static phenomena, they suggest using the term "pluralisation", thereby underlining the process which has multiple stages and is multi-complexical (Hörbst, Gerrets, Schirripa 2017: 16–18). Pluralisation can be viewed as multifaceted and dynamic, arising from the increased movement of people, the spread of ideas, and political and economic forces that spread and form the pluralism of medicine at the national and international level through various organisations, institutions and individuals. The French psychologist Tobie Nathan and Belgian science philosopher Isabelle Stengers, when comparing Western psychotherapy (identified as *scientific*) with the forms of psychotherapy of various ethnic groups, find folk therapies to be: 1) genuine family therapies; 2) ones that constantly create social links through the regular weaving of exclusively effective interactive mechanisms; 3) require of people to talk about cases of humiliation, complaints and the lack of respect (Nathan, Stengers 2018: 64–65). Medical pluralism in Lithuania is seen as the dichotomy of *official* and *complementary* and *alternative* medicine (CAM). Based on the biopsychosocial model, a person behaves interactively, where biological factors interact with psychological ones in the context of social activity and existence (Heszen 2009). It was found that it is difficult to apply the biopsychosocial model and compete with the traditional biomedical concept of health, which has appeared to be productive and dominant in medicine over the last three centuries.

Important medical pluralism concepts are the *level of science involved*, *tradition* and *social environment*. Just how a health system is formed depends on the interpretation of these concepts. Where the *level of science involved* is understood as an official medicine theory, in opposition to the religious world view of folk medicine and

magical practices, and the longevity of *tradition*, something being passed down from generation to generation, is related exclusively to the spoken form, history and sustainability, and the nation is identified with only *one social group*, then folk and official medicine stand out as two different and competing systems in the general health care system. If the *level of science involved* in medicine is understood only as substantiation using statistical facts, *tradition* is seen as the verbally transferred and constantly interpreted narrative, and the ethnic group is *not identified with one social group*, then we can discern a pluralistic yet integral picture of a health care system. In this case, the level of medical knowledge consists of science-backed theories and provisions, based on individual experience. At the practical level, there may be ways of healing and diagnosis confirmed by mathematical analysis, based on the experience of a group of people or individual experience. At the institutional level, any institution – professionals, trained specialists or ordinary people – could be the carriers of both science-backed and unfounded knowledge.

II. AN ETHNOGRAPHIC STUDY OF THE HEALTH CARE SYSTEM OF THE POPULATION OF LITHUANIA MINOR

It was found that Lithuanian folk medicine researchers on the one hand seek to discover a "rational" folk medicine (Č. Bankauskas 1935; A. Mačius 1931; I. Skliutauskas 1935, 1958; Siaurusaitis; 1979 V. Tiškus 1931), others seen to find "our own", "pure", "Lithuanian" folk medicine (J. Basanavičius 1898, G. Petkevičaitė-Bitė 1911, J. Balys 1951; R. Petkevičius), while others still cover its "rational" and "irrational" parts (N. Balvočiūtė 1998, 2011; S. Bizulevičius 2013; Damskytė 1968; Kulys 2005; A. T. Mekas 2010), yet in all cases it is very difficult to discern the real life of people. This kind of research situation shows that when conducting ethnographic

research, the position of the respondent himself and how he sees the situation disappears, while the researcher simply selects the elements most relevant to his work. Only a handful of researchers, such as J. Mickevičius (2008), M. Čilvinaitė (1940) and L. Būgienė (2010), describe the situation closely, without harbouring any preconceived notions by following the respondent's view of the situation. This has determined why in addition to the semi-structured interview method that is typically applied in ethnographic folk medicine research in Lithuania, the observation of respondents' surroundings in their home and at the hospital has also been chosen as an ethnographic research instrument.

The ethnographic research conducted in 2017–2019 is research "at home". According to the British anthropologist Nigel Rapport, today's society has changed so much that research conducted "at home" gives a new perspective on transnational problems, allowing us to grasp that which we perceive as *our own* and *the other* (Rapport 2010). The ethnography discourse reveals the relevant aspects of the world that surrounds respondents via their own line of thinking and knowledge, which helps explain and resolve social problems, or to at least recognise and understand the reality that surrounds us, as a small part of ourselves (Savoniakaitė 2008; 2011). This kind of research allows shifting from general categories and a global picture to more precise exceptions, to positively reveal public opinion, and to see the variety of identity categories.

The ethnographic research began with observation conducted at a hospital in Klaipėda. Based on the observations, doubts arose over the commonly accepted existence of folk and official medicine as two independent and completely closed medical systems. The ethnographic research continued among the residents of Lithuania Minor that were born and raised in Lithuania Minor (or in the former Klaipėda Region) and that had at least one parent who was also born and raised here. The forty-three respondents were engaged in semi-structured interviews based on a specially-compiled questionnaire.

Observation allowed correction of the questions and conversation themes that the respondents were for various reasons inclined to leave out. An inspection and discussion of the "household medicine cabinet" facilitated the development of the conversation. The results of the observation showed that both folk and official medical treatments were found in practically all the household medical cabinets. Respondents were not always willing to speak to the researcher openly, and their verbal accounts did not always correspond with the facts visible in their surrounds. Folk medicine revealed their ethnic affiliations, religious world view and social environment.

III. RELIGION AND HEALTH: THE SEARCH FOR SCIENCE IN FOLK MEDICINE

The Church made a distinction between that part of people's lives which fit into the concept of *faith*, and carefully separated it from the concept of *knowing*, which was left to the doctors. Knowing, despite originating from the pre-Christian times, was not criticised. The Church categorically dismissed experiences related to health and illness that arose from elsewhere other than its teachings. Priests did not care whether that faith was based on pre-Christian or Christian symbols, however if they were not being used in line with the Church's conditions, this kind of faith was viewed as "a relic from paganism".

The Church's teachings are obvious in folk medicine practices related to faith in the healing power of words. Incantations were replaced by Christian prayers. Praying when sick and using medicine ws recommended in late 19th-century prayer books. The respondents also tried to make a distinction between "spells" and "prayers". As it was not possible to write down an incantation that the respondents would themselves consider a "spell" as part of the research, it is hard to name the origins of these texts. In this region, they could have had Christian origins, for example, *burtikės*, where the texts are

quotes from the Holy Bible. By the beginning of the 21st century, incantations had been well and truly pushed to the sociocultural fringes.

The teachings of the Church formed an understanding about the institution of the doctor as well. In prayer books, it is stated quite forthrightly that in order to overcome an illness, one must not just seek out God but a doctor as well. Thus, it is likely that the Church contributed towards entrenching the doctor's authority. The Church had a strong impact on the attitudes of the residents of Lithuania Minor on illness, as there were no respondents who believed an illness could have been an act of God, much less so any other spiritual being. The only non-physical reason for the onset of an illness that certain respondents believed in was being "cursed" by someone.

IV. ETHNICITY IN HEALING PRACTICES: THE TRADITIONS OF LITHUANIA MINOR IN HISTORY

Opposition on ethnic grounds did not exist in the health care system, yet it is insinuated in historiography that some ethnic tensions did exist. Ethnographic texts describing folk medicine from the late 19th–early 20th centuries indicate that there were national tensions (Kalvaitis 2004; Skvirblys 2003). Historical facts confirm that there were cases of opposition on ethnic grounds in the health care system of Lithuania Minor. In 1923, the Klaipėda Region's Doctors' Chambers declared a public protest where they stated that there were too many doctors in the region, and that around one third had come from Greater Lithuania. Lithuanian government measures were also used to make an impact on the health care system in the Klaipėda Region.

The respondents of this research – the residents of Lithuania Minor – had different ethnic identities (Lithuanians and Germans, who came from this region). Almost all of them belonged to the Evangel-

ical Lutheran Church, only a few were Roman Catholics. The institution of the doctor was categorically distinguished from the doctor's ethnic identity.

