

Historical and Social Evolution of the Healers' Charisma

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ABSTRACT

This study aims to explore the relation between charisma and healing and how the concept of charisma evolved within medical profession over time. The development of medical profession from shamans to modern medical doctors, the gradual transition from ritual to physical healing, the relation between the physician and common people, and the transition from personal to professional charisma are presented in a medico–historical context. The article concludes that there is an indisputable link between the phenomenon of charisma and healing. Healers have often been considered among the most significant charismatic figures in their societies. With time physicians have lost their personal charisma and replaced it by a stable professional charisma. Today, the growing involvement of patients in healing and demystification of the medical profession is diminishing the charisma of the physicians, although medical profession still retains qualities found in classic charismatics and with it also some authority over patients.

Key words: authority, charisma, healing, history of medicine, physician

Charisma – from Religion to Knowledge and Politics

Today the term charisma refers to the qualities of an individual distinguished by a strong and magnetic personality that makes him/her attractive to a wide population and gives him the possibility to control and affect large groups of people. The roots of the term remain deeply embedded in human history, and are much more complex than can be now perceived. Today the term has been so extensively popularized and misused, that its true meaning is often overshadowed.

The word charisma was first used in theological writings and thus it is strongly linked to the world's religious heritage. It derives from the Greek word *charis* and *charizesthai* which refers to grace¹, seen as an undeserved gift of God, obtained regardless to any previous personal merit². Charisma is seen as the generator of social welfare, rather than just of individual good. In Christianity, the gifts are meant for all: every person is given a different charisma and this must be used for the good of the community and Church (Corinthians 7:7). Yet, some distinct personalities are endowed with additional or more sig-

nificant gifts (apostles, prophets, doctors, saints) that distinguish them from others (Corinthians 12:4, 9, 28, 30, 31)³. Christianity, among the divine gifts, includes: the Apostolate, the cognate office of prophecy, the discerning of spirits, the word of wisdom and knowledge, the office of teacher, helps, the gift of governing, the faith, the working of miracles and healing (*charisma lamaton, gratia sanitatum*), the gift of tongues and interpretation of tongues (*glossolalia*)⁴. In Judaism, analogous gifts are stated: sympathy, intelligence, knowledge, comprehension, the gift of tongues and diaconate⁵. In Islam, individuals who through the strength of their faith and their spiritual influence positively affect the community and that could be regarded as Islamic charismatics are cited. This process started soon after the death of the Prophet Muhamed, when different fractions started to claim his legacy⁶. A part of these charismatic figures in Islam were commonly referred to as *wali* – Muslim saint, holy person. The *wali* are endowed with powers (*barakeh* – blessing) that bring benefit to others: the ability to heal, read the thoughts, clairvoyance, receive divine inspiration, and the working of miracles (travelling distances, walking on water). Gradually, due to political and social insecurity, the *charismatics* in Islam

started to be involved more and more in politics. These »new« personalities were given the title of »*al-Mahdik*« (»the one who is under God's guidance«) and their main task was to save the Islamic world from crisis⁷.

The term charisma is inevitably encountered also in the »profane« world. In Ancient Greece and Rome the »charismatic« individual is gifted with knowledge. Charisma symbolized the power that emerged from someone's intellect, which enabled him the management and control of nature⁸. The charismatics of ancient Greece and Rome were philosophers, perceived as possessors of occult knowledge, acquired in a mystic way. This made them closer to the figure of the priest and mystic, rather than to the current figure of the philosopher-intellectual.

The first who put the expression charisma in a modern scholarly usage was Max Weber. Although we mentioned that Islamic »charismatics« had been involved in politics, Weber was the first who used the term in relation to authority and governmental power. Weber divided the political power in three main groups: traditional, legitimate (rational–legal) and charismatic⁹. Although he had put the term charisma in a political framework that regards authority and government, he did not separate the term from its original definition. Weber used similar attributes as were used in the classic world to describe a charismatic person, defining charisma as »a certain quality of an individual personality, by virtue of which he is set apart from ordinary men and treated as endowed with supernatural, superhuman, or at least specifically exceptional powers or qualities. These are such that are not accessible to the ordinary person, but are regarded as of divine origin or as exemplary, and on the basis of them the individual concerned is treated as a leader«¹⁰. Examples of such charismatic power Weber sees in shamans, prophets, church authorities, revolutionary leaders. Weber put the shaman and the prophet in the context of »religious (personal) charisma«, while the church and governmental services were described in the context of »institutional (community) charisma«^{9,11}. According to Weber, the charismatic authority depends on the affective commitment to the leader's supernatural powers. If the leader is missing, the authority is going to dissolve rapidly. But neither the cult of the charismatic is indisputable; it rests on the strength of the belief of common people (the recognition of the charismatic) and when this is gone the charisma also disappears.

