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# Women, Whispered Prayers, and Traditional Healing Practices in Podlachia: A Critical Synthesis of the *Szeptunki* Tradition

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**Abstract**

This article examines women's therapeutic knowledge through the traditional healing practices of the szeptunki (also szeptuchy, "whisperers") of Podlachia, a multi-ethnic and multi-confessional borderland in north-eastern Poland. Their repertoire includes kołtun, urok, strach, wiatr and róża, treated through whispered Orthodox prayers, the sign of the cross, and materials such as wool, beeswax, ash, linen and flax. Drawing on published Polish-language ethnography, interview narratives, documentary films and fieldwork reported by other scholars, the article asks why a form of healing authority that remains locally meaningful is becoming difficult to transmit. It argues that the same conditions that authorise the szeptunka—older age, gendered domestic experience, religious discipline, secrecy, kin-based transmission and continual availability—also make succession increasingly demanding. The analysis links the female life course to embodied ritual practice, relations with Orthodox clergy and medical pluralism, while treating male successors and male znachorzy as important counterpoints to a simple women/men binary. It also shows how clerical delegitimisation shapes the way practitioners present their own work. Published evidence from 2010–2025 documents active practitioners while also recording growing uncertainty about succession. The szeptunki therefore illuminate not simply the persistence of a healing tradition, but the changing social conditions under which therapeutic authority can be reproduced.

**Keywords:** women's knowledge; szeptunki; traditional healing; Orthodox Christianity; medical pluralism; Podlachia; gender; transmission



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## 1. Introduction

In the rural districts of the Podlaskie Voivodeship, in the far north-east of present-day Poland, elderly women known locally as szeptunki or szeptuchy ("whisperers"), and in some villages simply as babki ("grandmothers"), have been documented practising forms of ritual healing alongside modern biomedical care. Published accounts describe treatments for afflictions ranging from children's fright to folk-nosological categories such as urok, wiatr, kołtun and róża, using combinations of whispered Orthodox prayers, the sign of the cross, and the manipulation of everyday materials such as linen, wool, candle wax, ash and bread. Practitioners generally reject outsider descriptions of their work as "folk magic" and present it instead as prayerful assistance or a divinely given obligation to help others (Charyton 2010, 2011; Guzior 2016, 2017a, 2017b; Sadanowicz 2025).

This article examines the szeptunki as an ethnographic case in the anthropology of gendered therapeutic knowledge in a European borderland. Podlachia is one of Poland's most ethnically and religiously heterogeneous regions, historically inhabited by Polish Catholics, Belarusian and Ukrainian Orthodox Christians, Lipka Tatars, Jews, and Roma (Hawryluk 1999). The szeptunki tradition is documented particularly among the region's Belarusian Orthodox population, with related healing traditions across Belarus, Ukraine, Russia, and the wider Polish-Lithuanian borderlands (Charyton 2010, 2011). The practice sits at the intersection of several long-term processes that are directly visible in the sources: women's historically significant role in household health and care, the coexistence of traditional ritual practice with institutional Orthodoxy, the expansion of biomedical services, and the transformation of rural life, mobility, and media visibility.

Existing scholarship has established the principal descriptive features of the szeptunki: their predominantly female and older age profile; the framing of healing as a divine gift; the secrecy and oral transmission of formulas; the use of Orthodox prayer together with traditional verbal and material procedures; a recognisable repertoire of folk illnesses; and an ambivalent relationship with ecclesiastical authority (Charyton 2010, 2011; Guzior 2016, 2017a, 2017b; Sadanowicz 2024, 2025; Ulanowski 2023). This article contributes by reorganising that dispersed ethnographic record around a problem of social reproduction: how gendered therapeutic authority is produced, embodied, transmitted, and renegotiated over time. Bringing domestic care, ritual performance, succession, relations with clergy, and medical pluralism into one analytical frame also makes the Podlachian material more accessible to readers who cannot consult much of the Polish-language scholarship.

The guiding question is why a healing role that remains locally meaningful is becoming difficult to reproduce across generations. The article argues that the conditions that authorise the szeptunka—older age, accumulated domestic experience, kin-based transmission, secrecy, moral reputation, religious discipline, and readiness to receive patients—also raise the threshold for succession. The role is therefore best understood as an age-graded and gendered form of domestic healing authority situated at the intersection of household care, institutional Orthodoxy, and a plural medical field. Its continuity depends on the social reproduction of a demanding vocation, not only on the persistence of beliefs or therapeutic demand.

To develop this argument, the article draws on published interview-based studies by Guzior (2016, 2017a, 2017b), fieldwork reported by Ulanowski (2023), recent ethnographic research by Sadanowicz (2024, 2025), documentary films recording ritual practice in situ, and Polish-language ethnographic literature on folk healing and ritual speech (Burszta 1991; Charyton 2010, 2011; Engelking 1991, 2010; Libera 2003; Paluch 1995; Tylkowa 1989). It also situates the Podlachian material within post-2009 research on charms and East Slavic incantation traditions (Agapkina 2022; Agapkina et al. 2013; Hunchyk 2011; Valodzina 2014, 2020). No new fieldwork was conducted by the present authors.

