

Historical research on the practices of care and assistance in witchcraft trials held at Poschiavo (CH) between 1631 and 1753

Stefano Giorgetta¹, Edoardo Manzoni², Maura Lusignani³

¹ Lecco Hospital, Lecco, Italy; ²Istituto Palazzolo, Bergamo, Italy; ³ Department of Biomedical Sciences for Health, University of Milan, Italy

Abstract. Val Poschiavo provides the context, shown to have been the location of numerous trials against witches in the post-Tridentine period, recognised as representing a crucial era for the history of medicine and of assistance, inevitably linked to the history of nursing care. Assistance should be considered in this period within the domestic settings of the populace, during which women exercised their caring practice.

The purpose of the research is to highlight the link between the witch hunting period in the context of Val Poschiavo and the history of assistance, comparing gestures of assistance and care of women accused of witchcraft to modern-day basic nursing care.

The trial records of 51 women accused of witchcraft between 1631 and 1753 are examined and analysed using historical research methodology.

Overall, 111 gestures have emerged. These were divided into gestures of care (n=51) and gestures of assistance (n=60), expressed through feeding, touch, physical proximity, words, knowledge/competence, the look and usage of herbs.

The results allow us to associate some women accused of witchcraft with caring women and establish useful groundwork to consider the meaning of nursing actions, with explicit reference to the Fundamentals of Care, the expression of a memory perhaps forgotten, but in human terms essential and indispensable.

Key words: witchcraft, caring women, gestures of assistance, gestures of care, nursing.

Introduction

The witch hunt era lasted for over five centuries, 14th -18th century (1), and its chronological and geographical development was complex, being initially confined in the European countries in which it first emerged – France, Italy, Switzerland – before spreading in centrifugal directions (2), and reaching its peak in the 16th– 17th centuries (1).

It is difficult to establish an unequivocal definition of the term ‘witchcraft’, as interpretations given by experts in the field often diverge. With reference to the words of Giordano Berti (2010) and conforming to the traditional meaning of the term, “It is possible to say that witchcraft is a set of practices with a magical

background which enhance individual will, allowing the practitioner to know the future or, through specific spells, to direct the course of events, “charm” a place, an object or an animal, “bind the fate” of an individual, or even “bewitch”, subjugating their will” (3). This definition does not offer a clear distinction between witchcraft and magic, even though a substantial difference exists and is based on the fact that sorcerers, throughout the centuries, instead of suffering torture and persecution were often held in high regard by both prince and cleric, who would employ them to know their own fate, to covertly act against their political adversaries, to obtain solutions regarding upcoming battles or to cure illnesses. However, although witches used practices similar to those of sorcerers, such as the

administration of medical herbs combined with the use of gestural symbols, amulets and the invocation of spiritual entities, they were often negatively perceived because of the religious prejudice – widespread at the time – towards the women, as well as their social class, usually ascribed to their rural and obstetrical world. Somehow, throughout history, there has been a different consideration of white magic and black magic.

Over the course of the 14th century, and especially in alpine areas, represented in this current research, the idea of the existence of a *secta et haeresis haereticorum fascinatorum*, formed by witches devoted to cursing people, started to take root. Indeed, historical sources show how the mountain environment, characterized by areas of woodland and quasi-abandoned areas could well promote the spread of “dangerous” beliefs amongst the local inhabitants, those who dedicated themselves for the most part to agricultural activities (4). The Valley of Poschiavo represent the upper area of the southern side of the Rhaetian Alps and, although forming part of the Canton of Graubünden in Swiss territory, it is part of a region which adopted the Italian language and culture. The geography of the territory of Poschiavo, presents it as an isolated and marginalised mountain territory, which might contribute to the spread of the aforementioned concept of witchcraft in this region (5) and the exclusion of the prevalence of science-based medicine, which was already lacking even in non-marginalized areas.

The region thus proved to be a place of any number of trials against witches in the post-Tridentine period, recognized to be a crucial time within the history of medicine and of assistance (6). Assistance is defined as that cultural and daily event which satisfies the need for living; it is the cultural and factual concretization of the principle of human solidarity and is a characteristic peculiar to the human being and the necessary foundation of everyday life (7).

Assistance is to be looked for, in this period, in the domestic settings of the life of the populace, in which women exercised their caring practice, juxtaposed with medicine which was starting to be developed in universities, where lessons were based on learning notions with no practical applications on clinical medicine, so that medicine would be empirical, spread outside of the universities and based on experience and above all

on oral tradition, a more effective resource of clinical medicine (1).