Contemporary scientists are often referring to the charismatic as to a person able to reorganize society, by founding new organizations or transforming them in time of crisis¹². Today, a number of different qualities are being attributed to them: vision to changes, persuasiveness, willingness to take risks, expertise in transcending the existing order, self-confidence, dominance, conviction in moral righteousness, emotionality, enthusiasm, eloquence, responsibility^{13,14}...

Charisma and charismatic are terms that nowadays are often used to describe not only important historical personalities and political figures, but also people belonging to the popular culture. However, today a lot of personalities can rely on a successfully planned and adjusted

propaganda and mass media coverage. Such mechanism helps to construct and maintain the cult of an individual that, in reality, is often missing the fundamental characteristics of a real charismatic.

Charisma within Healers and Medical Profession

The aim of this article is to explore the relationship between charisma and healing, focusing on the original definition of charisma. The relationship between spiritual and eventually physical healer on one side and common people on the other, as well as the development of medical profession and its impact upon the community will be discussed in historical and sociological context.

Many scientists and philosophers have tried to find and portray the »universal charismatic figure«, but with no success: the features expressed by various leaders have not been the same and thus could not have been clustered in a single individual¹⁵. Nevertheless, there are some attributes of a charismatic person that are common to different cultures and times. Among them, it is inevitable to notice those related to healing, as well as other attributes that indirectly can be linked to the figure of both classical and modern physician. The first example of a distinctive symbiosis between treatment, religion, power and a certain magnetism that attracts people can be found already in prehistoric and tribal communities. Although the term charisma and charismatic leader had not been known yet, there were figures embodying many characteristics later attributed to the figure of the charismatic. These figures were indeed medicine men and shamans, who with their magic powers had the ability to manipulate and dominate the nature and health for the benefit of the community. The commitment of the community was so strong that shamans and magicians were often accepted as the maximum authority in the village. There was little difference between religious and governmental authority; in most cases they were incorporated in the same person. It must be said, as Frazer and Strauss noticed, that their power was not infinite– it lasted as long as the natural events were favorable to the community¹⁵. In the moment when something went wrong the only person to blame was the head of the village/the shaman, who did not succeed in his duty to protect the community. On those occasions he had to be punished, most often executed, and the community started to seek for a new leader (shaman). Although the power of these leaders was instable and prone to sudden changes, the fact is that as long as their power lasted, they were the most dominant figures in their communities. Therefore they can be considered an early form of the »charismatic«. Shamans, as well as the later religious charismatics, were endowed with special gifts, sometimes received during a psycho-spiritual crisis (trance). These gifts were including: sexual inversion (the ability to manifest both feminine and masculine characteristics, making them superior to both women and men), the ability to reach ecstasies whenever they wanted to, the ability of the soul to leave the worldly life and visit the spirits (the

»flight« of the soul), resistance to pain, the ability to talk the language of the dead, and the ability to heal⁸. Therefore, in most tribes the doctor (physician) was the magician, soothsayer, sorcerer, and priest all in one. Over time, the role of the shamans started the process of differentiation, and various »subclasses« of shamans emerged: the wizards of the rain, the healers, etc.¹⁶. Because of their ability to interfere with the spiritual world, the shamans-healers were called upon to intercede in the healing process or prevent misfortune, most often illness. The »flight of the soul« was one of the methods used to communicate with spirits, who uncovered them the reasons of the illness and how to cure it¹⁷. Their ability to heal made the shamans important to the community that led to a blind obedience and their idolization, especially in time of crisis and incertitude.