Certain ethnic conditions did come forward when respondents chose what type of healing measures to employ. German respondents stated that their treatments did not use toad or snake infusions, while among Lithuanians, these were well-known and valued medicines. Respondents who considered themselves to be Germans did not talk about any healing methods that could be thought of as magical. However, both Lithuanians and Germans did value the elder (Sambucus Spp.) as an excellent medical ingredient. The elder and myrtle have even been given a symbolic ethic identity meaning. Of all the medical ingredients used in Lithuania Minor, the use of cherries and Mouse-ear Hawkweed (Hieracium pilosella) stood out in the context of the other Lithuanian regions. These plants are hardly mentioned at all elsewhere in Lithuania.

There are both natural and synthetic, or purified chemical elements that are used in folk medicine, that can be applied in unique ways, based on personal experience rather than official recommendations. Of the medicine that could be purchased which was used in folk medicine, the most popular one known to all respondents was the *anodija*, also known as the *dropikė*, *opendrop*, *brentspirt* [ether].

V. DOCTORS OF THE LIETUVININKAI IN THE SOCIAL ENVIRONMENT

In historiography and museums we can come across data suggesting that professional medical doctors were known of in Lithuania Minor by the second half of the 19th and in the early 20th centuries, yet in ethnographic texts, most attention is focused on figures including the *liekorius* [doctor], *užkalbėtojas, apžavėtojas*, *sakytojas* [all types of charmers who said spells], and herbalists, who made up the traditional specialists contingent, according to Kleinman's

model. We can only guess which specialists would have been part of the professional (doctors) and popular (family and community members) levels in ethnographic texts from this time. The popular level (*mama*, *omama* [grandmother] and neighbours) stood out in particular in archival narratives. The ethnographic part of the research showed the existence of the professional, traditional and popular levels. The respondents recall medical doctors as having been around back in the first half of the 20th century, that is, earlier than has commonly been presumed in Lithuanian folk medicine research. They also talked about a state health insurance system (*Krankenkassen*), essentially confirming the historiographical data and showing that official medicine was not just a historical fact, but that it was also a part of the narrative of residents of Lithuania Minor.

During World War II and for around five years after the war, when the lives of both urban and rural people were disrupted, the functioning of civilian state institutions could not be ensured and significant demographic changes took place, and the popular level became very important – mutual assistance coming from family members, relatives, neighbours and acquaintances.

At the beginning of the Soviet period, among the rural population the doctor became one of *their own* community members, and went some way towards replacing traditional specialists, yet only up to a certain degree. Up until around 1960, it was still possible to come across people who were acknowledged as healing specialists not just among close or extended families, or village communities, but also in the surrounding locales, and who would even be considered superior to official doctors in some cases. In the late Soviet period, the role of traditional specialists fades away, only to experience a revival in the late 20th–early 21st centuries, together with the regaining of independence. Yet now these specialists were not blood-letters, *užkalbėtojai*, or *narininkai* [someone who contorted joints back into position], but masseurs and those gifted with extrasensory perception, and nurses working outside the boundaries of medical clinics.

Herbalists have remained popular since the end of the 19th century, yet these days they also usually have medical or pharmaceutical qualifications.

According to the research results, we could only partly agree with those researchers who see the popular and traditional levels in folk medicine and who completely ignore professional medical staff. All three health care system levels that Kleinman identified are present in the lives of the residents of Lithuania Minor during the research period, even though their ratio changed depending on the historical context.

VI. FEATURES OF THE HEALTH CARE SYSTEM IN LITHUANIA MINOR

When searching for confirmation that the residents of Lithuania Minor had started to consider official medicine as *their own*, the doctor-patient communication models were used (*pantheistic*, *paternalistic*, *interactive*). It is an illness which distinguishes doctor-patient communication apart from how we communicate with other people (Leonavičius 2014). As attitudes towards illness change, so too does the nature of communication. The image of a "good" or "bad" doctor also changes accordingly, as does the significance of unofficial money, or as Praspaliauskienė (2017) has called it, the "envelope".

Among the respondents, there were some who exhibited features of the *pantheistic* model in they way they communicated with their doctor. It was found that these respondents were inclined to believe in the supernatural origins of their illness, and also believed that giving money [to the doctor] could influence the success of their treatment. These respondents held not just the doctor in high regard, but also other health care specialists known for their exceptional abilities ("they can see internal organs", "they heal with their hands"). The importance of the *paternalistic* model is evident from the expectation of respondents to receive fatherly care from their doctor.

The doctor's actions, such as assessing heart function (pulse, blood pressure), giving the patient a check-up, writing down recommendations, and listening to the patient's complaints were considered as the features of a "good" doctor. Regardless of the fact that respondents claimed that it was hard to actually receive a consultation with a doctor, they were in no hurry to seek out other specialists. The doctor's authority was unquestionable. Respondents who matched the paternalistic communication model were likely to bring their doctor small gifts, considering their doctor a member of their inner circle, if not their family. Respondents with a college or university education were inclined to use the *interactive* model. They expected cooperation from their doctor. As a rule, respondents who stressed the equal partnership of the doctor and patient valued family traditions, kept in touch with their close ones and were noted for being attached to the place of their birth. Respondents who acted in line with the interactive communication model would usually thank their doctor after their treatment and did not speak about any more significant "gifts" at all. They placed particular importance on the doctor's "honest" communication. They could also appreciate that the doctor would admit to the limits of his abilities.

CONCLUSIONS

Folk medicine undoubtedly played an important role in the health care system of Lithuania Minor in the late 19th–early 21st centuries. This research showed that it is not just biomedicine that forms today's health care system – it is also affected by the religious and ethnic provisions of the individual and the group, and their social experience. A unique understanding of health and illness, and traditions and values were revealed, which determine what type of treatments are chosen, and can inspire the creation of new healing ideas, help regulate laws and avoid lapses in the medical system. The links between the health care systems of Lithuania Minor and Europe also emerged.

1. The study of ethological, anthropological and interdisciplinary theories allowed for the interpretation of the researcher's own methodological approach, where the division of the health care system into folk and official medicine (a dichotomy) is backed by three theoretical factors: the *level of science involved*, *tradition* and *social environment*. If we acknowledge that the level of science involved, tradition and social environment are *constant alter*, then the opposition between folk and official medicine is eliminated. It is hard to ignore the fact that folk medicine is still relevant, yet on the other hand we must admit that folk medicine is altering. In the disciplines of ethnology and anthropology around the world, the recommendation is not to see the health care system just as being static and monolithic, but as a constantly altering phenomenon. Therefore, in a theoretical sense, the interaction of folk and official medicine should not be viewed strictly as just destruction.

2. The overview of Lithuanian folk medicine research revealed that in all cases, it has presented a unipolar view of the health care system. This is why the issue of medical pluralism should be researched by using ethnographic methologies – observation while participating and semi-structured interviews. An ethnographic approach allows us to look at the phenomenon being researched from within, and to get closer to a specific persons's real life situation. The application of both the observation and interview methods also helps avoid unilateral research results. It is said that for various reasons, a respondent can turn a conversation along a path he finds more comfortable. Observation clarifies the actual situation, highlighting and supplementing the information acquired during the conversation. The application of these methods during this research was justified. The conversations changed significantly once the respondent's surroundings also became accessible. Respondents were inclined to leave out certain facts though not necessarily for any religious or

ethnic circumstances, but due to their understanding of the phenomenon being researched. Some facts may have simply appeared unimportant to them.

3. In the late 19th–early 20th centuries, the brightest minds in Lithuania Minor obviously coordinated science with the positions of the Evangelical Lutheran Church. Yet the Church also took advances in medicine into account, taking a skeptical view of folksy forms of knowledge about the world and faith. Nonetheless, even among today's respondents, there is hardly any difference between knowing and faith. The respondents' understanding of science is inseperable from their understanding of faith. For them, scientific justification is just as intangible as the truths of faith. The respondents' knowledge about health and illness covers a very broad spectrum, ranging from religious dogmas to scientific or pseudo-scientific theories. There was not a single respondent who thought that the cause of an illness could be just biological, social, psychological or supernatural factors. In their view, diet, ecology, long-living viruses, bacteria, genetics, emotional state and behaviour were all very important in the etiology of illnesses. The belief in other supernatural beings that affected a person's health was not found, yet some did believe in certain special powers of a person (the evil eye). God was not considered as the cause of an illness, yet there were some who believed that one's relations with God had the power to restore health.

