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Western and Indian-American Medical Discourses in Leslie Marmon Silko's *Ceremony*

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Abstract

This study explores medical discourses in Leslie Marmon Silko's *Ceremony* (1977). The exploration of Native American literature reveals how medicine and the concept of healing are not exclusive white properties. Leslie Marmon Silko's novel emphasizes the power of traditional healing methods. Both western medicine and indigenous medicines are meant to heal patients. The postmodern analysis by questioning established conceptions of the mainstream opens news horizons up. Far from opposing white and Indian American medicines, the novel is rather a plea for a cultural-medicinal hybridity.

Keys-words: disease, healing, medicine, psyche, racism

Resumé

Cette étude explore les discours médicaux dans *Ceremony* (1977) de Leslie Marmon Silko. L'exploration de la littérature Amérindienne révèle à quel point la médecine et le concept de guérison ne sont pas des concepts exclusivement européens. Le roman de Leslie Marmon Silko met l'accent sur le pouvoir des méthodes de guérison traditionnelles. Les médecines occidentales et Amérindiennes sont destinées à guérir les patients. La démarche postmoderne questionnant les conceptions établies du «mainstream» ouvre de nouveaux horizons. Loin d'opposer les médecines occidentales et Amérindienne, le roman est plutôt un plaidoyer pour une hybridité culturo-médicinale.

Mots-clés : guérison, maladie, médecine, racisme, psychisme.

INTRODUCTION

Leslie Marmon Silko presents two discourses in her outstanding novel *Ceremony*: medical and social discourses. The analysis of those speeches reveals in one hand their convergence and on the other hand their divergences. . The objective of therapy is then to retrieve health; but health itself is diversely defined. According to the World Health Organization, **“health is a state of complete physical, mental and social well-being and not merely the absence of diseases”**. In incorporating both white and Indian medical discourses, some researchers have addressed the question by not hesitating to oppose them. Takawira Kazembe did not hesitate to oppose both types of medicines when he asserts: “traditional medicines that non-western have very different assumptions underlying them which do not fit in with western scientific assumptions” (Kazembe, 2008, 39). Likewise, Vamara KONE surveyed and opposed traditional and modern medicines in Silko’s *Ceremony*. To him, Indians needs “to resort to their ancestral ways of healing (.....) the relative efficacy of indigenous medicine as theories of deconstructing western colonialist prejudices and reconstructing native cultural identity” (KONE, 2011, 80). While Vamara KONE’s article relates western and Indian medicines with postcolonial analysis, and Kazembe perceives these medicines as inherently opposed in both assumptions and forms, the present article sees these healing methods as sometimes structurally different; however, Indian American and western medicines are inherently complementary, for different reasons.

Healing is both individual and collective issue. Every single person is confronted to that issue. Similarly, healing concerns communities and societies that are struck by a collective disease like an epidemic, a pandemic or war. Thus, those communities will use of their traditional and cultural knowledge to counter the problem. That is why Michael Bury asserts: “all societies mobilize cultural and material resources to deal with illness” (Bury, 1997, 1). However, the nature of those discourses is fundamentally therapeutic that’s to say they both seek the well-being of individuals. Therapy is the treatment of a disease or disability whether it is physical, mental or even psychological.

In this perspective, the protagonist Tayo in *Ceremony* appears to be the embodiment of those forms of treatment once he is back from the Second World War, severely struck by a phantomatic illness. To treat the war veteran, two models of treatment are proposed and tested: that of the white world and the second from the native people. But before and contrast, it is interesting to survey on how they converge.

1-Structural Differences Between Native and Western Medical Discourses

Even if both medical and social discourses have some similarities namely seeking the well-being of patient, there still have large differences. The first one resides in the approach or simply the conception and the second in the method(s).

Both western and Indian medical discourses see human body as a machine. Western medical discourse essentially focusses on human body. In this sense, the body can be compared to an automobile. In other words, it is a machine, which works with its own resources. As for Indian medical discourse, human body needs both internal and external resources. That is why it examines various kinds of factors so that to determine the cause(s) of an illness. In the case of *Ceremony*, white doctors rely on the idea that his sickness is only physiological. On the contrary, indigenous people centered their diagnosis on external factors. Old Ku'oosh, a traditional medicine man, poses his analysis on the possible drawbacks of mass killings. In fact, he wonders if the protagonist is ill because he has killed too many people or not.