The figure of the shamans and charismatics developed and mutated through time. Frazer stated that the transition from the shaman to the scientist had been a natural event where the magician had started to seek a more efficient way to manipulate and control natural events, and replaced magic with science¹⁶. Ancient Greek medicine illustrates the coexistence of medicine and religion before Christian era. In ancient Greece and Rome, a number of »philosophers« embodied the charismatics of the time. In most instances the philosophers were called »medicine men« (a term today used to describe American Indian shamans) due to their significant influence in social and medical world¹⁸. In the period of transition from the Homeric to the Hippocratic medicine there was still a significant influence of sorcerers and transcendental medicine based on Greek mythology (mostly myths on Orpheus and Asclepius) and local beliefs. People attributed to the Greek Gods the »personality charisma« – charm, prosperity, and fertility¹⁹, while philosopher–physicians were seen as holders of miraculous healing, magical and prophetic abilities. Such attitude towards the philosopher–physician preceded the transition from the magical to the rational/scientific world in ancient Greece. Empedocles and Pythagoras are often listed in literature as the last examples of »medicine men« in Greece¹⁸. Because of the ability they had in the understanding of nature as well as the healing art they were standing out as charismatic figures of their time. One of the legends attributed to Empedocles tells about a woman who had been resurrected by the philosopher after she had been dead for nearly 30 days²⁰. With the dawn of Hippocratic medicine, the doctor lost his magical connotation and became a craftsman enriched with special knowledge and sensibility. In order to divide the healing art from philosophy, Hippocrates veined the philosopher–physician (the one that is equal to Gods) as an opposition to the doctor (the one who helps nature)²¹. Medicine started to use different material procedures as remedies to diseases, so the divine healing was gradually replaced by material medicine²². Consequently, the use of medical substances began to be more frequent and popular and healing started to be based on knowledge, observations, and experiments (although often based on animal models and thus incorrect and inaccurate).

However, with the growing influence of Christianity, mostly in medieval times, the materialistic western medicine started to dematerialize and medicaments were gradually substituted entirely with divine action. In that period the material cure was completely ignored and again the patient started to rely exclusively on divine influence, the touch or word of the miracle-worker or on the patron saint²³. This process was instigated also by the pandemics that gripped Europe at the time. In that occasion physicians and the material medicine were powerless. Physicians were losing credibility and people were turning towards persons that had the ability to perform miraculous deeds and miraculous healings. Strauss rightly described the medieval medicine as a joining together of the »shamanistic complex« and the »social consensus« on which it relied²⁴. In medieval time, the religious perception of charismatics was revived: people started to seek for miracle makers that could help them survive the hard times and overcome diseases. They gradually started to be idealized and revered. Charisma transitioned from the hierarchical sacerdotal system (institutional charisma) again to the individual charisma, made of gifts and talents donated by God and Holy Spirit or transcendental powers. But these were not attributed to formal physicians, but to sorceries and miracle-makers. Although some people were turning towards white witches and sorceries (perceived as enemies by Church authorities because diverting people from their Christian duties), the medieval charismatics were mostly miracle-makers (healers) supported by local priests, or those whose healing action was interpreted as God's intervention²⁵. Along with new charismatic miracle-makers, the cult and the charisma of Saints patrons of diseases was revived. By some sociologists, saints are, indeed, referred to as carriers and ongoing signs of charisma within the Catholic Church. Today more than 150 Patron Saints of disease exist and they owe their sanctity and charisma also to their healing abilities, helping of moribund and miracles (mostly healings) they have performed: some of them were actual doctors while others miracle-makers²⁶. In Catholicism, the importance attributed to healing can be noticed also when analyzing the life and deeds of Jesus Christ. Among the four categories of miraculous actions attributed to Jesus Christ (those related to his ability to heal the sick, to resurrect the dead, to chase out evil spirits, and overpower the nature¹⁵), three of them are in direct relation to healing of the body and/or soul emphasizing the importance of healing in the construction of charismatic Catholic personalities, as defined by the Bible (Mark 3:15): »power to heal sickness and to cast out devils«. Along with local miracle-makers and Saints Patrons of diseases, others used healing as a method to emphasize their charisma and »powers obtained by divine grace or inherited gifts«. A special chapter of dynastic healers is represented by the royal dynasties in France and England who were practicing the »royal touch« – the custom of touching patients suffering from *scrofulosis* in particular²⁷.

As stated above, in medieval times, the sick came into the hands of religious orders and local miracle-makers, because physicians were too distant and expensive, and

sometime helpless. However, even though formal medicine was not appreciated by local people, it has not disappeared. On the contrary, it started the process of institutionalization with the ongoing opening of famous medical schools such as the School of Salerno, Padua, and Bologna, the Paris School of Surgery, etc.²⁸.