## 2. Sources and Approach

### *2.1. Research Design and Sources*

This study uses a critical synthesis of published ethnographic and related sources. Published accounts are read comparatively for recurrent and divergent themes. The source base includes scholarship on traditional medicine (medycyna ludowa), folk healers (znachorzy), traditional healing practices, published interview narratives, and released documentary films. The synthesis is structured but not systematic in the technical sense: it does not claim a preregistered protocol, exhaustive database search, formal screening procedure, or complete retrieval of unpublished field materials. The unit of analysis is the published or publicly released source.

### *2.2. Source Provenance and Access*

The source base falls into five main groups. First, Charyton (2010, 2011) and Guzior (2016, 2017a, 2017b) provide published ethnographic and interview-based accounts concerning healers, patients, and Orthodox clergy. Guzior (2017b) dates identifiable interviews to July and August 2015 and locates them in Białystok, Sokółka, and Wysokie Mazowieckie. Places such as Orla that appear in these narratives are therefore treated as the location of a healer or therapeutic encounter unless the source explicitly identifies them as interview sites. Second, Ulanowski (2023) reports fieldwork conducted in Podlachia in September and October 2021, including visits to and conversations with three folk healers and participation in ritual settings as an observer. Third, Sadanowicz's (2024) monograph provides a recent book-length study of szeptuchy and folk religiosity in Podlachia, while Sadanowicz (2025) reports ethnographic fieldwork conducted from 2016 to 2022. Fourth, the documentary films Szept (Żakowiecka-Krysiak and Baranowski 2010) and Szeptunka Paraskiewa Artemiuk (Kołaczkowski and Palusińska 2011) are used only in their released form. Fifth, historical, ethnographic, folkloristic, sociological, and religious studies publications not used as direct evidence of Podlachian practice provide secondary literature and comparative context. The publications differ in how much they report about their own evidentiary basis. Where a source does not state the number of interviews conducted, their dates or localities, or the scope of consent obtained, we record the omission rather than infer a value.

### *2.3. Analytical Procedure*

The published material was synthesised thematically to identify recurrent categories of illness, ritual objects, gestures, verbal forms, modes of transmission, and reported relationships with biomedical and ecclesiastical institutions. Comparison remained at the level of published accounts because the underlying field materials are not available for independent verification. The analysis was interpretive and iterative; no formal coding or prevalence estimates were attempted. Source completeness, sampling logic, consent documentation, and archiving arrangements are reported only where the original publications provide them. Accounts of recovery are treated as cultural narratives of perceived efficacy, not as clinical outcomes.

Because a critical synthesis risks blurring evidence and interpretation, the thematic sections apply an explicit convention that distinguishes three registers. First, evidence reported by a determinate source is cited pointedly, with an indication of who collected the material and when wherever this is relevant. Second, synthesis across several converging accounts is signalled by formulations such as "the published accounts agree in describing. . .", supported by multiple citations, with divergences stated rather than smoothed over. Third, our own interpretation is marked by explicit analytical signals ("we argue", "analytically", "we read this as") and is kept distinct from the comparative theoretical apparatus (Bell 1992; Csordas 1994; Leslie 1980; Tambiah 1968), which supplies vocabulary rather than evidence. Each subsection of Section 3 opens with a statement of its documentary basis.

### *2.4. Ethical Considerations*

The article conducted secondary analysis of published scholarship and released documentary material and recruited no new human participants; no ethical approval was therefore required. The analysis preserves the anonymisation used in the original publications, minimises unnecessary identifying detail, and does not reconstruct ritual formulas deliberately withheld by practitioners.

## 3. Thematic Synthesis

### *3.1. Naming a Practice: Terminology and Etymology*

This subsection is lexical and etymological. It works from the Polish and East Slavic terminology reported in the sources cited below; the weighting of the terms as indices of locally recognised dimensions of the practice is our own interpretation.

The vocabulary used to designate the Podlachian healer is itself a historical document. The most common contemporary term, szeptunka (plural szeptunki) or szeptucha (plural szeptuchy), derives transparently from the Polish verb szeptać, "to whisper", and refers to the characteristic murmured delivery of the healing prayer. Linguistic analysis suggests, however, that the term is of East Slavic rather than Polish origin: in Russian and Ukrainian, a cognate word denotes a person engaged in sorcery, while the masculine equivalent, szeptun (шептун), carries in colloquial usage the additional, pejorative sense of a gossip or informer—someone who speaks under his breath.