Tayo's dialogue with the old man Ku'oosh is long because it took the protagonist time before realizing what the medicine man has come for. The traditional doctors explain: "There is something they have sent me to ask you. Something maybe you need, now that you are home" (Silko, 1977, 36). From this verbal utterance, it comes out that Tayo's illness is a collective and societal responsibility. Everybody is concerned with how to bring the young man back to health. Western medical discourse rather has trained people who are supposed to deal with the healing process most of the time independently from the relatives. What Ku'oosh and the community wait for is a sort of avowal on who and how many people he killed. Unfortunately, the equation is more complex than a simple confession as the narrator explains:

He [Tayo] didn't know how to explain what had happened. He did not know how to tell him that he had not killed any enemy and that he did not think he had killed. But that he had done things far worse, and the effects were everywhere in the cloudless sky, on the dry brown hills, shrinking skin and hide taut over sharp bone. The old man was waiting for him to answer. (Silko, 1977, 36)

The above quotation reveals that the situation goes beyond many people's understanding. The world has evolved and became "fragile" as the old man acknowledges. However, he does not understand how flimsy and dangerous it has become. Here, traditional medical discourse tries to relate external factors to the disease of the protagonist.

Some social scourges most often interfere with western medical discourse contrarily to traditional ones. In fact, western multicultural societies experience racism. Then, the application of western medical discourse is sometimes confronted to the unwillingness of practitioners to heal patients of different origins. Invisibility can be paralleled with racism and the complex of inferiority. As a matter of fact, Indians have been experiencing various kinds of statuses since the white man's intrusion in their world. They were first fought and killed, befriended especially during WWII and rejected again. Their rejection after WWII makes Indians feel invisible.

Whether invisibility denotes racism or cultural obliteration, it certainly complicates the doctor-patient relationship between Tayo and the doctors. Thus, invisibility and racism have seriously reduced Tayo's chances of recovering according to the modern medical methods. His psyche has already rejected white people and their medicine. By doing so, the placebo effect could no longer work on him. According to Irving Kirsch "the doctor-patient relationship is critical to the placebo effect". The placebo is both an unknown (to the public) and an underused therapy. Nevertheless, some researchers like Irving and Curtis E. Margo believe in its potential to help the patient feel better. For Margo, he thinks that even though the concrete role of the placebo is still to really measured and recognized, its role in the healing process is quite evident as it concerns the role of the mind in healing the body. To him, "few studies are designed to measure the placebo response directly. Placebos are a reminder of how little is known about the mind-body interaction. The placebo effect may be one of the most versatile and underused therapeutic tool at the disposal of physicians" (Curtis E Margo, 1999, 1). As for Irving, the placebo effect is conditioned by the patient's physical and mental status.

Emotions, expectancies, and behavioral conditioning like that of Pavlov's dog have long been known to affect the body. This is the basis of the placebo effect. Timothy Walsh has done a meta-analysis on the effects of placebo and drugs over time. He showed that as public awareness of antidepressants increased, the response to drugs and placebos for depression also increased. This shows how beliefs about the effectiveness of a drug can change the effect of prescribing it (William Scott 2012, 10).

Dr. Irving succinctly puts that a patient's acceptance of a prescribed drug is the first step to his healing process. That contradicts the long-held assumption that the body works like a machine, which must be fixed as soon as something goes wrong. Second, the patient's acceptance of that medicine increases the healing effects of the drugs. In

the case of Silko's *Ceremony*, that seems not the case as Tayo's relation with white doctors is difficult and none trust the other.

Communication plays an important role in Tayo's healing process. Unlike native medicine men like old Ku'oosh and Betonie who successfully communicated with Tayo, white doctors failed to win his trust. They even come to quarrel. Tayo refuses to communicate with doctors for undermined reasons. He only speaks to abuse them: "goddamn you (...). Look what you have done" (Silko, 1977, 16). Nevertheless, whatever the motives, his healing process was doomed to failure. The protagonist and white doctors hardly agree on the attitudes to adopt as well as decision to make.