4. Healing practices in line with the folk medicine "tradition" took on both practical and also symbolic significance in the late 19th–early 21st centuries, revealing the ethnicity of respondents. The elder, myrtle and unique names of other medicinal plants (*fefermincai* [peppermint], *timjonai*, *kimeliai* [types of herbs]) allowed the residents of Lithuania Minor to highlight their exclusivity. The use of medical preparations of animal origins divided the respondents into two ethnic groups – those inclined to identify themselves with Lithuanians, or with Germans. Folk medicine traditions reflect the

attitude where German culture is deemed as superior. When real health challenges are faced, it is these provisions that affect the respondents' behaviour in seeking treatment. Even when they list basically all the reasons for an illness recognised in official medicine, the residents of Lithuania Minor still wonder that nonetheless, it is not always clear why a person gets ill. At this point, folk medicine traditions play a very important role. They act as a road sign pointing the way between different approaches to health, illness and different opportunities for treatment. By no means should we believe that traditions direct people down the path of outdated approaches or practices. If the treatment reminds them in some way of the experiences of their parents, grandparents or close ones, there is a large probability that the residents of Lithuania Minor will accept this type of treatment.

5. Among the different respondent groups (regardless of their ethnic, religious and social identities), some general features of the health care system in Lithuania Minor did become evident. The research results showed that in the present health care system, respondents paid most attention to their doctor's opinion and placed least trust regarding their health in those people we would attribute to traditional specialists according to Kleinman's model. Traditional (folk) doctors (*liekorius*), herbalists and spell-charmers (*apžadėtojas*) have become *icons* of the late 19th–early 20th centuies. Their knowledge and skills are equal to doctors, yet it should be noted that there are no more people like that. Today's extrasensory perception specialists and masseurs do not compare to them, according to respondents. If respondents did not receive the help they wanted from a doctor, they would search for ways of finding a solution together with their family members, friends and acquaintances. At all levels of the health care system in Lithuania Minor, the dominant biomedical health and illness model in official medicine has met up with the one the residents consider *their own*. Even when

they use practices that are attributed to folk medicine, people apply them in accordance with biomedical conditions.

6. The source of longevity of folk medicine is a person's personal experience. The attitude of a person as a member of an ethnic or religious community or as an individual towards folk medicine can differ. Not a single respondent, considering themselves as educated or a member of the Church, actually used measures that had no scientific grounds or that opposed Church norms. Even those respondents who were critical of folk medicine treatments, specialists and the explanation of illnesses, and never used them, did nonetheless highlight that they did not know how they would behave if the situation appeared hopeless. Folk medicine knowledge, practices and institutions that are considered traditional are more relevant in those cases where official medicine is ineffective (in the view of respondents). The ineffectivity of official medicine is expressed when not enough attention is given to psychosocial aspects. It is then that etiologies for illness, such as the evil eye, treatments for rosacea and traditional specialists who can ensure the "successful" healing of the patient, find their place in the medical spectrum.

The acknowledged type of one's own medicine is that which helps a person survive or overcome an ailment. Folk therapies have an actual practical significance (Nathan, Stengers 2018). This could be a recipe for an ointment "inherited" from someone's mother or grandmother, saying a prayer when taking medicine, a užkalbėtojas who reveals the sufferer's tensions with their close ones, a difficult operation, or a mother blowing on the spot where her child has hurt themselves, and so on. We should not just seek out separate medicines in the health care system, but one health care system where different cultural colours are reflected. This "composition of cultural colours" in the experience of society, the community or one individual can differ quite a lot. That is why patients (respondents) should be viewed as social figures engaged in the creation of a health care system, as it is their sociocultural context and experiences that can change the health care system.

LIAUDIES MEDICINA MAŽOSIOS LIETUVOS SVEIKATOS SISTEMOJE XIX A. PABAIGOJE – XXI A. PRADŽIOJE

ĮVADAS

Prūsijos šviesuoliai, kaip Karlas Kapeleris, įvairius Mažosios Lietuvos senųjų gyventojų (*lietuvininkų*) tikėjimus, tarp jų susijusius ir su sveikatos problemomis, laikė „niekniekiais, pagonybės liekanomis“ ir džiaugėsi, kad ne visi tuo tikėjo, o aprašymo dienomis tokiomis „durnystėmis“ niekas netiki (Kapeleris 1904). Tačiau Jono (Anso) Bruožio surinktas pluoštas (penkiasdešimt devyni vienetai) tikėjimų, gydymo praktikų, priskiriamų liaudies medicinos sričiai, rodo, kad tuo metu savitas žmonių supratimas apie ligas bei savita gydymo patirtis buvo aktualūs jų gyvenime ir neatskiriami nuo sveikatos priežiūros sistemos (Bruožis 1937). Vilius Kalvaitis ir Kristupas Jurkšaitis atskleidė, kad žmonių etninės nuostatos bei religinė pasaulėžiūra veikė Mažosios Lietuvos sveikatos sistemą (Kalvaitis 2004; Jurkšaitis 2004). Etninių, religinių prieštarų atspindžių galima matyti XX a. pradžios Jono Skvirblio naratyvuose (Skvirblys 2003). Taip pat jis atkreipė dėmesį į socialinių faktorių svarbą. Po Antrojo pasaulinio karo Lietuvoje pradėtas aktyviai plėtoti valstybinių medicinos įstaigų tinklas ir valstybės lėšomis kompensuojamas gydymas keitė tradicines nuostatas, užmarštin stūmė įprastas gydymo praktikas (Kriaučiūnas 1966; Ižginaitis 1972; Gribauskatė 2006). Tuo metu liaudies medicina išryškėjo kaip tyrimų **objektas**, kuris sveikatos sistemoje svarbus iki šiol.

Skirtingų požiūrių, praktikų ir institutų egzistavimas vienoje erdvėje patenka į **medicininio pliuralizmo problematiką**, kur siekiama išsiaiškinti, kaip biomedicina veikia vietines gydymosi tradicijas. Tokio pobūdžio tyrimai **aktualūs** šalyse, kur svarbu žinoti, kaip vietiniai priims biomedicinos žinias ir priemones. Vis dėlto, kaip teigia vokiečių medicinos etnologė Katarina Greifeld, šie

tyrimai aktualūs ir Europoje – nors biomedicina čia yra vyraujanti medicinos forma, tačiau dalis tradicinės kultūros pėdsakų išlieka postindustrinėje Europos visuomenėje (Greifeld 2013). Ne tik biomedicina formuoja šiandieninę sveikatos sistemą, ją veikia ir įvairių sociokultūrinių grupių nuostatos bei patirtis. Savitas sveikatos ir ligos suvokimas, tradicijos ir vertybės lemia savą gydymo pasirinkimą (Lee et al. 2000).

Šiuolaikinėje antropologijoje plačiai pripažintos liaudies medicinos tyrėjos prancūzų psichologė Tobie Nathan ir belgų mokslo filosofė Isabelle Stengers iš naujo atkreipia dėmesį į skirtingas etninių grupių ir visuomenių praktikas medicinoje. Jos teigia, kad visuomenės skirstomos į mąstančias ir tikinčias (Nathan, Stengers 2018). Liaudies medicina yra nelogiška, paremta išskirtinai tikėjimu, o oficialioji (mokslinė) medicina yra logiška ir paremta mąstymu. Mokslininkės šį požiūrį sugriauna ir laiko neproduktyviu. Jos mano, kad yra svarbu atskleisti žmonių požiūrį į sveikatą ir neskubėti nuvertinti naudojamų liaudiškų praktikų.