Older and more regionally specific names persist alongside it. Babka ("grandmother") and the more dialectal starucha ("old woman") foreground age and domestic authority; zaklinaczka, from zaklinać ("to conjure" or "to invoke"), emphasises verbal invocation; and zamawiaczka, from zamawiać in the sense of ordering or speaking an illness away, emphasises the directive character of the formula. These terms are analytically useful because they point to locally recognised dimensions of the practice—whispering, age, knowledge, invocation, and command—without requiring a broader etymological argument about Greek or biblical concepts of originary command. The linguistic evidence used here is therefore kept close to the Slavic and Podlachian source material.

A broader category in Polish ethnographic literature is the znachor (feminine znachorka), from ten, kto zna, "the one who knows". Libera's historical study shows a healing field in which men as well as women could claim therapeutic competence through practical, herbal, and ritual knowledge (Libera 2003). The Podlachian szeptunka overlaps with this field but combines whispered prayer, Orthodox devotional forms, kin-based transmission, and a strongly older-female profile. The distinction is therefore social and ritual as much as lexical, and the male znachor provides an important comparison for the gendered analysis developed in Section 3.3.

### *3.2. Podlachia as Borderland and the Wider Field of Charming*

This subsection draws on historical and regional scholarship (Hawryluk 1999) and on the comparative literature on East Slavic charming (Agapkina 2022; Agapkina et al. 2013; Hunchyk 2011; Roper 2009; Valodzina 2014, 2020). The characterisation of the Podlachian configuration as distinctive within that field is our own analytical claim.

Podlachia (in Polish, Podlasie) is among the most ethnically and confessionally diverse of Poland's historical regions. Historically, the territory extends across the central and southern parts of the present-day Podlaskie Voivodeship, the north-eastern part of Lublin Voivodeship, and the eastern fringe of the Masovian Voivodeship; the Bug river runs near Drohiczyn, its historic capital. For centuries the area was settled by Polish Catholics; by Belarusian, Ukrainian, and Russian Orthodox Christians; by the Lipka Tatars—a Muslim community with roots in the medieval Grand Duchy of Lithuania—and by Jewish and Roma communities (Hawryluk 1999). Medieval sources concerning Masovia refer to the area, revealingly, as "Rus'," a toponymic trace of its long entanglement with the East Slavic and Byzantine-rite world rather than with the Latin-rite Polish core.

It is in this borderland setting—geographically peripheral to Warsaw and historically oriented towards both the Latin and Byzantine-rite worlds—that the szeptunki tradition has been documented. Published studies associate it particularly with the Belarusian Orthodox population of rural Podlachia and describe a ritual register combining East Slavic

dialect forms with Church Slavonic prayer. Because the evidence comes from different periods and source types, the present article avoids treating labels such as "contemporary" as precise census categories and distinguishes documented practice from claims about its exact present distribution.

The Podlachian case belongs to a wider East European field of orally transmitted healing charms. Since the comparative collection edited by Roper (2009), research has examined the social organisation of charming, secrecy, transmission, and the relation between verbal formula and ritual action. Agapkina (2022) documents intergenerational transmission, restricted knowledge, and healer–patient relations across East Slavic traditions. Belarusian studies link incantations to Christian historiolae and to healing categories such as kaŭtun/plica (Valodzina 2014, 2020), while Ukrainian scholarship treats zamovliannia as verbal components of wider ritual complexes (Agapkina et al. 2013; Hunchyk 2011). These comparisons show that verbal healing is regionally widespread. The Podlachian configuration is distinctive in the conjunction of an Orthodox minority setting, domestic transmission, an older-female practitioner profile, and an institutionally ambiguous relationship with the Polish Autocephalous Orthodox Church.

Podlachia in the Polish and cross-border context. The comparison this material invites is not primarily interregional within Poland. Whispered prayer-healing of the kind described here is documented in the Orthodox, Belarusian-speaking population of the eastern borderland, and its closest analogues lie across the present state frontier, in Belarus, Lithuania and Ukraine, where comparable incantation traditions have been studied (Agapkina 2022; Hunchyk 2011; Valodzina 2014, 2020). Elsewhere in Poland the published record documents other configurations of folk healing—the znachor of the nineteenth and twentieth centuries (Libera 2003), village medicine in the Polish Carpathians (Tylkowa 1989), and the folk organisation of body and illness more generally (Paluch 1995)—rather than a szeptunka tradition of the Podlachian type. The relevant comparative axis is therefore ethno-confessional and linguistic rather than administrative, and what distinguishes the Podlachian configuration within it is the conjunction of an Orthodox minority setting, a ritual register combining local East Slavic speech with Church Slavonic prayer, kin-based transmission, and a practitioner profile concentrated among older women. A systematic comparison would have to be organised along that axis and would require dedicated fieldwork, which lies beyond the scope of the present synthesis.