After Pope Honorius III had forbidden the clergy to practice healing, the »power of healing« passed entirely from former religious miracle-makers to the formal physician, and this brought to a gradual improvement of the status of physician in the community²⁸. Physicians started to organize themselves into professional organizations. This can be perceived as a process of routinization of charisma. The personal charisma of the former »shaman« and later »medieval« healer (that was more often a miracle-worker than an official physician) passed exclusively into the hands of physicians who, through the process of institutionalization of the medical profession, turned it into a collective charisma. So the gift of healing, perceived before as a feature attributable to a very small number of »chosen« individuals was, thanks to these reforms, transferred to the »medical institute« that was communicating and transmitting charisma onto the forthcoming generations. Such charisma lost its original attributes but became a stable and enduring quality of every physician. It may be that some people who enter medical profession bear some personal charisma, but through the process of institutionalization every medical doctor is endowed by the »common charisma« when he finishes his/her studies. This occurs also through swearing the Hippocratic Oath that symbolizes the rite of passage through which a young medical professional assumes charismatic authority and enters the practice of medicine²⁹.

With time, medicine started again to rely on valid, exact and reliable methods and knowledge, losing its original transcendental connotations. The new physicians were now holders of a new formal collective charisma. But, as it developed on the basis of the supernatural personal charisma of primordial healers, they continued to be revered, respected and also mystified by common people. Knowledge started to be the most important and distinguishing factor of power of the physicians, although there was no use of it if such »knowledge« had not met the expectations of common people. Kosa stated that the »scientific medical knowledge, immense, complex and efficacious as it is, strikes the public as overawing, arcane, and almost superhuman, and ensures the mark of charisma to anybody who is a legal possessor of that knowledge«²⁹. In the past, the importance of knowledge among charismatic leaders was overshadowed by the importance given to their transcendental provenience and relationship with the afterlife (God, the occult, etc.). But knowledge was from the beginning an important co-factor in the construction of charismatic leader. Not only world's major religions include knowledge as an important attribute of the charismatic (the word of wisdom and knowledge in Catholicism and intelligence and knowledge in Judaism), but also the knowledge of the shaman, and that of the antique philosopher distinguished them from others and gave them

power to manipulate and control the nature. The only thing that changed was the origin of such knowledge: once it had been attributed to the occult (medicine men had been chosen individuals, possessors of great knowledge about magical rituals and magical elements gained exclusively from the flight of the soul), while, with time, it started to mutate and develop into scientific and rational knowledge that can be thought and transmitted to generations. Still, this rational knowledge ensures the mark of charisma to its legal possessors. Paterson included *sapiential charisma* among the three factors on which the physician authority was built on³⁰. Knowledge is today the most important contributing factor to human progress and therefore satisfies the most important task of charisma: that of generating social welfare. Along with knowledge another aspect of classic charismatics has emerged within medical profession. It has been mentioned that another quality of the religious charismatic was *glossolalia*, the ability to communicate in the language of the dead. This trait can be found also among shamans that communicated in an unknown and incomprehensible language with the occult. Other charismatic historical personalities were using an unknown language in their everyday life and activities that contributed to their status of charismatics (Nostradamus, Paracelsus, Hildegard of Bingen...). The language of medical professionals can also be interpreted as incomprehensible: unknown diagnosis, terms difficult to pronounce, the use of Latin terminology and nomenclature. The knowledge of such professional language still distinguishes physicians from their patients.

However, the only way for the public to accept the charisma of knowledge is to experience it in first person and by a direct contact with the physician that is using it. There is more community charisma and also personal charisma in physicians practicing their profession than in physicians forming the theoretic and practical basis of medicine at universities or research facilities. In the eighteenth, nineteenth, and twentieth centuries, a great number of extraordinary minds indebted the humanity with their discoveries and knowledge, but were not perceived and recognized by the public as charismatics. Some of them have been respected, admired, and valued by professional community (although sometimes their discoveries had been so revolutionary that not even the medical community accepted them), but the lack of contact with people that are responsible for the recognition and acknowledgment of charisma, gave them no charismatic authority.