Lietuvoje kelis metus tęsėsi diskusija apie papildomosios ir alternatyviosios medicinos (PAM) teisinį reglamentavimą (Raudonytė, Lekauskaitė Toliušienė 2006; Špokienė 2011, 2012; Kreivinienė, Vaičekauskaitė 2014, 2016; Vaičekauskaitė, Kreivinienė, Tilvikas, 2014). Šis klausimas tapo pagrindiniu 2013 m. sveikatos apsaugos ministro sudarytoje grupėje Dėl sveikatinimo veiklos krypčių nuoseklaus įgyvendinimo. Ryškėja ir akademinis PAM diskursas: skelbiamos publikacijos, analizuojančios papildomosios ir alternatyviosios medicinos reikšmę visuomenei, jos taikymo galimybes ir naudą (Mockevičienė 2007: 1325–1333; Kreivinienė, Vaičekauskaitė 2010; Sinkevičius, 2014: 11–16), pradėtos organizuoti papildomosios ir alternatyviosios medicinos konferencijos („Papildomosios ir alternatyviosios medicinos įvairovė. Balneoterapijos galia“, 2018 m.).

Mokslininkų sutarimu, medicinos sistema geriau matoma skirtingų etninių grupių bendruomenėse (Schröder 2017; Nathan, Stengers 2018). Šis teiginys tapo viena iš priežasčių pasirinkti tirti Mažosios Lietuvos regioną. Čia istoriškai anksčiau valdžia ėmė domėtis medicinos problemomis ir iki 1945 m. egzistavo kitokia sveikatos priežiūros struktūra nei kituose Lietuvos regionuose (Meškauskas 1987; Pilipavičius, Genienė; Guogis, Bogdanova 2012). Be to, šis regionas išsiskiria etninėmis daugiakultūrinėmis realijomis (Savoniakaitė 2012), ir galiausiai, savitomis religinėmis nuostatomis (Tilvikas 2016), formavusiomis krašto gyventojų liaudies mediciną. Medicinos pliuralizmo problematiką tikslinga tirti, sutelkiant dėmesį į pagrindinį klausimą, kaip žmonių religija, etniškumas ir socialinė aplinka veikė sveikatos sistemą Mažosios Lietuvos istorijoje?

Šio **tyrimo tikslas –** atskleisti ir įvertinti liaudies medicinos vietą Mažosios Lietuvos sveikatos sistemoje XIX a. pabaigoje – XXI a. pradžioje.

Uždaviniai:

1) pateikti savo teorinį požiūrį į sveikatos sistemą;

2) pagrįsti Mažosios Lietuvos sveikatos sistemos etnografinio tyrimo metodiką;

3) išryškinti religinės pasaulėžiūros suformuotas sveikatos sistemos struktūras;

4) įvertinti liaudies medicinos etninius aspektus;

5) atskleisti sveikatos sistemos modelį socialinėje aplinkoje XIX a. pabaigoje – XX a. pabaigoje;

6) išskirti Mažosios Lietuvos sveikatos sistemos ypatybes.

Tyrimo naujumas ir reikšmė

Lietuvoje yra tvirtai įsišaknijusi idėja, jog egzistuoja dvi medicinos *liaudies* ir *oficialioji*, iš kurių viena „teisinga“, o kita „klaidinga“ (Skliutauskas 1958). Į liaudies mediciną žvelgiama kaip į tautos istorijos (Basanavičius 1898; Grinius 1910; Dundulienė

1991) lietuviškosios medicinos paveldo klodą (Skliutauskas 1931; Bankauskas 1935: 12; Mekas 2010). Oficialioji medicina su vyraujančiu biomedicininiu modeliu matoma kaip tradicinę liaudies mediciną ardantis faktorius (Petkevičius 2012; Trimakas 2008; Gribauskaitė 2011). Tačiau liaudies medicinos, kaip gyvo socio-okultūrinio reiškinio, tyrimai ir toliau plėtojami vangiai.

Užsienio etnologų ir antropologų požiūryje takoskyra tarp liaudies ir oficialiosios medicinos nėra tokia griežta. Biomedicina yra pagrįsta konkrečiomis kultūrinėmis prielaidomis, susijusiomis su kūnu, ligomis ir gijimu, todėl turėtų būti vertinama analogiškai įvairioms „ne vakarietiškoms“, „tradicinėms“ ar „alternatyvioms medicinoms“ (Hansjörg, Bernhard 2012). Į biomedicinos koncepcijas ir praktikas galima pažvelgti kaip į šiuolaikinių (postindustrinių) visuomenių mokslinės kosmologijos dalį ir pabandyti atskleisti, kaip jos siūlomas sveikatos, ligos vaizdas atsiskleidžia skirtingų kultūrų naratyvuose (Eschenbruch 2013). Todėl šiame tyrime į liaudies mediciną siekiama pažvelgti kaip į gyvą ir vientisą esamos sveikatos sistemos dalį.

Sveikatos priežiūros sistemos tyrimai, žvelgiant iš žmogaus, o ne profesionalaus gydytojo ar sveikatos politikos formuotojo pozicijų, šiuo metu ypač svarbūs dėl praktinės reikšmės. Jei teorinės ir praktinės medicinos galimybės neatitinka visuomenės lūkesčių, gali kilti konfliktas [tarp medikų ir sveikatos sistemą organizuojančių institucijų] iš vienos pusės, ir visuomenės lūkesčių – iš kitos (Jakušovaitė, Luneckaitė 2011). Papildomosios ir alternatyviosios medicinos įstatymo projektai, kurie apima ir liaudies mediciną, vis sulaukia kritikos ir ne kartą buvo atmesti. Supratus liaudies medicinos vietą, būtų lengviau formuoti nacionalines sveikatos priežiūros struktūras ir padaryti jas priimtinesnes Lietuvos visuomenei. Tyrimas svarbus ir Lietuvos regionų savitumui atskleisti.

Teorinė prieiga ir metodologija

Remiantis antropologine tarpdalykine T. Nathan ir I. Stengers taip pat Dilgeras Hansjörgas ir Hadoltas Bernhardas teorine prieiga, liaudies ir oficialioji medicina analizuojamos kaip bendros medicinos sistemos dalys. Skirtingų etninių grupių liaudies medicinos praktikos nenuvertinamos (Nathan, Stengers 2018). Sava etnologine, antropologine metodologine prieiga sveikatos sistema naujai nagrinėjama pagal: mokslišKumą, tradiciją ir socialinę aplinką. Tyrimo rezultatai lyginami su Lietuvos ir pasaulio autorių plačiai pripažinto gydytojo, medicinos antropologo Arthuro Kleinmano teorija (Kleinman 1988), kurioje išskiriami populiarusis, profesionalusis ir tradicinis medicinos sektoriai.

Lietuvos sveikatos sistemos istorinių savitumų bruožams nustatyti taikoma antropologinė tarpdalykinė teorinė prieiga savas ir kitas, kurioje reikšminga keitimosi samprata (plačiau žr. Savoniakaitė 2014). Tokia prieiga leidžia atskleisti, kokia sveikatos sistema Mažosios Lietuvos gyventojams buvo sava, kaip savos sveikatos sistemos vaizdas keičiasi įvairiose sociokultūriniuose kontekstuose ir ligos atveju.

Pagrindiniai etnografinio lauko tyrimo metodai: stebėjimas dalyvaujant, pusiau struktūruoti interviu. Etnografinio tyrimo metodika išsiskiria pateikėjo aplinkos stebėjimu dalyvaujant ligoninėje ir pateikėjų namuose (Rapport 2010). Šiuose tyrimuose griežtai laikytasi tyrimų etikos.