The chronology of the evidence separates a trans-regional comparator from the Podlachian sequence itself. Tylkowa's (1989) study concerns villages in the Polish Carpathians and provides context for late-twentieth-century rural medical culture. Podlachian evidence runs from Charyton (2010, 2011) and Guzior's mid-2010s interviews to Ulanowski's September–October 2021 fieldwork and Sadanowicz's 2016–2022 research. Read sequentially, these sources document continuity alongside changes in mobility, media visibility, biomedical access, and the conditions of succession.

### *3.3. Women, Domestic Healing Authority, and the Life Course*

This subsection synthesises Charyton (2010, 2011), Guzior (2016, 2017a, 2017b), Sadanowicz (2024, 2025) and Ulanowski (2023), together with Polish rural ethnography on domestic care (Lachowski 2001; Piątkowski and Majchrowska 2015; Tylkowa 1989). The reading of social age as a principle of authorisation, rather than as a demographic accident, is our own.

The gendered character of the szeptunki is best understood through the female life course. Rural Polish ethnography describes mothers and grandmothers as custodians of everyday therapeutic knowledge, childcare, food, herbs, and decisions about treatment (Lachowski 2001; Piątkowski and Majchrowska 2015; Tylkowa 1989). The szeptunka

intensifies this domestic competence into a publicly recognised ritual role. The recurrent preference for a post-menopausal successor is therefore analytically significant: it links therapeutic authority to social age as well as to sex. In the published accounts, the end of reproductive life coincides with the seniority, accumulated experience, and moral standing attributed to older women. Healing authority is thus gendered through a particular stage of life, not through womanhood in the abstract.

Within this life-course setting, published accounts portray the capacity to heal as a gift (dar) bestowed by God and exercised as a vocation. The domestic setting—often a kitchen or household room marked by icons, candles, and devotional objects—is analytically important because therapeutic work occurs in the same environment as care, food preparation, kinship, and everyday religious practice. A household competence can thereby become a public healing role without becoming a conventional profession (Charyton 2010, 2011; Guzior 2016, 2017a, 2017b; Sadanowicz 2024, 2025; Ulanowski 2023).

Payment is conspicuously informal and is often refused. Szeptunki interviewed by Guzior (2017a, 2017b) describe enrichment through "God's words" as morally impermissible and potentially destructive of the gift. Sweets, rather than money, are the most commonly accepted form of thanks; where coins are left on the table, as local custom sometimes dictates, the healer typically redirects them to the local church, "to light a candle", as informants repeatedly phrased it. One informant, Magda, recalled offering fifty złoty to the szeptunka of Orla and being firmly refused, the healer replying that her table had never seen money of that order—"at most ten złoty, for the church's candles" (Guzior 2017b). This moral economy marks healing as obligation and service, and it helps distinguish the role from a commercial occupation. As Section 3.6 argues, it also functions defensively, reaffirming the practitioner's Orthodoxy in the face of clerical suspicion at the very moment it marks her practice as non-professional.

Transmission follows a gendered and generational logic. Formulas commonly pass within a family or local community to an older woman, sometimes explicitly one who is post-menopausal. Secrecy regulates both access to the formulas and the moral status of the gift, while beliefs about the healer's inability to die peacefully before transmission bind succession to ageing and death. Male successors are nevertheless possible. This counter-example qualifies the pattern without dissolving it: therapeutic expertise in the broader Polish field is not inherently female, as the male znachorzy discussed by Libera (2003) demonstrate. What is strongly gendered in the szeptunka role is the conjunction of late-life female seniority, domestic care, kin transmission, and religious discipline (Guzior 2017a, 2017b; Ulanowski 2023).

Ulanowski's September–October 2021 fieldwork makes the problem of succession explicit. A healer reported that no younger person wished to assume the demanding vocation associated with the well-known practitioner in Orla; even a younger male relative refused. The stated burden was continual availability to patients, fasting, and prayer. The mechanism is therefore visible in the source itself: the disciplines that authorise the healer also make succession costly in a more mobile and differently organised rural society (Ulanowski 2023).

Orality and secrecy also shape the practice's changing visibility. The released documentaries Szept (Żakowiecka-Krysiak and Baranowski 2010) and Szeptunka Paraskiewa Artemiuk (Kołaczkowski and Palusińska 2011) provide public visual records of the tradition. In the former, a healer allows the ritual to be filmed while lowering her voice during prayer, preserving the opacity of the formula within a public medium. Later research records greater media visibility, yet the most valued verbal content remains restricted. The result is selective visibility: the ritual can circulate publicly while the knowledge that authorises its performance remains controlled.

### *3.4. Embodied Ritual Practice: Word, Gesture, and Object*

The descriptions synthesised here come from the Podlachian sources; Bell (1992), Burszta (1991), Csordas (1994), Engelking (1991, 2010) and Tambiah (1968) are used as analytical vocabulary rather than as evidence of Podlachian practice.