Tayo is supposed to go back home in reservations since white treatment proved impotent. The idea is shared both by Tayo, the patient himself and the character brought to send him back. Only white doctors opposed the idea: "he can't go. He cries all the time. Sometimes he vomits when he cries" (Silko, 1977, 16). First condemned to fight against his illness, Tayo is forced to engage another struggle which issue shall determine the place to host him. White doctors' refusal to let the protagonist go may be ill-perceived. However, one must not overlook their honest will to cure the patient, as they are convinced that they can.

Measures of accompaniment are crucial in helping people recover from a disease. In *ceremony*, white doctors fail to provide the protagonist with such accessories since he is sent home only with his suitcase. The narrator reckons that allowing Tayo to go back to reservations can be compared to sending the patients to death. The narrator explains:

It was too late to ask for help, and he waited to die the way smoke dies, drifting away in currents of air, twisting in thin swirls, fading until it exist no more. His last thoughts were how generous they had become, sending him to the L.A. Depot alone, finally allowing him to die. (Silko, 1977, 16-7)

The problem with white doctors is that they failed to take into account the inner aspirations of the protagonist as well as to treat him with humanity. It is namely one of the aspects Nanne Bos identified in her thesis when talking about patient centeredness and patient perspective. To him, when healthcare facilities fail to be patient-centered, they rather do wrong than good: "healthcare harms patients too frequently and routinely fails to deliver its potential benefits. Between the delivery of healthcare and the optimal delivery of healthcare lies a chasm. Increasing patient centeredness is one (out of six aims(s) to improve healthcare delivery" (Qtd in Bos, 2013, 7). In *Ceremony*, white

doctors only focused on their healing methods and did not place the patients at the center of their preoccupations.

The choice of the treatment combined with the pseudo-psychological help, first destined to help Tayo have rather put the patient in confusion and repulsion. When Tayo is back home and his relatives witness the ineffectiveness of white medicine, old grandma ordered to call for a traditional medicine man. Auntie, Tayo's aunt recalls what white doctors said about the nature of medicines to be administered: "you know what the army doctors said: 'no Indian medicine.' Old Ku'oosh will bring his bag of dust. The doctors won't like it" (Silko, 1977, 34). Though white doctors seemingly decided to follow Tayo even when he is home, they give the impression to be cloistered in their method of healing even if its ineffectiveness was blatant.

Furthermore, the psychological approach of white doctors reveals to be one more time inadequate. They favored individualism by urging the protagonist to think only about himself. That was supposed to help him. However, Tayo never succeeded in doing so. He sees the opposition of Native and white medical discourses when the old Betonie tries to explain him the complexities of his illness.

He wanted to yell at the medicine man, to yell the things the white doctors had yelled at him – that he had to think only of himself, and not about the others, that he would never get well as long as he used words like "we" and "us". But he had known the answer all along, even while white doctors were telling him he could get well and he was trying to believe them. (Silko 1977, 125)

The protagonist tried to believe the individualistic approach though he knew a priori it won't work. Community plays an important role in Indian traditions and Tayo has been educated accordingly. That's why the central character knew he couldn't afford without it. His health depends on him and the community; that's why he would forge a spirit of getting well for himself and for the community because people need him and he needs people. That dualistic principle of curing proves to be efficient.

Tayo's illness has a cultural dimension that's to say one of causes is linked to culture. As a matter of fact, during the war Tayo cured the rain when they were running to escape Japanese soldiers. Back home after the war, he found the reservations struck by a serious drought. He then believes to be the responsible of people's suffering. That guilt traumatizes and haunts him.

So he had prayed the rain away, and for the sixth year it was dry; the grass turned yellow and it did not grow. Wherever he looked, Tayo could see the consequences of his praying; the gray mule grew gaunt, and the goat and kid had

to wander farther and farther each day to find weeds or dry shrubs to eat (Silko, 1977, 14).

Thus, feeling guilty has caused Tayo to feel ashamed of what he had done. He spent days and nights in the room hiding from the outside world. He could not afford seeing the drawbacks of his actions. Betonie brings Tayo into forgiving and believing in himself. He makes the protagonist trust his ability to fix things up again. In the mind of Kelly McGonigal, self-compassion instead of self-criticism is the key in increasing one's willpower.