Kiekybinė matematinė analizė padėjo išryškinti gydymosi praktikų ypatybes naratyvuose ir pan. (plačiau žr. II skyrius). Istorinė-lyginamoji analizė apėmė kokybinį Lietuvos archyvų ir muziejų etnografijos duomenų tyrimą ir plačiai taikyta viso darbo teorijos diskursų, naratyvų, empirinių duomenų istoriniuose ir regioniniuose sveikatos sistemos tyrimuose.

Tyrimo laiko ribos – nuo XIX a. antrosios pusės iki šių dienų. Tokį pasirinkimą lėmė tai, jog tiksliniai liaudies medicinos tyrimai Mažojoje Lietuvoje pradėti XIX a. pabaigoje, o tuo metu surinkti

naratyvai galėjo siekti ir XIX a. vidurį, todėl tyrimu pradžia griežtai neapibrėžiama. Tyrimui aktualu ir tai, jog laikotarpis nuo XIX a. iki XX a. vidurio laikomas tradicinės lietuvių kultūros gyvavimo laikotarpiu. Sovietmečiu „tradicinė“ liaudies kultūra pakito. Gretinant šių laikotarpių liaudies medicinos pavyzdžius galima atskleisti liaudies medicinos kitimą.

Pagrindinės sąvokos

Mažoji Lietuva – istorinė sritis, susidariusi per šimtmečius Priegliaus upyne ir Nemuno žemupio iš kryžiuočių užkariautų vakarų baltų žemių. Algirdo Matulevičiaus nuomone, Mažoji Lietuva susiformavo iki XVI a. pradžios. Mažosios Lietuvos plotas plačiąja prasme apėmė Karaliaučiaus ir Klaipėdos kraštus, siaurąja prasme – pagal vakarų lietuvių ir prūsų ribą, be prūsų žemių. Šios teritorijos kaimuose iki XIX a. lietuvininkų buvo dauguma (Matulevičius 2003: 761). Mažoji Lietuva 1920 m. sausio 10 d. buvo padalyta į dvi dalis. Nuo Vokietijos buvo atskirtas *Klaipėdos kraštas*. Tai – „Mažosios Lietuvos dalis Nemuno žemupio dešiniajame krante. Kaip administracinis, teritorinis vienetas oficialiai egzistavo 1919 VI 28–1939 III 22“ (Gliožaitis 2013: 233). Po 1923 m. Klaipėdos krašte surengto sukilimo ši Mažosios Lietuvos dalis buvo prijungta prie Lietuvos Respublikos. Etninės kultūros globos taryba 2003 m. patvirtino Mažosios Lietuvos regiono ribas.

Mažosios Lietuvos gyventojai. Vidos Savoniakaitės teigimu, Mažojoje Lietuvoje nepalyginti sunkiau sutikti čia gimusį vidutinio ar vyresnio amžiaus žmogų (Savoniakaitė 2012). Nuo 1944 m. pabaigos, kaip nurodo Vasilijaus Safronovas, visi Rytprūsiai patyrė ženklius gyventojų struktūros pokyčius (Safronovas 2009). Pagrindinės etninės grupės Mažojoje Lietuvoje – lietuviai ir vokiečiai. Algirdo Matulevičiaus teigimu, iki XVIII a. pradžios lietuviai kaimuose sudarė daugumą, miestuose telkėsi vokiečiai (Matulevičius 2003). Vėliau ši proporcija keitėsi lietuvių nenaudai.

Sveikatos sistema – visuma viešų ir privačių organizacijų, institucijų ir išteklių, skirtų pagerinti, palaikyti ir atkurti sveikatą (Talino chartija).

Medicina plačiausia prasme apibūdinama kaip sveiko ir sergančio gyvio doktrina. Tyrime medicina – *žinių*, *praktikų* ir *institucijų* sistema, skirta įveikti fizinius ir psichinius žmogaus negalavimus (plačiau žr.: Jakušovaitė 2011: 68).

Medicinos modelis apibūdina sveikatos ir ligos sampratas; jų yra daug. *Biomedicininiame* modelyje orientuojamasi į ligą, kuri turi būti aptinkama kūne; sveikata suprantama kaip ligos nebuvimas, o liga – kažkas, kūną veikiantis iš išorės; gydytojo funkcijos matomos kaip patologijos kontrolė ir siekis „sutvarkyti“, „sutaisyti“ kūną. *Biopsichosocialiniame* medicinos modelyje svarbiais tampa ne tik organų struktūros ir funkcijos sutrikimai, bet ir kasdienė veikla, santykiai su šeima, draugais, bendruomene, emocinė būklė, paciento savijauta (Kriščiūnas 2014).

Liaudies medicina – tai gydymo žinių, praktikų ir institucijų visuma, kurios tuo metu yra prieinamos konkrečios socialinės grupės žmonėms ir jų laikomos savomis (ME 1991; Trimakas 2008; Petkevičiūtė, Mekas 2011). Jai būdinga *tradiciškumas, sakytinė forma, empiriškumas,* ji siejama su kaimo bendruomene.

Oficialioji medicina yra suprantama kaip dabartinės Vakarų civilizacijos mokslo pasiekimais ir šių priemonių taikymą reglamentuojančia teise besiremianti sveikatos sutrikimų pažinimo, prevencijos, diagnostikos ir gydymo priemonių visuma (Špokienė 173). Kitaip tariant, oficialioji medicina naudoja medicinines praktikas (prevencijos, diagnostikos ir gydymo priemones), kurios yra patvirtintos statistine analize. Taip pat oficialiosios medicinos sąvoka reiškia, kad ši medicina turi valstybinės valdžios palaikymą, o jos atstovai – oficialieji gydytojai turi leidimą dirbti, t. y. *aprobaciją* (Poviliūnas 2000: 469) arba šiuo metu *licenciją*, kurią teisiškai reguliuoja valstybė.

Ginamieji teiginiai:

- Liaudies medicina egzistuoja kartu su oficialiąja medicina ne kaip opozicija viena kitai, tačiau papildydamos viena kitą, todėl teoriniu požiūriu liaudies ir oficialiosios medicinos sąveikos nederėtų vertinti kaip destrukcijos.
- Medicininio pliuralizmo problematiką tikslinga tirti, remiantis etnografijos metodologija – stebėjimu dalyvaujant ir pusiau struktūruotu interviu.
- XIX a. pabaigoje – XX a. pradžioje religinės nuostatos savitai formavo „moksliškumą“ Mažosios Lietuvos sveikatos sistemoje.
- Liaudies medicinos „tradicijos“ neprarado savo vietos etniškumą atskleidžiančiose gydymosi praktikose XIX a. pabaigoje – XXI a. pradžioje.
- Oficialiojoje medicinoje vyraujantis biomedicininis sveikatos ir ligos modelis, kai liga turi būti aptinkama kūne, sveikata suprantama kaip ligos nebuvimas, o liga – kažkas kūną veikiantis iš išorės, gydytojo funkcijas matant kaip patologijos kontrolę ir siekį „sutvarkyti“, „sutaisyti“ kūną ar atskiras jo dalis (Kriščiūnas 2014), yra atradęs *savą* vietą Mažosios Lietuvos „socialinėje aplinkoje“.
- Liaudies medicinos gyvybingumo šaltinis – asmeninis žmonių patyrimas. Asmens, kaip lietuvininkų bendruomenės nario ar kaip individo, požiūris į liaudies mediciną gali skirtis. Šie skirtumai atsiskleidžia ypatingais, sunkios asmens arba jo artimųjų ligos, atvejais Mažosios Lietuvos sveikatos sistemoje XIX a. pabaigoje – XXI a. pradžioje.

DISERTACIJOS STRUKTŪRA

Darbą sudaro šeši skyriai. Pirmajame skyriuje teoriniu požiūriu nagrinėjama sveikatos sistema. Aptariama medicinos pliuralizmo samprata pasaulyje ir pristatoma situacija Lietuvoje. Greta oficialiosios medicinos čia egzistuoja liaudies medicina. Tačiau požiūris, kokia yra liaudies medicina, skirtingas, todėl toliau skyriuje

atskleidžiama liaudies medicinos vientisumo problema. Remiantis medicinos pliuralizmo ir liaudies medicinos vientisumo sampratomis pateikiama nauja šio tyrimo metodologinė prieiga, kurią sudaro trys atraminės sąvokos: *moksliškumas*, *tradicija*, *socialinė aplinka*.