Published descriptions of szeptunki rituals show that prayer and directive speech are central, but their force is inseparable from authorised persons, bodily action, and material settings. Engelking's work is useful here not merely as a general claim that words are "magical", but because it differentiates forms of folk ritual speech and emphasises naming and imperative address as acts intended to alter a situation (Engelking 1991, 2010). Tambiah's account of performative ritual language provides a comparative vocabulary for the same question: culturally construed efficacy lies not only in semantic content but in the socially authorised utterance of words within an ordered event (Tambiah 1968). In the Podlachian sources, canonical Orthodox prayer may therefore coexist with formulae addressed directly to an affliction, which is named and ordered to depart.

This personification of illness is inseparable from a broader folk-linguistic conviction about the creative power of naming. As the Polish folklorist Anna Engelking has argued, the magical speech act of naming is not merely the evocation of a thing but appears to constitute the very condition of its existence: what is not named does not exist; without a name there is nothing (Engelking 2010). To name the illness—to address it as "fear", as "the evil eye", as "wind"—is therefore already to begin the work of mastering and expelling it.

Word, however, never appears alone in the ritual. Burszta's analysis of the syncretic relation between speech act and ritual action is directly borne out by the Podlachian descriptions: utterance is coordinated with crossing, touching, breathing, circling, pouring, burning, wrapping, and disposal (Burszta 1991). Bell's concept of ritualisation helps explain how these ordinary bodily acts and materials become differentiated through patterned sequencing and repetition (Bell 1992), while Csordas's work on embodiment draws attention to healing as something enacted through bodies rather than located only in verbal belief (Csordas 1994). The healer's voice, breath, hands, posture, movement around the patient, and manipulation of water, wax, linen, ash, bread, or wool make the practice irreducibly embodied.

The triad word–gesture–object provides a concise description of this embodied organisation. We propose the triad word–gesture–object as an analytical construct of our own, intended to organise descriptions that the sources supply in dispersed form; it is not an emic category used by practitioners, and no claim is made that they would recognise it as such. Word names, invokes, prays, or commands; gesture gives the utterance bodily sequence and direction; material objects are handled, marked, burned, poured, wrapped, or discarded. Repetition patterns the sequence as well. Three may structure signs of the cross, prayers, or visits, while nine extends some treatment cycles. Where sources connect triple repetition to Trinitarian symbolism, that association belongs to the emic account; analytically, repetition also gives voice, body, and object a recognisable temporal form. The ritual is therefore organised through coordinated action rather than through verbal content alone.

### *3.5. An Inventory of Afflictions*

The procedures described in this subsection are reported directly by the published sources cited for each cluster, with the wiatr ritual additionally documented on film; the grouping into four clusters, and the observation that diagnosis and treatment are not separable stages, are ours.

The therapeutic repertoire joins bodily signs, causal narratives, diagnosis, and treatment. Paluch's ethnological atlas provides a broader Polish context for this folk organisation

of the body and illness (Paluch 1995), while the Podlachian sources show how such categories are enacted through prayer, gesture, and material objects. Four clusters recur particularly clearly.

Kołtun (plica polonica). The category combines a visible bodily sign—hair matted into an inextricable tangle—with pain, cramping, and other diffuse symptoms; in more severe traditional accounts the affliction could extend to the scalp itself and was associated with pain throughout the body, cramping, or even localised paralysis. Treatment is typically prolonged. The first step is a whispered ritual prayer intended to encourage healthy regrowth; the most widespread therapeutic method employs sheep's wool, placed in the patient's pillow and replaced after each three-night cycle, for nine nights in total. Where the disorder causes localised pain, the wool may instead be applied directly to the affected area, understood to draw the malady out of the body. Scissors are also used: the szeptunka positions them at the patient's head and gradually "draws" the tangle away from the scalp over the course of several visits before finally cutting it free. A successful extraction is marked by the curling of the wool used in treatment, which is then discarded for birds to gather as nesting material—a small but telling instance of the practice's integration of human affliction into a wider economy of the natural environment. The response of the wool is thus itself part of the therapeutic reading. Belarusian ethnography on kautun shows that this illness category extends eastward beyond Poland and likewise links bodily disorder, ritual action, and incantation (Valodzina 2014).