Surprisingly, it's forgiveness, not guilt that increases accountability. Researchers have found that taking a self-compassionate point of view on a personal failure makes people more likely to take personal responsibility for the failure than when they take a self-critical point of view. They also are more willing to receive feedback and advice from others, and more likely to learn from the experience. (McGonigal, 2012, 129)

Eventually, the patient plays a crucial role in his own healing process. Not only must he accept his illness, but he has to believe in his capacity of getting well again or recovering from his aches.

Leslie Silko's *Ceremony* shows some structural differences between western and indigenous medical discourses. Those differences stem from some social problems like racism and the ignorance of the patient's inner aspirations. However, these healing techniques are profoundly benevolent as they seek to cure people.

2-Convergence of Indian and Western Medical Discourses

Back from WWII, Tayo certainly needed medicine whatever the type. Circumstances place him in the white conception of medical treatment. That form of healing is the western one, which is sometimes identified as the "biomedical model" of health. The biomedical model is a conceptual model of illness that only includes biological factors, excluding possible psychological and social factors in attempt to understand person's medical illness or disorder. In other words, the biomedical model of health believes that health has only to do with biological disposition or predispositions and an individual falls ill when something in his physical conception breaks or does not work well.

Medical discourse starts with the analysis of a physical illness. In *Ceremony*, the protagonist Tayo is admitted to the Veterans' Hospital on the basis of pre-diagnosis made by his arms brothers. As a matter of fact, the protagonist's illness started during the war and the army soldier called it as battle fatigue. He refused to shoot some

Japanese soldiers held captives on the basis that his uncle Josiah, stayed thousands of miles home, was with them. Because of those “hallucinations”, Tayo has been examined according to biomedical principles. The narrator explains:

The sergeant had called for a medic and somebody rolled up Tayo’s sleeves; they told him to sleep, and the next day they acted as though nothing has happened. They called it battle fatigue, and they said hallucinations were common with malarial fever. (Silko, 1977, 8)

To the army medics, hallucinations are due to malarial fever and since fever is usually caused by exposition to high temperatures, he simply needs some medicines and a rest, as he is tired as well because of the combats.

Likewise, the traditional healing discourse adopts such a method when Tayo is back home. His native family keeps him home because they suppose he is tired. He is given chance to rest, relax and sort things out now that he is back from war. That conception meets western notion of biomedical therapy since both Whites and Indians start analyzing illness on a physical perspective.

Tayo acknowledges that something is wrong with him; that he is sick and consequently he needs help. That is the first stage of his healing process. Acceptance of his disease and agreeing on being helped. That’s what he succinctly tells Betonie in his Hogan: “I’ve been sick, and half the time I don’t know if I’m still crazy or not. I don’t know anything about ceremonies or these things you talk about. I don’t know how long anything has been going on. I just need help” (Silko, 1977, 125). Betonie is cut short because Tayo has priorities and the first is the retrieval of his health. Illness acceptance comes before drugs themselves and it depends on the patient’s will. “Neither gender nor age played a significant role in acceptance of illness, control of pain or expectations for physicians” (Cybulski et al., 2017, 2). That conclusion of Cybulski et al. wipes out the presumptions that Tayo’s gender and age may have helped him in accepting his sickness. In the mind of Pawel Zielazny et al. in “Acceptance of illness, beliefs about pain control and coping strategies among patients scheduled for surgery for osteoarthritis of the spine” (2013) the more a patient accepts his illness, the better he increases his chances of recovery. He explains:

Patient’s attitude towards illness dictates the attitude towards its treatment. In this context it is very important to adapt to the new life, health and social situation, the “acceptance” of one’s situation being one of the key ingredients of this process. Interpreted in this way, acceptance is an indicator of patient’s functioning in illness. The higher the level of acceptance the better adjustment and lower intensity of negative emotions. Patients who accept their illness are

more optimistic, full of hope and trust in their doctors and treatment methods. They also actively participate in the therapy. (Zielazny et al., 2013, 252)

Tayo accepts his illness without a serious idea about what his treatment will look like. Thus, according to Zielazny et al. he fulfills the step towards his recovery. Tayo also actively participates in his therapy as Zielazny et al. found it. The central character did what Betonie told him to perform the ceremony intended to heal him. The protagonist once accepted his illness and asked for help when Ku'oosh first visited him: "I'm sick, but I never killed an enemy (...). Maybe you could help me anyway. Do something for me, the way you did for others who came back" (Silko, 1977, 36). Though that first attempt did not work, he tried it the second and good time.