Charisma of modern physicians is still present as a part of the professional collective charisma transferred from generation to generation, but due to the ongoing process of demystification of the profession it is gradually diminishing. It still retains some power in communities that have not yet experienced the demystification of medical profession. The 20th century professional charisma of physicians was built upon and maintained through the patient's dependence on the physician's authority. Physician's paternalism was preserved due to the fact that there was no patient autonomy within the process of medical

treatment³¹. Only a blind trust in the physician's capabilities could give to the patient some relief and faith in his healing. And faith as it has been stressed by this article is an important co-factor in building someone's charisma.

With the development of ethics and establishment of patient's rights the things have gradually started to change. From a passive spectator the patient became an active part of the healing process. Today he has the right to choose among different cure options, to accept or refute medical treatment, and to ask for a second opinion. The judgment of a single physician is not accepted anymore as definite and unchangeable. The patients started to be more informed about their health, more and more medical resources and information are becoming available to them by means of Internet, television, etc. Physician–patient relationship is changing, and physicians are becoming more human than superhuman. In addition, there is more public control over medical institution and organization than *vice-versa*. Some authors thus believe that the involvement of physicians in public sector medicine diminishes more their charismatic authority than their involvement in private practice where they still retain personal control over their practice²⁹.

Conclusion

Through the history, healing has been one of the basic prerequisites for a person to be regarded as charismatic. The ability to heal is mentioned in a large number of traditional texts that refer to classic charismatics, and through the history it helped some people to be accepted as charismatic personalities in their communities (Saints Patrons of diseases, local miracle-workers, etc).

However, the healers' charisma has evolved in relation to the development and changes occurred within medical profession. Two main changes occurred during the history: on one hand, the personal charisma of an individual healer (shaman, miracle-maker) has been replaced by the professional, common charisma of the later formal physicians, while, on the second hand, spiritual healing was replaced by the material, rational healing and the occult knowledge by rational knowledge (Figure 1). These two changes took place almost concurrently, one affecting the other.

Namely, the personal charisma of the shamans and later medieval miracle-workers did not result from the successfulness of the outcome, but from the method applied. A miraculous healing was perceived as a confirmation of the transcendental power of those persons and their ability to solicit divine intervention made them become charismatic personalities (Figure 1 (a)). But to be regarded as a miracle maker some conditions had to be fulfilled. According also to Pazzini's division of the traditional popular healers, it can be seen that the healers were recruited either by an individual mark (any kind of mark, mostly congenital malformations or dermatological defects, was considered to be God's sign and thus connected with spe-

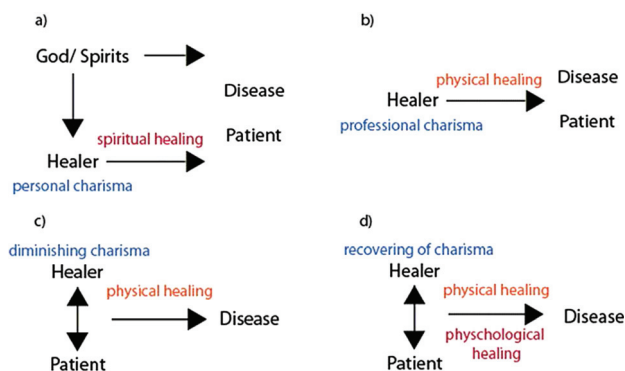


Fig. 1. The evolution of charisma among healers and physicians: a) the primitive healer communicated with divinities that made him capable of healing disease produced by the same divinities. They were bearers of personal charisma and healing was entirely spiritual (faith healing) b) With the organization of medical profession and with the discoveries of material remedies, a process of physical healing started, and formal physicians took over the charisma of ancient healers, turning it to the stable professional, common charisma. c) With the patient's involvement into the healing process, when he is given the right to decide and actively participate in the healing process, the charismatic authority of the physician is diminishing d) The cooperation of the physician and patient in the healing process, where the physician is perceiving patient's needs and fears and trying to help him also with psychological support, could help regain to the physician a new charismatic authority built upon confidence and trust.

cial powers), by inherited capacities (it was believed that the most valid cures must be secretly transmitted from one generation of healers to the next one, making more powerful the dynasties of healers), or by social function they were carrying out³².