Urok (the evil eye) and strach (fright). These conditions share symptoms but differ in attributed cause, and practitioners often do not draw a sharp distinction between them. Urok denotes both the malevolent glance of a third party—frequently directed, however unintentionally, at small children, who are considered particularly vulnerable—and the resulting affliction, characterised by abdominal pain, nervousness, insomnia and, in infants, persistent crying. Strach is attributed instead to a frightening encounter: with another person, with an animal (most often a dog), or with a sudden misfortune such as a fire or an accident. Both conditions are treated principally through prayers of exorcism, supplemented by a diagnostic and therapeutic technique using molten beeswax: the healer melts a candle over the stove, then pours the wax into a bowl of cold water held above or near the patient's head, which may be covered with a cloth. The shape the wax assumes on cooling is read as a diagnosis—lumps and protrusions on its surface indicate, and are believed to draw out, the affliction, with the severity of the condition gauged by their number and prominence—and the procedure is repeated until the wax solidifies smoothly. Variant techniques are also recorded, including washing in the inverted undergarment worn on the day the evil eye was incurred, and fumigation with smoke from a mixture of moss, spider web, and herbs. Here diagnosis and treatment occur in the same word–gesture–object sequence.

Wiatr (wind). Disorders attributed to "wind" or "bad wind" manifest as pain, especially in the neck and limbs, occasionally progressing to paralysis, and are notoriously difficult to distinguish from nerve-related pain. Where a szeptunka is uncertain of the cause, she may apply a generalised version of the wind treatment as a precaution. The characteristic method, documented both in interview accounts and in the documentary Szept (Żakowiecka-Krysiak and Baranowski 2010), uses ash taken from the kitchen stove and sifted through a fine sieve into a glass, which is then wrapped tightly in a white linen cloth and passed repeatedly around the patient's body while the healer murmurs her prayer. At the end of the ritual the healer unwraps the glass and inspects the ash: a smooth, even layer indicates that wind was not, after all, the cause of the complaint, while gaps or breaks in the layer—the more pronounced, the more severe the underlying condition—confirm the diagnosis. The material object therefore functions simultaneously as a medium of treatment

and as a diagnostic sign. The procedure is typically repeated over three consecutive visits, and patients may additionally be advised to avoid washing for at least two days or to take further precautions against draughts.

Róża (erysipelas/skin afflictions). Róża, literally "rose", is a broad folk category applied to reddened, inflamed, or otherwise visibly affected areas of skin, including some birthmarks and vascular lesions. Published descriptions report treatment with flax fibre arranged in rings around the affected area, prayer and the sign of the cross, a cloth placed over the site, and the controlled burning of the flax; the direction of smoke or ash may then be interpreted diagnostically. One published interview narrative describes a mother bringing an infant with a vascular lesion and recounts a ritual involving linen, burning flax, whispered prayer, and bread later discarded at a crossroads. The subsequent improvement reported by the mother is treated here solely as a narrative of perceived efficacy and help-seeking, not as evidence that the ritual caused a clinical outcome (Guzior 2016, 2017b).

These clusters are best understood not as an exhaustive taxonomy but as the most frequently attested core of a wider and more flexible repertoire: the published sources stress that each szeptunka retains discretion over which instruments and methods she judges appropriate to a given case, and that prayer and verbal command accompany every ritual whatever its specific material form. Across these conditions, diagnosis is not a separate preliminary stage. Wax, ash, wool, smoke, and bodily surfaces are interpreted while prayer and gesture act upon them. The repertoire therefore materialises the authority described in Sections 3.3 and 3.4: the healer reads signs and transforms them within a single embodied therapeutic sequence.

### *3.6. The Szeptunki and the Orthodox Church*

This subsection reports clerical responses as they appear in Guzior (2017b), Sadanowicz (2020, 2024, 2025) and Ulanowski (2023); Lubańska (2019) supplies a regional comparison. The account of stigmatisation as a force that shapes the practice, rather than merely constraining it, is our interpretation.

The relationship between the szeptunki and institutional Orthodox Christianity is structured by shared devotional forms and differentiated authority. Healers identify as Orthodox and use icons, candles, the sign of the cross, prayer, holy water, feast-day observance, and devotion to the Mother of God and the saints. Their therapeutic authority, however, is personal, domestic, and transmitted outside sacramental office (Sadanowicz 2020, 2024, 2025). Lubańska's (2019) work on healing practices in Bulgarian Orthodox monasteries offers a regional comparison for the broader coexistence of bodily healing, devotional materiality, and institutional religious authority.

The ethnographic sources used here record clerical attitudes episodically and in the present tense, and the historical depth of this relationship cannot be reconstructed from them. We therefore state the following as a hypothesis rather than as a finding. If non-institutional healing in the Polish lands was subject to sustained delegitimisation—ecclesiastical in the first instance, and later also professional-medical, as the long history of the znachor would suggest (Libera 2003)—then several features of the szeptunka role may be read in part as accommodations to that pressure rather than as autonomous properties of the tradition. We do not treat this as established, and nothing in the argument of Sections 4 and 5 depends on it. Testing it would require sources of a different order from those used here: eparchial archives, religious periodicals, homiletic material, and the local press. We flag it as an open historiographical task.

Published clerical responses are ambivalent. Priests may criticise the use of sacred words and objects outside ecclesiastical authorisation, yet the same sources record pastoral accommodation and recognise the hope and attention that patients seek from szeptunki.