Antrajame skyriuje analizuojami etnografinio tyrimo metodai, pristatoma tyrimo eiga. Tyrime aptariami du pagrindiniai metodai: *stebėjimas dalyvaujant* ir *pusiau struktūruotas interviu* Tyrimas pradėtas stebėjimu oficialiosios medicinos įstaigoje (ligoninėje). Būtent stebėjimo metodas padėjo suformuluoti tyrimo problemą ir vertė permąstyti įprastai liaudies medicinos tyrimuose nusistovėjusias prieigas bei paskatino į ją pažvelgti oficialiosios medicinos kontekste. Toliau tyrimas buvo tęsiamas Mažosios Lietuvos etngrafinio regiono vietinių gyventojų gyvenamojoje aplinkoje naudojant pusiau struktūruoto interviu metodą ir toliau tęsiant stebėjimą. Skyriuje taip pat pristatomi pateikėjai, aptariamos etikos problemos, pateikiami tyrimo archyvuose ir muziejuose rezultatai.

Trečiajame skyriuje atskleidžiamas religinės pasaulėžiūros (evangelikų liuteronų bažnyčios) vaidmuo Mažosios Lietuvos gyventojų liaudies medicinai, išryškinami sveikatos ir ligos klausimai XIX a. pabaigos maldynuose. Aptariamas XIX a. pabaigos – XX a. pradžios šviesuolių siekis įvertinti liaudies medicinos praktikas remiantis pažinimo ir tikėjimo, fizinio ir anapusinio pasaulio reikšmėmis. Pristatomi šiuolaikiniai pateikėjų požiūriai į tai, kas yra „burtai“ ir kokie gydymo būdai liaudies medicinoje laikomi „racionaliais“ ir „iracionaliais“.

Ketvirtajame skyriuje sutelkiamas dėmesys į etninius liaudies medicinos aspektus. Pateikiamas Mažosios Lietuvos gyventojų požiūris į gydytojo etniškumą. Nagrinėjamos liaudies medicinos priemonės, išskiriančios Mažosios Liaudies mediciną iš kitų Lietuvos regionų. Išryškinamas etniniškumas ir „tradicijos“ gydymosi praktikose.

Penktajame skyriuje apibūdinamas Mažosios Lietuvos sveikatos sistemos modelis socialinėje aplinkoje. Išryškinamas liaudies

medicinos specialistas kaip *kitoks* bendruomenėje XIX a. pabaigoje – XX a. pradžioje Pristatomi gydymu užsiimantys asmenys šeimoje, kaimo bendruomenėje. Apibūdinama oficialiosios medicinos situacija – „sunkiai prieinami“ daktarai XX a. viduryje ir atskleidžiamas šiuolaikinis požiūris į tarpukario bei sovietmečio medikus. Remiantis A. Kleinmano modeliu išskiriami sveikatos sistemos specialistų lygmenys.

Šeštajame skyriuje atskleidžiamos Mažosios Lietuvos sveikatos sistemos ypatybės per paciento ir gydytojo bendravimo modelius, pateikėjų oficialiosios medicinos vertinimus ir jų požiūrį į tai, kas sveikatos sistemoje *sava*, o kas priskiriama *kitiems*. Pristatomas pateikėjų požiūris į tai, kas yra „geras“ ir „blogas“ gydytojas XX a. pabaigoje – XXI a. pradžioje. Tyrinėjamos oficialiosios medicinos organizacinės problemos: kaip patekti pas šiuolaikinį gydytoją ir neoficialūs pinigai oficialiojoje medicinoje. Aptariamos ligos priežastys šiuolaikiniuose naratyvuose. Atskleidžiama, kada ir kaip sveikatos priežiūros sistemoje ima veikti *kiti* – neoficialūs sveikatos priežiūros specialistai. Galiausiai išskiriami s*avi* sveikatos sistemos istoriniai bruožai. Tyrimo rezultatai pateikiami išvadose.

IŠVADOS

XIX a. pabaigos – XXI a. pradžios Mažosios Lietuvos sveikatos sistemoje liaudies medicina neabejotinai svarbi. Tyrimas parodė, kad ne tik biomedicina formuoja šiandieninę sveikatos sistemą, bet ją veikia individų ir grupių religinės, etninės nuostatos ir socialinė patirtis. Atskleistas savitas sveikatos ir ligos suvokimas, tradicijos ir vertybės, lemiančios gydymo pasirinkimą, gali inspiruoti naujų gydymo idėjų kūrimą, padėti reglamentuoti įstatymus, išvengti medicinos sistemos spragų. Išryškėjo Mažosios Lietuvos sveikatos sistemos sąsajos su Europos sveikatos sistema.

1. Etnologijos, antropologijos ir tarpdalykinių teorijų tyrimas leido interpretuoti savo metodologinę prieigą, kurioje sveikatos sistemos perskyrimą į liaudies ir oficialiąją mediciną (kitaip dichotomiją) palaiko trys teorinės reikšmės: *moksliškumas, tradicija* ir *socialinė aplinka*. Jei pripažįstama, kad moksliškumas, tradicija ir socialinė aplinka yra *nuolatinis kitimas*, tuomet prieš-prieša tarp liaudies ir oficialiosios medicinos išnyksta. Sunku ignoruoti faktą, kad liaudies medicina vis dar aktuali, o iš kitos pusės reikia pripažinti, kad liaudies medicina keičiasi. Pasaulio etnologijoje ir antropologijoje taip pat raginama į sveikatos sistemą pažvelgti ne kaip į statišką ir monolitišką, bet kaip į nuolat kintantį reiškinį, todėl teoriniu požiūriu liaudies ir oficialiosios medicinos sąveikos nederėtų kategoriškai vertinti kaip destrukcijos.

2. Lietuvos liaudies medicinos tyrimų apžvalga atskleidė, kad visais atvejais juose pristatomas vienpusiškas sveikatos sistemos vaizdas. Todėl medicininio pliuralizmo problematiką tikslinga tirti, remiantis etnografijos metodologija – stebėjimu dalyvaujant ir pusiau struktūruotu interviu. Etnografinis tyrimas leidžia į tiriamąjį reiškinį pažvelgti iš vidaus, priartėti prie konkretaus žmogaus realijų. Stebėjimo ir interviu metodo taikymas kartu leidžia išvengti vienpusiškų tyrimo rezultatų. Teigiama, kad pateikėjas dėl įvairių priežasčių pokalbį gali kreipti jam patogesne linkme. Stebėjimas patikslina realią situaciją, išryškina, papildo pokalbio metu gautą informaciją. Tyrimo metu šių metodų taikymas pasitvirtino. Pokalbis gerokai pasikeičia priartėjus prie pateikėjo aplinkos. Pateikėjai linkę kai kuriuos faktus nutylėti nebūtinai dėl religinių, etninių aplinkybių, bet ir dėl savo supratimo apie tiriamąjį reiškinį. Kai kurie faktai jiems gali tiesiog atrodyti nereikšmingi.