Women were the main holders of this empiric knowledge in the modern age, as they provided the means to guarantee the survival of others. Thus, women were surrounded by a magical and supernatural aura, given that at a time when the human condition was dominated by the dread of death and sickness, it is not unreasonable to think that these empirical healers were both respected and feared at the same time (1). It is therefore conceivable that healers and the ladies of the herbs were suspected of witchcraft when a patient died or was suffering from a rare disease, difficult to cure or even to diagnose (1). Healer-witches were often the only ones caring for common people living in poverty and deprivation with neither doctor nor hospital (8). It can therefore be asserted that “[...] the only physician for the people, for a thousand years, was the Witch. Emperors, kings, popes, barons and the richest had doctors of Salerno, Moors and Jews, but the ordinary people, and that means all of them, could consult none but the Sage or Wise woman. If she was not able to heal, they would insult her, calling her a witch. However, both for respect and for fear, they would generally call her Buonadonna or Belladonna, from the name attributed to fairies” (9). Due to the very nature of these women, integrated in the community with similar characteristic to those of all the other inhabitants, one might agree with the expression: “witch hunts strike an emotional chord because we could have been those same witches and warlocks; [...] they were internal enemies, the very same in race, religious beliefs and habits to everyone else” (2).

The link between people accused of witchcraft and cursing, that is intending to cause harm towards people, animals, crops or other perpetrated through the use of magical powers, constituted the very essence of the crime (10). Around 80% of the people accused of being involved in witchcraft were women (11). Their main role in the history of care (12), as well as the lack of research and written proof of the actions and people who silently addressed the different emerging problems of the population throughout history (13), led to researching the profiles and actions of women dedicated to care in the witch trials of the context in study. The purpose is to highlight the connection between

the witch hunt era and the history of care, linking the actions of accused women, alongside the appropriate historical and cultural differences, with the basic nursing care of today.

Literature does not offer an unequivocal definition of what in Italian is referred to “*attività infermieristiche di base*”. Some might use the term “fundamentals of care” or “fundamentals of nursing care”, while others “basic nursing care” (14).

Feo et al. (2018) provided three definitions of fundamentals of care: the first describes them as a list of evidence-based nursing activities that can impact patient outcomes; the second as generic and universal care needs, unrelated to specific health problems and not directed towards a specific health goal; the third describes them through three interrelated concepts: the nurse-person relationship, the integration of the basic needs of the person of a physical, psychosocial and relational nature in every moment of care and the nursing care context (14).

According to logical empiricism, fundamentals of care is the heart of the discipline and constitutes the foundation of the Object of study, they define the ultimate Purpose (*Télos*) to aim for and guide the Method (*Méta-hodos*), the way forward to acquire knowledge. Using Lakatos’ falsifies vision, it can be argued that fundamentals of care are the metaphysical core, the very essence of the nursing discipline as an expression of the immanence of human care. Care therefore becomes an ontological characteristic of man without which there is no individual and group life and man is assumed as the subject of history, allowing scientific research to be qualified not only as a science of the past but as a science of men in society of the time. The real history of nursing cannot be simply traced back to numbers and data but must be interested in the man as a whole. Man understood as an individual who exercises nursing care and as a community that articulates the needs for nursing care (14). Those who practice nursing are characterized by three fundamental elements: having an idea of assistance, being able to address a health issue which was common in the community and recognising the possibility to act autonomously to treat it (15).

The role of the human being as a subject of history, and more specifically that of women accused of

witchcraft in the context of Val Poschiavo, facilitates not only an account of the past but also helps to illustrate the remains and any fractures which exist and endure in the present (12).

The aim of the study is therefore to find a link between the witch hunt period and the history of assistance, seeking possible convergences between the practice exercised by the accused women and that of today’s nurses.

Materials and methods

To carry out the current study, historical research methodology has been used according to the six phases described by Lusk in 1997 (16):

1) Choice of topic and establishment of an appropriate theoretical framework: the interest of researchers initially leads to a discussion with a historian who prompts an investigation within the archive of Poschiavo’s town hall. At the same time, an appropriate theoretical framework of reference is established with the collaboration of the Library Service of the University of Milan, the Library Service of Milan, the Library Service of the province of Sondrio, with the Società Storica Val Poschiavo (*trans.* Val Poschiavo Historical Society) and the Centro Studi Storici Valchiavennaschi (*trans.* Val Chiavenna Historical Studies Centre);