The resulting boundary is negotiated at parish level and more sharply policed in categorical statements about authorised religious practice.

Clerical references to "curses" reveal this boundary-making. Guzior (2017b) reports an episcopal warning associated with the funeral of the Orthodox priest Tomasz Lewczuk, while Ulanowski (2023) distinguishes the szeptucha as a healer who may combat harmful witchcraft from practitioners associated with "black" magic. In this material, the language of curses is therefore evidence of how unauthorised ritual power is classified by clergy; it is not a defining feature of the therapeutic repertoire described in the ethnographic sources.

Stigmatisation, in this reading, does not merely restrict the practice from outside; it helps give it its present form, and several features described earlier can be understood as responses to it. Practitioners' insistence that they pray rather than perform magic, and their attribution of the capacity to heal to a divine gift, position the role inside rather than outside Orthodoxy. The refusal of payment and the redirection of small offerings to the parish church perform the same work, since remuneration would supply precisely the evidence of self-interest that critics allege. Secrecy protects a formula whose public exposure would invite classification as unauthorised ritual speech. In the absence of institutional accreditation, the practitioner's standing rests on local moral reputation and on accommodation negotiated parish by parish, which makes her position durable but revocable. Media visibility cuts both ways: it relegitimises the tradition as regional heritage while relocating it in a folkloric register distinct from both ecclesiastical and biomedical authority. The consequence is a role that is locally credible and institutionally unrecognised at the same time—a combination that, as Section 4 argues, bears directly on the difficulty of succession.

The gendered contrast becomes sharper when this ecclesiastical boundary is read together with the life-course analysis in Section 3.3. Orthodox sacramental authority is institutional, clerical, and male; szeptunka authority is lay, domestic, age-graded, and predominantly female. The recurrent preference for post-menopausal successors locates healing authority after reproductive life, at a stage associated in the sources with seniority and accumulated domestic experience. Male successors and male znachorzy prevent this contrast from becoming a simple women/men opposition. The difference lies in modes of authorisation: office and ordination on one side, kin transmission, moral reputation, religious discipline, and late-life domestic authority on the other.

### *3.7. Medical Pluralism, Modernisation, and Change over Time*

Patient movement between therapeutic registers is reported in Guzior (2016) and, for the wider Polish context, in Piątkowski (1990); Leslie (1980) supplies the analytical frame. The claim that public visibility and intergenerational reproduction have diverged is ours, and rests on the sequence of sources set out in Section 2.2.

The aetiological vocabulary described in the sources relates bodily states to environmental, interpersonal, spiritual, and social forces. Categories such as urok, strach, wiatr, kołtun, and róża have locally recognisable symptoms and therapeutic responses. Tylkowa (1989) provides trans-regional context for the coexistence of naturalistic and religious explanations in Polish rural medicine; within Podlachia, the temporal sequence runs from Charyton (2010, 2011) and Guzior's mid-2010s interviews to Ulanowski (2023) and Sadanowicz (2024, 2025).

Medical pluralism provides the relevant anthropological frame for this coexistence of therapeutic registers (Leslie 1980). Patient narratives describe movement between biomedical services and szeptunki, especially when conventional treatment is experienced as incomplete or unable to address the relational or spiritual meaning of an illness. Guzior also records a practitioner discouraging patients from stopping prescribed medication. The

resulting pattern is practical combination: biomedical, domestic, ritual, and ecclesiastical resources are assigned different expectations within the same field of care (Guzior 2016; Piątkowski 1990).

This plural field is also gendered. The szeptunka's authority is embedded in household space, older female identity, kinship, religious discipline, and local reputation. This matters especially where the initial recognition of illness occurs in family care—for example with children, fright, the evil eye, or everyday bodily disturbance. The ritual specialist extends domestic therapeutic knowledge beyond the household while remaining outside both biomedical professionalism and ecclesiastical office.

Change over time is most visible in the divergence between public visibility and intergenerational succession. Media attention has expanded from press coverage to television, online video, and popular magazines, while Ulanowski's September–October 2021 fieldwork still encountered active healers and substantial patient demand. At the same time, the source records reluctance among younger relatives to accept a role requiring continual availability, fasting, prayer, secrecy, and moral obligation. Sadanowicz's fieldwork through 2022 confirms continued practice under contemporary conditions. Demand can therefore coexist with reproductive fragility: the institution remains socially meaningful even as the obligations that sustain its authority narrow the pool of willing successors.

## 4. Discussion

The synthesis identifies a problem of social reproduction at the centre of the szeptunki tradition. The role is authorised through older age, late-life female seniority, domestic competence, oral succession, religious vocation, secrecy, moral reputation, and communal recognition. Those same conditions also make the position difficult to inherit. A successor does not merely learn formulas; she or he assumes a demanding social role organised around availability, discipline, restricted knowledge, and service. This mechanism connects the article's ethnographic contribution—bringing dispersed Polish-language material into a single account—with its anthropological argument about how therapeutic authority is reproduced.