3. XIX a. pabaigoje – XX a. pradžioje Mažosios Lietuvos šviesuoliai akivaizdžiai moksliškumą derino su evangelikų-liuteronų bažnyčios pozicija. Tačiau ir bažnyčia atsižvelgė į mokslo pažangą, skeptiškai vertindama liaudiškas pasaulio pažinimo ir

tikėjimo formas. Vis dėlto ir šiandienos pateikėjams esminio skirtumo tarp žinojimo ir tikėjimo nėra. Pateikėjų supratimas apie moksliškumą neatskiriamas nuo tikėjimo. Jiems mokslinis pagrindimas toks pat neapčiuopiamas kaip ir bažnytinės tiesos. Pateikėjų žinios apie sveikatą ir ligas yra labai plataus spektro – nuo religinių dogmų iki mokslinių ar pseudomokslinių teorijų. Nėra nė vieno pateikėjo, kuris manytų, jog ligos priežastimi gali būti tik biologiniai, socialiniai, psichologiniai ar antgamtiniai faktoriai. Jų nuomone, ligų etiologijose itin svarbi mityba, ekologija, nepamirštami virusai, bakterijos, genetika, emocinė būklė, elgesys. Tikėjimo kitomis antgamtinėmis būtybėmis, veikiančiomis žmogaus sveikatą, neaptikta, tačiau esama tikėjimo ypatingomis žmogaus galiomis (bloga akis). Dievas nelaikomas ligų priežastimi, tačiau yra pateikėjų, tikinčių, kad santykis su Dievu gali grąžinti sveikatą.

4. Liaudies medicinos „tradicijos“ gydymosi praktikos XIX a. pabaigoje – XXI a. pradžioje įgavo ne tik praktinę bet ir simbolinę reikšmę, atskleidžiančią pateikėjų etniškumą. Šeivamedis, mirta, saviti kitų vaistinių augalų pavadinimai (*fefermincai*, *timjonai*, *kimeliai*) leidžia Mažosios Lietuvos gyventojams pabrėžti savo kitoniškumą. Gyvūninės kilmės preparatų naudojimas skiria dvi etnines pateikėjų grupes – linkusius tapatintis su lietuviais arba vokiečiais. Liaudies medicinos tradicijose atsispindi požiūris į vokiečių kultūrą kaip aukštesnę. Susidūrus su realiais sveikatos iššūkiais šios nuostatos veikia pateikėjų elgesį gydantis. Mažosios Lietuvos gyventojai, išvardiję iš esmės visas oficialiojoje medicinoje pripažįstamas ligos priežastis, svarsto, kad vis dėlto ne visada aišku, kodėl žmogus serga. Tuomet itin svarbios pasidaro liaudies medicinos tradicijos. Jos tampa kelrodžiu tarp skirtingų požiūrių į sveikatą, ligą ir skirtingų gydymo(si) galimybių. Jokiu būdu nederėtų manyti, kad tradicijos žmones nukreipia į atgyvenusius požiūrius ir praktikas. Jei gydymas kažkuo primins tėvų, senelių artimųjų patirtį yra didelė tikimybė, kad Mažosios Lietuvos gyventojai šį gydymą priims.

5. Tarp skirtingų pateikėjų grupių (nepaisant jų etninės, religinės ir socialinės tapatybės) išryškėjo bendri Mažosios Lietuvos sveikatos sistemos ypatumai. Tyrimo rezultatai rodo, kad pateikėjai šiuo metu sveikatos sistemoje gydymo klausimais labiausiai paiso gydytojo nuomonės ir mažiausiai pasitiki asmenimis, kuriuos pagal A. Kleinmano modelį priskiriame tradiciniams specialistams. Tradiciniai liekoriai, žolininkai apžadėtojai yra tapę XIX a. pabaigos – XX a. pradžios *ikona*. Jų žinios ir gebėjimai prilyginami gydytojų žinioms ir gebėjimams, tačiau pabrėžiama, kad tokių žmonių nebėra. Šiandieniniai ekstrasensai, masažuotojai, pateikėjų nuomone, jiems neprilygsta. Jei pateikėjai negauna norimos pagalbos iš gydytojo, sveikatos problemų sprendimo ieško kartu su šeimos nariais, artimaisiais, pažįstamais. Visuose Mažosios Lietuvos sveikatos sistemos lygmenyse oficialiojoje medicinoje vyraujantis biomedicininis sveikatos ir ligos modelis yra tapęs *savu*. Net ir naudodamiesi praktikomis, kurios priskiriamos liaudies medicinai, žmonės jas taiko vadovaudamiesi biomedicininėmis nuostatomis.

6. Liaudies medicinos gyvybingumo šaltinis – asmeninis žmonių patyrimas. Asmens, kaip etninės ar religinės bendruomenės nario ar kaip individo, požiūris į liaudies mediciną gali skirtis. Ne vienas pateikėjas, nors ir laikantis save išsilavinusiu žmogumi arba bažnyčios nariu, naudojosi priemonėmis, kurios neturi mokslinio pagrindimo arba prieštarauja bažnytinėms normomis. Net ir tie pateikėjai, kurie kritiškai atsiliepė apie liaudies medicinos gydymą, specialistus ir ligų aiškinimą, ir niekada jais nesinaudojo, vis dėlto pabrėžė, kad nežinia, kaip pasielgtų, jei situacija būtų be išeities. Tradicinėmis laikomos liaudies medicinos žinios, praktikos ir institutai aktualūs ten, kur neefektyviai (pateikėjų požiūriu) veikia oficialioji medicina. Oficialiosios medicinos neefektyvumas pasireiškia tada, kai per mažai dėmesio skiriama psichosocialiniams aspektams. Tuomet sau vietą randa tokios ligų etiologijos, kaip „bloga akis“, rožės gydymo praktikos ir tradiciniai specialistai, galintys užtikrinti „sėkmingą“ ligonio sveikimą.

Išnagrinėjus gydymosi naratyvus pagal trinarį medicinos modelį, o *moksliškumą*, *tradiciją*, ir *socialinę aplinką* vertinant pagal tai, kas pateikėjams *sava*, nustatyta, kad Mažosios Lietuvos gyventojams gydytojas, turintis medicininį išsilavinimą, yra vienintelis autoritetas. Gydymo praktikos pateikėjų grindžiamos *tikėjimu* ir siejamos su asmenine arba artimųjų patirtimi. Tik simbolišką reikšmę turinčios liaudiškos terapijos gali įgauti realią praktinę reikšmę, kai susiduriama su oficialiosios medicinos biurokratinėmis problemomis, galimybių ribomis ar sveikatos bei ligos sampratos ribotumu. Žinių lygmenyje vyrauja biomedicininis požiūris į ligą, o sveikata siejama su religinėmis nuostatomis. Kuo labiau priartėjama prie asmens, tuo sveikatos sistemos vaizdas darosi pliuralistiškesnis ir kiekvieno pateikėjo atveju trinaris sveikatos modelis įgauna *savitų* atspalvių. „Kultūrinių spalvų kompozicija“ visuomenėje, bendruomenėje ir vieno individo patirtyje gali gerokai skirtis, todėl ir pacientus (pateikėjus) derėtų vertinti kaip sveikatos sistemą kuriančias socialines figūras, nes nuo jų sociokultūrinio konteksto ir patirties keičiasi sveikatos sistema.

PUBLICATIONS ON THE DISSERTATION THEME

1. Tilvikas J., Šostakienė N. , Birmontaitė M. , Reabilitacija po žaibo traumos: atvejo pristatymas, Kūrybiniai metodai reabilitacijoje' [Rehabilitation after a lightning stike: a case story. Creative methods in rehabilitation] 12. *Tarptautinės mokslinės-praktinės konferencijos pranešimų medžiaga*, Klaipėda: Klaipėdos universiteto leidykla, 2012, p. 199–204.

2. Louisa S., Razbadauskas A., Šostakienė N. , Vaičekauskaitė R., Tilvikas J. , First research experiences with Chinese-style acupuncture inside a Lithuanian rehabilitation center in Klaipeda, *Sveikatos mokslai*, 2013, vol. 23, No. 1, p. 65–69.

3. Vaičekauskaitė R., Kreivinienė B., Tilvikas J., Tradicinės ir alternatyvios medicinos integralumo prielaidos ir galimybės: šeimos, auginančios vaiką su negalia, situacijos aspektu [Conditions and potentials for the integration of traditional and alternative medicine: the aspect of a family raising a child with a disability], *Sveikatos mokslai*, 2014, vol. 24, No. 4, p. 38–43.