2) Research and assessment of sources: the initial reference to different sources at the archive of Poschiavo’s town hall starts from the digital reading of the transcription of the procedural documents recorded by Gaudenzio Olgiati at the end of the 1800s and typewritten by Ramon Juvalta in the late 1970s. These transcriptions (secondary sources) are then further examined by reading, in digital form, the primary source, namely the trial record in its original form. In reality, these documents reveal a genuine mixture of languages: on the one hand the Latin language with which the legal texts used by the chancellors were usually written and on the other the vernacular Italian and the Poschiavino dialect, vital for the accusers to be understood by the accused. For the purposes of this study, it was necessary to translate the procedural documents into Italian;

3) Analysis of sources: the existence of material

which is qualitatively and quantitatively appropriate to develop the study is proven. This material is then carefully read again considering the key concepts “healing”, “being close”, “assisting”, “curing”, “giving food/water”, “touching”, “speaking”, “using herbs/ointments”, “watching” and “female sex” which were previously defined to allow for the identification of aspects related to practices of care and assistance. The choice of these particular concepts, is prompted and defined by the set of knowledge provided first of all by the international theoretical literature of the school of needs and then subsequently by the historical revision of the context, in particular by what is expressed by Arcadi and Manzoni (2015) and by Siccardi (2020). In this phase, the historical authenticity of the sources is established through an intrinsic and extrinsic test of the same sources (12). These are also categorized according to intentionality, meaning the willingness of those who left the source to establish the memory of a phenomenon to hand it on, and to the external representation in written, figurative and oral sources (17);

4) Data synthesis: the fourth phase involves the individuation and tabulation of the actions of assistance and/or care from the trial records after defining what is intended as an action of care and an action of assistance. The collected data are grouped together and compared;

5) The fifth phase involves the interpretation of data, which allows for the examination of what was found in connection with previous publications and to the criteria “who gives assistance?”, “who is given assistance?” and “what is assistance?”;

6) The sixth phase involves the communication of data through the writing and releasing of the current publication.

The study used a convenient sample by selecting the archive of Poschiavo’s town hall as the site of source research. 128 trial records written between 1631 and 1753 were discovered here. These are stored in special cardboard boxes in the room used as a municipal historical archive at the *Casa Comunale* with a tower in Poschiavo, within the very same walls that were silent witnesses to the human and judicial affairs of the accused (10). 20 trial records are excluded at the outset as accusation involved males. Indeed, taking into consideration the purpose of this piece of

historical research and the aforementioned regarding the link between assistance, care and women, the only trial records considered for the study are those relating to accusations towards females. Of these 108 records, only those which include accusations of curses or spells towards people (n=88) are considered. Finally, only the records regarding curses/spells which can be linked to gestures of assistance and gestures of care are included in the study. This therefore produces a sample of 51 trial records.

The accused women who represent the sample are firstly analysed to assume the existence – or lack thereof – of some common denominator or of some circumstance which might assimilate them. Hence, their age, civil status, geographical provenance and catholic or reformed belief are investigated.

A precise indication of the accused women’s age is provided in 41 cases out of the total 51. Of these, a uniform distribution is denoted in women aged 30 and over. An estimate of the average age is 50,64 years, with a mean value of 52 years of age. The age range of the alleged witches is between 19 and 76 years of age. The remaining 10 cases do not include an explicit indication of the age of the women put on trial.

As far as civil status is concerned, most of the women included in the sample were found to be married (n=36) – in some cases more than once –, a smaller number is made up of widows (n=9), a tiny minority to be unmarried (n=3) and in some cases (n=3) it was not possible to establish the civil status of the accused women. The vast majority of the women under consideration, therefore, appear to have husband and children and not to be alone.

As regards geographical provenance, women living in the two towns of Poschiavo and Brusio are differentiated. These two communities, though, form a single political entity in the jurisdictional Council of Poschiavo and Brusio, or *Comun Grande* (*trans.* Great Council). Even taking into consideration the difference in numbers in the two urban settlements (10), there is no significant difference between the women inhabiting one town over the other. No significance either is noted concerning their religious belief. Despite a clear majority of catholic women in the valley, no difference is denoted between them and reformed women (10).

Results

Analysis of the 51 witchcraft trials was conducted by researching the records including references to gestures of care and assistance defined by the aforementioned key concepts stated within the terms of time and correlated to the purpose of the study. This analysis brought out 111 actions in total, divided between actions of care (n=51) and actions of assistance (n=60).