Three boundaries organise this authority. With biomedicine, the boundary is porous because patients may combine therapeutic systems. With institutional Orthodoxy, devotional overlap coexists with a difference in authorisation between sacramental office and domestic healing. Within the household, age, secrecy, vocation, and local reputation distinguish the recognised ritual specialist from ordinary care work. These boundaries intersect, and gender operates differently across each of them. The result is a relational form of authority rather than a binary opposition between women and Church, tradition and science, or rural culture and modernity.

The boundary with institutional Orthodoxy deserves particular emphasis, because it is actively produced rather than merely given. We read clerical delegitimisation, in the terms set out in Section 3.6, as shaping the practice it seeks to contain: it favours a self-presentation in terms of prayer and divine gift, sustains the refusal of payment, reinforces secrecy, and leaves the practitioner dependent on local moral standing rather than on any accreditation that could be transferred to a successor. This bears directly on the problem of reproduction. An authority that cannot be certified, that carries a residual suspicion of impropriety, and that offers neither income nor institutional position is transmissible only to someone prepared to accept its costs in full. Stigmatisation is therefore not a separate topic alongside succession; it is one of the conditions under which succession has become demanding.

The word–gesture–object triad shows how this authority becomes perceptible in practice. Engelking's analysis of naming and imperative speech and Burszta's focus on

the conjunction of utterance and action are especially close to the Podlachian material, while Tambiah, Bell, and Csordas provide comparative vocabularies for performativity, ritualisation, and embodiment (Bell 1992; Burszta 1991; Csordas 1994; Engelking 1991, 2010; Tambiah 1968). The healer whispers, touches, crosses, circles, pours, burns, wraps, and disposes; ordinary household materials acquire therapeutic force within a patterned sequence performed by an authorised person.

The temporal comparison sharpens the same argument. Charyton and Guzior document an established repertoire in the 2010s; Ulanowski records active healers, patient demand, and explicit anxiety about succession in 2021; Sadanowicz follows continuing practice through 2022. The tradition has adapted to biomedical expansion, increased mobility, and media visibility, but succession has become a point of vulnerability. Persistence and reproduction therefore need to be separated analytically: a practice may remain useful and sought after even when the social conditions required to produce a new authorised healer are weakening.

The study has important limitations. It rests on published interview narratives, released documentary films, and secondary scholarship rather than on a newly and independently collected corpus, and the completeness, sampling logic, original consent documentation, and archiving arrangements of the earlier interview collections cannot always be reconstructed from the publications themselves (Section 2.2 records what the sources do and do not state). The ritual formulas most valued by practitioners are deliberately withheld, which limits linguistic analysis. Patient narratives of recovery are treated as cultural and biographical evidence of perceived efficacy rather than as clinical outcomes, and the available sources do not support a precise estimate of the current number of practitioners. The argument about succession rests on a small number of reported cases and should be tested against a wider sample of declined and completed successions. Finally, the geographical focus remains Podlachia; the comparisons with Belarusian, Ukrainian, and Russian charming traditions are contextual and would require dedicated comparative fieldwork. The absence of a systematic regional comparison follows from the distribution of the phenomenon rather than from the design: whisper-healing of this kind is documented in the Orthodox borderland, so that the relevant comparanda lie across the eastern frontier rather than in other Polish regions, and a comparative study would have to be organised along ethno-confessional rather than administrative lines. These limitations define the appropriate scale of the article's claims rather than invalidating the synthesis.

## 5. Conclusions

The central finding is a paradox of social reproduction. Szeptunka authority is credible because it is attached to older age, domestic experience, kin transmission, secrecy, religious discipline, non-commercial vocation, and continual availability. These same requirements make the role costly to assume and help explain why succession can become fragile even where healers remain socially meaningful and patients continue to seek them. The preference for post-menopausal successors makes this authority explicitly age-graded, while male successors and male znachorzy show that the pattern cannot be reduced to biological sex alone.

The broader contribution is to the anthropology of women's healing, therapeutic authority, and transmission. Comparative East Slavic scholarship shows that secrecy, verbal formulas, restricted transmission, and ritualised healing extend well beyond Podlachia; the local configuration lies in the conjunction of those features with an Orthodox minority setting, a predominantly older-female practitioner profile, and a domestic moral economy of care, sustained under conditions of persistent institutional non-recognition. The question is therefore not simply whether the tradition survives, but how an authority that remains

locally meaningful can be reproduced when the disciplines that legitimate it are increasingly difficult to inherit. Future fieldwork should test this mechanism directly by comparing practitioners, declined successions, male healers, and younger relatives across changing rural and religious settings, and by extending the comparison to other Polish regions and to the Belarusian and Ukrainian borderlands.

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