4. Tilvikas J., Tarp religinių, kultūrinių, socialinių priešpriešų: lietuvininkų liaudies medicina XIX–XX a. pirmojoje pusėje [Between religious, cultural and social contraditions: the folk medicine of the *lietuvininkai* in the 19th–first half of the 20th centuries], *Logos*, 2016, vol. 89, p. 183–192; *Logos*, 2017, vol. 90, p. 184–195.

5. Tilvikas J., Lietuvininkų gydymosi nuostatos XX a. pirmojoje pusėje: kada pasirenkama liaudies, o ne oficialioji medicina [The healing provisions of the *lietuvininkai* in the first half of the 20th century: when fok medicine is chosen over official medicine], *Tautosakos darbai*, 2016, vol. 52, p. 167–188.

PAPERS PRESENTED AT CONFERENCES

1. “Etninės kultūros centro galimybės mokinių ugdymo procese” [The potentials of an ethnic cultural centre in the education process of school students], February 13, 2015. Conference organised by the Ministry of Education, Klaipėda University, Education Development Centre and the Lithuanian Teachers' Extra-curricular Education Centre *Etnografinių regionų identiteto pagrindai kaip ugdymo turinys nacionalinei vienybei puoselėti* [The foundations of the ethnographic regional identity as learning content for fostering national unity], Klaipėda.

2. “Tradicinės kalendorinės šventės kaip bendruomenę vienijantis veiksnys (Dovilų miestelio kultūros ir švietimo įstaigų bendradarbiavimo pavyzdžiai)” [Traditional calendar celebrations as a factor uniting the community (examples from the cooperation of cultural and educational institutions in Dovilai), October 28, 2015. Conference organised by the Kretingalė Cultural Centre, Lithuanian Ethnocultural Teachers' Union (LEKUS) and the Klaipėda District Education Centre *Etnokultūros ir tautinės savasties sąsajos* [Links between ethnoculture and national consciousness], Gargždai.

3. “Lietuvininkų nuostatos XX a. pirmojoje pusėje” [Provisions of the *lietuvininkai* in the first half of the 20th century], January 28, 2016. National Ethnology Doctoral Students' Conference *Veritas Ethnologica: etnologijos doktorantų tyrimai* [Veritas Ethnologica: ethnology doctoral students' research], Kaunas.

4. “Lietuvininkų gydymosi nuostatos XX a. pirmojoje pusėje” [The healing provisions of the *lietuvininkai* in the first half of the 20th century], May 17, 2016. Conference organised by the Dovilai Ethnic Culture Centre *Mažosios Lietuvos etnografiniai tyrimai* [Ethnographic research on Lithuania Minor], Dreverna.

5. “Lietuvininkų nuostatos XX a. pirmojoje pusėje savo gydytojo beieškant” [Provisions of the *lietuvininkai* in the first half of the 20th century when seeking their own doctor], September 22, 2016. International scientific conference organised by the Lithuanian Institute of History *Skirtys ir bendrumai socialiniuose ir kultūriniuose kontekstuose* [Differences and similarities in social and cultural contexts], Vilnius.

6. “Lietuvių liaudies medicinos tyrimai” [Lithuanian folk medicine research], May 11, 2017. National Doctoral Students' Conference *Veritas Ethnologica: etnologijos doktorantų tyrimų gairės* [Veritas Ethnologica: guidelines for ethnology doctoral students' research], Klaipėda.

7. “Coexistence of official and traditional medicine as a biopsychosocial model for the residents of Lithuania Minor”, May 1–6, 2018. *European Congress of Physical and Rehabilitation Medicine*, Vilnius.

8. “Liaudies ir oficialiosios medicinos sąveika lietuvininkų bendruomenėje” [Coexistence of folk and official medicine in the *lietuvininkai* community], May 3–4, 2018. *III National Doctoral Students' Conference VERITAS ETHNOLOGICA*, Vilnius.

9. “Lietuvininkų sveikata ir reabilitacinis gydymas” [The health and rehabilitation of the *lietuvininkai*], November 23–24, 2018. Scientific-pratical conference *Šiuolaikinis požiūris į reabilitaciją. Sąsaja: operacinis gydymas-reabilitacija* [A contemporary approach to rehabilitation. Links between operational treatment-rehabilitation], Palanga.

WORKS POPULARISING THE DISSERTATION TOPIC

Liaudies ir oficialiosios medicinos koegzistencija: teorija ir tyrimo metodologija, Vilnius: Lietuvos istorijos institutas, 2018 m. birželio 13 d. [The coexistence of folk and official medicine: theory and research methodology], Vilnius, Lithuanian Institute of History, June 13, 2018.

Organizuota etnologijos mokslo ir Mažosios Lietuvos etnokultūrinio paveldo populiarinimo konferencija: *Mažosios Lietuvos etnografiniai tyrimai*, 2016 gegužės 17 d., Dreverna. [Conference organised to popularise ethnology and the ethnocultural heritage of Lithuania Minor: Ethnographic research on Lithuania Minor, May 17, 2016. Dreverna].

Surengtas seminaras *Lietuvininkų medicina XX amžiaus tekstuose, 2016 liepos 01 d., Dovilai.* [Organisation of the seminar Medicine of the *lietuvininkai* in 20th-century texts, July 1, 2016. Dovilai].

ABOUT THE DOCTORAL STUDENT

He was born in Klaipėda in 1982. He earned a Bachelor's degree in Philology at Klaipėda University in 2004 and a teacher's qualification in 2005; completed a rehabilitative kinesiotheraphy program at the Klaipėda College in 2008; earned a Master's degree in Theatre Studies at Klaipėda University in 2013; has been participating in a joint doctoral program in Ethnology at Vytautas Magnus University, Klaipėda University and the Lithuanian Institute of History from 2013. He has worked as an ethnologist at the Dovilai Ethnic Culture Centre since 2005 where he conducts ethnographic research, holds educational activities, stages folkloric theatralisations and organises ethno-tourism travel routes. He has worked as a kinesiotherapist at the Klaipėda Mariners' Hospital since 2008, where he specialises in rehabilitation, working with patients suffering neurological and orthopedic diseases.

Scientific research interests: medical pluralism, folk medicine, anthropology of medicine, regional studies (Lithuania Minor).

Contacts: skliutas@gmail.com

APIE DOKTORANTĄ

Gimė Klaipėdoje 1982 m. Klaipėdos universitete 2004 m. įgijo filologijos bakalauro kvalifikacinį laipsnį, 2005 m. – mokytojo kvalifikaciją; Klaipėdos kolegijoje 2008 m. baigė reabilitacijos studijų krypties kineziterapijos programą; 2013 m. Klaipėdos universitete įgijo teatrologijos magistro laipsnį; nuo 2013 m. studijavo jungtinėje Vytauto Didžiojo universiteto, Klaipėdos universiteto ir Lietuvos istorijos instituto Etnologijos mokslo krypties doktorantūroje. Nuo 2005 m. dirba etnologu Dovilų etninės kultūros centre: vykdo etnografinius tyrimus, veda edukacijas, stato folklorines inscenizacijas, rengia etnoturistinius maršrutus. Nuo 2008 m. dirba kineziterapeutu Klaipėdos jūrininkų ligoninėje, specilizuojasi reabilatacijos srityje dirbant su pacientais, sergančiais neurologinėmis ir ortopedinėmis ligomis.

Moksliniai interesai: medicinos pliuralizmas, liaudies medicina, medicinos antropologija, regioniniai tyrimai (Mažoji Lietuva).

Kontaktai: skliutas@gmail.com

Jonas Tilvikas

FOLK MEDICINE
IN THE HEALTH CARE SYSTEM OF LITHUANIA MINOR
FROM THE END OF THE 19TH TO THE EARLY 21ST CENTURIES

Summary of Doctoral Dissertation

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Lietuvos istorijos institutas
Kražių g. 5, 01108 Vilnius
Spausdino UAB „Baltijos kopija“,
Kareivių g. 13B, 09109 Vilnius