What differentiates the curse/spell considered either as an action of care or assistance is the presence or absence of illnesses in the individual who receives the gesture. As a result, the challenge of labelling gestures arose, a difficult approach when the Latin definition of *gestus* as any type of movement or behavior concerning the body as a whole, is taken into consideration (18). The study tried to attribute the ‘gesture of assistance’ to those actions which meet the definition of *ad-sistere* as not finalized to the satisfaction of the need of care, in which the women appear to remain close as a generic response and as a common help to the needs of the community. ‘Gesture of care’, instead, are identified in the daily relations of *ad-sistere* as finalized to the satisfaction of the needs of care in presence of an illness. The gesture is not a simple action or group of actions, but differs from it as it indicates Intentionality, or the choice dictated by a precise cultural or scientific knowledge and Intensity, understood as passion and relationship indicator (12). The gestures of care and assistance

individuated are further divided, according to the ways in which the actions are performed, in gestures realised through feeding, touching, physical proximity, speaking, knowledge/competence, looking and using herbs. The tabulation of data is carried out for the sole purpose of documentation and presentation.

These gestures are hereafter presented individually with some examples taken from the paraphrasis of the trial records under examination.

In table 1, the frequency of gestures of assistance and care in the diverse modalities of implementation is summarised.

Gestures of assistance and care in the form of feeding

25 out of the 51 trial records examined in this study show the act of feeding among the charges at least once. Overall, feeding is mentioned 34 times as a gesture of assistance (n=26) and gesture of care (n=8). Feeding represented an act of assistance as a spontaneous offer of raw material, such as eggs given to neighbors as in the case of the accused Domenighina Tosio, called the “Madurella” (19). Alternatively, feeding represented a medium of exchange to repay another gesture of assistance received, as in the case of Maria Tor (20) who was asked during her trial, if she gave eggs to a man in exchange of some help in agricultural activities. Food could also be prepared by the alleged witches and offered as an act of assistance to cultivate neighborhood relationships, exemplified by

	Frequency of gestures of assistance	Frequency of gestures of care	Overall frequency
Feeding	26	8	34
Touch	18	13	31
Physical proximity	9	9	18
Words	4	9	13
Knowledge/Competence	0	8	8
Looking	3	1	4
Use of herbs	0	3	3
Overall	60	51	111

Table 1: Overall frequency of gestures of assistance and care in the diverse modalities of implementation.

the case of Giacomina Tedoldino (21) e Giovannina Rampa (22). Besides, feeding represents a gesture of proximity: while visiting an acquaintance Giacomina de Isep (23), for instance, brought what she could afford to offer, such as chestnuts and some garden produce and Anna Torre (24) brought eggs to a pregnant woman. Another example is shown in the accusation against Anna Compagnon (25) who, assisting a new mother unable to breastfeed, offered her breast to the baby daughter of the woman. By doing so, her body became a source of nourishment and an optimum expression of the need for *ad-sistere* as communal help within the community. Feeding can also be seen as a gesture capable of healing. Offering food could heal a body which had been previously “cursed” by other food offered by the same person, as seen in the case of Domenica della Zala (26). Furthermore, the trial records of Caterina Zanoli (27) show a woman and her daughters being healed by donated food. The same occurs with Caterina Ross (28), accused of healing the sick by offering eggs, which seems to be very common occurrence among the women of that time.

Gestures of assistance and care in the form of touch

In 22 out of the 51 trials which form the sample, touch is mentioned 31 times as a gesture of assistance (n=18) and gesture of care (n=13). Touch is represented by a woman demonstrating her vicinity to another woman by caressing her daughter in the crib, as seen in the records of the aforementioned “Madurella” (19). Touch is also common (n=11) when a woman is assisting another woman during pregnancy or childbirth. Indeed, a woman touching the stomach of another is a gesture of vicinity recorded in the case of Giacomina Tedoldino (21), or, as experienced by Anna Bet (29), it is a gesture aimed at helping a neighbor to recognise the state of her pregnancy, which until that point she had been unaware of. Other gesture towards new mothers included touching the breast, quite possibly to prevent or treat common problems, as seen in the accusation against Orsola Lardi (30). This touch was often considered to interfere with breastmilk production, as recorded in the accusations against Anna Zala (31) e Caterina Dolcino (32). At the same time, the “Madurella” (19) was held responsible for healing a child by combining the touch with spoken words. The

empirical knowledge of this woman appeared to have been passed down to her daughter, Domenga Pedrascino (33), who also engaged in gestures of care in the form of touching and being close to the sick. These same women’s assistance was also explicitly requested by relatives and neighbors, as in the cases of Giacomina Rampa (34), invited to help her father-in-law who was in severe pain, or Domenica Botton (35), accused of cursing a woman with a painful knee and called to break the curse and cure the woman. Indeed, a woman could be accused of casting spells and then be asked to break them, as in the example of Maria Comin (36): she was suspected of cursing a woman by touching her on the back and then of curing her with a subsequent touch on the shoulder.