The patient's will is another important notion of healing him. To achieve true healing, one must accept to be helped. In *Ceremony*, the central character almost refused to be helped by white doctors. On the opposite, he asked help from Ku'oosh and Betonie who are traditional medicine men. Tayo then seeks to get cured the way his comrades were; he addresses a request to Ku'oosh: "I'm sick but I never killed an enemy. I never even touched them (...). Maybe you could help me anyway. Do anything for me, the way you did for the others who came back. Because what if I didn't know I killed one?" (Silko, 1977, 36). In the same way, though Ku'oosh did not succeed in healing him, he did not give up. He kept on asking help with Betonie: "I don't know how long anything has been going on. I just need help" (Silko, 1977, 125). The power of these words is mentioned by the narration: "the words make his body shake as if they had an intensity of their own which was released as he spoke" (Silko, 1977, 125).

Kristen Weir also believes that the power of will is essential towards healthy choices whether one seeks recovery or wants to stay fit. To him, "understanding the role of willpower is likely to be important to developing effective treatments for addiction and in helping guide people toward making healthy choices, such as eating well, exercising and avoiding illicit substances" (Weir, 2012, 10). Tayo is persuaded that the medicine man can do something for him. He even asks for it. he makes the decision to work towards recovery That brings about another difference between the medical and social discourses: the patient's viewpoint. The sick's opinion is preponderant in the healing process. *Ceremony* presents a protagonist who chooses a healing process instead of another. In this case, Tayo rather goes for the social method even though he did not accurately know what it really was.

Communication with the patient is an important step in the healing process. Both western and Indian medical discourses establish communication with the patient, though sometimes it works one way, and fails other ways. The Veterans' Hospital develops a strange discourse with the notion of invisibility. Tayo's invisibility stands for his incapacity to cooperate with the white healing methods or white doctors' unwillingness to heal him. That second option, if real, is in contradiction with the regalia task of medicine which is to cure people regardless of their origins, race, social or political affiliations. The narrator describes Tayo as an invisible character in the Veterans' Hospital:

The new doctors asked him if he had ever been visible, and Tayo spoke to him softly and said that he was sorry but nobody was allowed to speak to an invisible one. But the new doctor persisted; he came each day, and his questions dissolved the edges of the fog, and his voice sounded louder every time he came. The sun was dissolving the fog, and one day Tayo heard a voice saying 'He can't talk to you. He is invisible. His words are formed with an invisible tongue, they have no sound. (Silko, 1977, 15)

The passage bespeaks of a conflictual relationship between the patient and the people supposed to heal him. Doctors always establish a dialog between them and patients in order to build a feeling of confidence and trust in one another. But it is not the case as Tayo is nearly harassed on his visibility or not. In the mind of other critics like Naomi R. Rand in "Surviving What Haunts You: The Art of Invisibility In *Ceremony*, *The Ghost Writer* and *Beloved*", Tayo's invisibility comes from his cultural obliteration. To her, Americans (white Americans) "are trapped by the desire to tout their particular cultural identity as a prized possession, while at the same time stripping it of much of its substance. The devaluation of a cultural history is only possible if ethnic identity is something that can be hidden away, made invisible" (Naomi R. Rand, 1995, 21). The protagonist is then disconnected from his tribal history and that makes him invisible. No matter the real reason, there is no real opposition in western and Indian medical discourses since white doctors' failure in curing Tayo can be seen as a professional mistake or individual errors. The general objective of white medicine is to heal the patient by first establishing with a contact and posing a diagnosis through dialogue. Individual doctors may fail to do so, but the theoretical objective does not change.

Contrarily to what Native medicine men did, white doctors did not ask the patient what exactly what was wrong with him and he felt. The soft and methodical discourse of old K'uoosh and Betonie are also in contradiction with the aggressive and

ambiguous method of white doctors. For instance, Old Ku'ooosh started by telling Tayo how concerned was the community about his health: "There is something *they* have sent me to ask you" (Silko, 1977, 36 emphasis mine). Those words make the protagonist feel that he is not alone and they give him comfort thanks to which he could really express his feeling to people he trusts.