In a broader sense, also psychological characteristics of healers have contributed to his/her suggestive power: bizarreness in the behavior could have provoked the ideas about particularity of that chosen person, increasing the confidence of the healer's surrounding. The mastery over death and the ability to overcome diseases attributed to these people, in times when illness was seen as an unexplainable phenomenon, were additional confirmation of their supernatural powers and qualities although they had often resulted from suggestion–conductive factors²⁵. At that time, the disease was not perceived as something physical, but spiritual: God's punishment, the absence of the soul from the body, while healing procedures were based on the release of such demons and evil forces from the body or restitution of the soul to the patient. The healing itself was perceived as something spiritual and transcendental where God's powers were evoked in order to correct a disease or disability that through the spiritual brought also to the literal curing. A healer endowed with such personal charisma, emerged very often during time of famine and epidemics. In such situation of crisis, the community invoked a leader, a person who could solve the problem and liberate them from the situation of psychological and physical distress. This leader had to be chosen by God, and miraculous healing was perceived as a sign

and result of such selection (*signa Dei*). The arrival of such awaited protector was producing a mass effect that additionally contributed to the successfulness of healing and the spreading of a positive propaganda that maintained strong the authority of these healers. As the medical profession was evolving and formal physicians were replacing local charlatans and self-appointed charismatic healers, spiritual healing started to be substituted by material remedies (Figure 1 (b)). These new physicians were basing their activity on knowledge, acquired in a formal and legal way. They assumed the role of their predecessors and first charismatic healers, and with it they took over their personal charisma that turned into professional charisma, driven by institutionalization of the profession. This charisma is subtle, it does not emerge in time of crisis, but is constantly present. The ability to heal of the new physicians is not product of an individual quality and neither is inherited, but emerges from the office they hold. The popular idea that the medical knowledge is hermetically transmitted from one generation of physicians to other still persists, but now it is taking place in Universities and not within Dynasties. Although the order of new physicians is not anymore the holder of personal charisma, the physicians still retain some qualities and attributes of the classic charismatics: the ability to heal (nowadays with rational remedies), the ability to teach, and the office of knowledge, which made also part of the primordial charismatic figures. This may be one of the reasons why the charismatic authority of the physician had stayed constant over time. The professional charisma of modern physicians

has formed exclusively thanks to the cultural and social foundations left by antique healers and miracle makers.

Today, the charisma of physicians is diminishing due to the growing rights given to patients that are gradually becoming more and more actively involved in the healing process (Figure 1 (c)). Yet, although charisma is diminishing within medical professionals, it will surely not disappear because physicians still retain the power of an exclusive knowledge gained after years and years of education that distinguish them from other and that helps them to manipulate patient's decision as charismatic leaders once manipulated their followers. In addition, the regression of the patient in time of physical disability and pain helps the physician to maintain some power (charismatic authority) over the patient as »greater distress (including physical and psychological)« still »tends to bring forth a greater acceptance of leadership«. However, the authority, if any, is retained only on the physician-patient axis and not anymore on that linking the physician and the masses.

The charisma of the healer could be recovered and even revived. Some scholars find among the attributes of modern charismatics also empathy, sensitivity, and emotional expressivity³³. So, probably, if the physician would again, along with physical healing, turn towards psychological healing, he may revive the needed confidence and emotional dependence of the patient. The new charismatic physicians could not anymore be those who are endowed with supernatural powers, untouchable and inaccessible, but those who can sense the feelings and needs of a person, and make use of their own personal skills and knowledge for the benefit of the patient and public good (Figure 1 (d)).

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POVIJESNI I DRUŠTVENI RAZVOJ KARIZME ISCIJELITELJA I LIJEČNIKA

SAŽETAK

Cilj ovog rada jest istražiti odnos između karizme i liječenja, kao i razvoj pojma karizma unutar medicinske i iscijeliteljske struke kroz vrijeme. Članak obrađuje razvoj medicinske struke od šamana do modernih liječnika, postepeni prijelaz od ritualnog do fizičkog liječenja, odnos između liječnika i puka i prijelaz osobne u profesionalnu karizmu u povjesno-medicinskom kontekstu. U zaključku, autori potvrđuju neospornu vezu između karizme i liječenja. Iscijelitelji (a potom i liječnici) smatrani su najznačajnijim osobama u njihovoj sredini. S vremenom izgubili su svoju osobnu karizmu i zamijenili je sa stabilnijom profesionalnom karizmom. Danas, obzirom na sve veću uključenost pacijenta u proces liječenja i na demistifikaciju medicinske struke, karizma liječnika se smanjuje, iako medicinska struka i dalje zadržava neke od osobina pripisanih klasičnoj karizmi, među kojima autoritet nad pacijentom.