Likewise, Betonie undertakes such a soft speech with Tayo so that to establish trust between them. He tells him stories of his own which eventually brings the protagonist into telling his own. The method proves fruitful as Betonie is the only one to whom Tayo told his story, as Betonie is the one who succeeded in healing the central character.

War is also identified as a cause of illness and it is an illness as well. War is determined as a possible cause of Tayo's illness for different reasons. First of all, the other war veterans have experienced such signs of trauma and second because battle fatigue is one of the recurrent effects on people who have been to war. Both doctors of the vet's Hospital and traditional medicine men related Tayo's disease to the side effects of war. But inevitably, war is a social disease for humanity, as it affects people regardless of their origin, religion, skin color or cultural affiliation.

Both Native and white medicine have tried to heal the central character in *Ceremony*. Both tried to understand the causes and find treatment to Tayo's torments. Definitely white medicine fail to provide an efficient cure as Grandma says: "those white doctors haven't helped you at all. Maybe we had better send for someone else" (Silko, 1977, 33). Tayo's grandmother was dead right since her solution of finding another medicine man (Native) in the person of Betonie healed the grandson.

CONCLUSION

Reasonably, Leslie Marmon Silko's *Ceremony* cannot be denied its medical paradigms. people from all over the world suffer from diseases. Those diseases are multifaceted and diverse as they suffer from physical (trauma, headaches and battle fatigue) and social (racism, war and intolerance) diseases. The implicit opposition of western and Indigenous medicines is a possible perception. However, though, western medicine did not succeed in healing the central character, the novel actually aims at exploring both white and Indian medicine to heal people. The point is not establishing the power of indigenous medicine over the western one since some characters who did

receive Indian medicine did not get well. The authenticity of novel stems from its ability of showing the true power of traditional healing methods and the possibility to offer alternatives to western healing methods. Based on nature, indigenous people draw their culture, nature, and orality. Thus, their medicine and healing methods are also drawn from the same sources.

The combination of western and traditional medicines is thus vital to combat our common foe which is illness be it, physical, mental or social. One more time, *Ceremony* highlights how far indigenous, and by the same token minorities' cultures, can constitute a tremendous added value to achieving healing.

WORKS CITED

- BOS, Nanne. 2013. "Measuring Patients' Experiences in the Accident and Emergency Department". Thesis, Utrecht University, Utrecht, the Netherlands.
- BURY, Michael. 1997. *Health and Illness in a Changing Society*. UK: Routledge.
- CYBULSKI et al. Feb 2017. "Illness Acceptance, Pain Perception and Expectations for Physicians of the Elderly in Poland". *BMC Geriatr.* 8; 17(1):46.
- KAZEMBE, Takawira. 2008. "Some Cultural Aspects of Traditional Medicine, Traditional Religion and Gender in Zimbabwe". *The Rose Croix Journal.* 5. 36-49.
- KONE, Vamara. 2011. "Traditional Medicine versus Modern Medicine in L. M. Silko's *Ceremony*". *Diaspora Academic Press.* 6. 79-88.
- MARGO, Curtis E. July-August 1999. "The Placebo Effect". *Survey of Ophthalmology*, Volume 44, Issue 1. 31-44.
- MCGONIGAL, Kelly. 2012. *The Willpower Instinct: How Self-Control Works. Why it Matters and What you Can do to Get More of it*. The Penguin Group: New York.
- RAND, Naomi R. (Autumn, 1995). "Surviving What Haunts You: The Art of Invisibility In *Ceremony*, *The Ghost Writer* and *Beloved*". *MELUS* Vol. 20, No. 3. 21-32.
- SCOTT, William. 2012 "The Placebo Effect: A Conversation with Dr Irving Kirsch". *Glob Adv Health Med.* Nov; 1(5): 10–11. WEIR, Kristen. January 2012. "What You Need to Know about Willpower: The Psychological Science of Self-Control". *American Psychological Association*, vol. 43, n° 1. 1-19.
- ZIELAZNY et al. 2013. "Acceptance of Illness, Beliefs about Pain Control and Coping Strategies among Patients Scheduled for Surgery for Osteoarthritis of the Spine". *Postepy Psychiatrii i Neurologii*; 22(4): 251–258.