Gestures of assistance and care in the form of physical proximity

15 trial records among the ones under examination mention at least once a call for gestures of assistance and care in the form of physical proximity. Specifically, 18 overall gestures are divided into actions of assistance (n=9) and gestures of care (n=9). For instance, physical proximity is interpreted as visiting and being close to a child, as seen in the case of Maria Zanetta (37), or as assisting and visiting pregnant women, like Anna Torre (24) and those who seemed to make a full-time occupation out of these gestures of assistance, like Margheritta Pagano (38), described as an obstetrician. Gestures of assistance are not limited to visiting a person, but they often involve other actions expressed through further vicinity, such as kissing a child, as in the cases of Maria Zanetta (37) and Orsola Lardi (30).

Assistance as intended in this study becomes care when the person visited is sick. This happens in the case of Anna Gervas (39) visiting Tomas Basso or Caterina Codeferro (40) at the home of Madalena Giuliani, both examples in which the visit happens whilst bearing in mind the condition of sickness in the person receiving it. While visiting a sick person, the alleged witch could also affirm her very presence and vicinity with specific actions, such as making the bed of the sick person, like in the case of Domenica Garbella (41) or, as in the case of Caterina Moleita (42), by offering a hug.

Gestures of assistance and care in the form of words

or speech

In 11 trial records, the presence of at least one gesture of assistance and/or care is shown in the form of speech. Overall, there are 13 identified gestures in this section divided in actions of assistance (n=4) and actions of care (n=9).

Words as an action of emotional vicinity could manifest itself as a compliment towards a child or an entreaty towards someone's growth, as shown in the inquisitions of Maria Zanolaro (43) and Domenica Regazzi (44), in which speaking to children is considered capable of making them ill and could therefore be responsible for cursing.

Words take the role of gesture of care when they are capable of consoling and cheering up a woman, as in the case of Agnese Bontognal (45), or when spells and mantra-like phrases are intended to promote recovery. As an example, some expressions have been uncovered in the trial records against Anna de Lada (46) e Anna Giuliani (47).

Gestures of assistance and care in the form of knowledge/competence

In accordance with the definition of assistance as a synonym of living, which once born emerges with man (12), it is demonstrated that no specific knowledge or competence is necessary to make a gesture of assistance. However, this belief does not hold true for a gesture of care, in which a specific competence in the practitioner may well emerge. Indeed, the trial records examined in this study show n=8 gestures of care as expressions of a specific knowledge and competence in six women accused of witchcraft. Among these, it is worth mentioning the already noted here "Madurella" (19), interrogated regarding her daughter, Domenga Pedrascino, who had put her tongue on a child's forehead. Her response indicated the daughter's intention to evaluate if the child's forehead was salty as an identifying sign of a pathological condition. In 1857, historian Ernst Ludwig Rochholz writing in an Almanac of Children's Songs and Games from Switzerland recorded that in German-Swiss folklore it was stated that "The child will soon die whose brow tastes salty when kissed". Several years later the study of these children led to the identification of the genetic condition known as Cystic Fibrosis (48).

The knowledge of these women is expressed through their capacity to give advice and remedies to other women to face common health problems, as shown in the trial record against Caterina Dolcino (32) who, as part of other reasoning, provided another woman with her own remedies and knowledge of care (use of a mixture of wheat flour and milk) to treat a likely common condition at the time, agalactia, which is the absence or failure of the secretion of milk from the breast.

Such knowledge of care was inescapably an empirical lore which was passed down from woman to woman both practically and orally. In this regard, it is relevant to introduce the question which the Mayor asked to the accused Anna Botton (49), whether she had ever received teachings of such gesture of care, which were capable of healing. These women, because of their knowledge and competence, were thus called to help to tackle the need of care which could emerge in the society's everyday life. For example, Domenica Fancon (50) who was called to try to address and find a cure to "certain oddities" in a woman's behavior.

Gestures of assistance and care in the form of looking

By analyzing the trials under examination, three examples of looking at a person have been found as gestures of assistance and one example as a gesture of care. For instance, "la Romedona" – cited in the trial record against Giovannina Passino (51) – and Maria Zanolaro (43), were both suspected of cursing a child because they were caught looking at him. The same accusation was charged against Anna Zala (31) towards another woman.

The looking of "Madurella" (19), perhaps more specific and attentive, together with the touching, was capable of identifying some problems in a young girl. The alleged witch could in fact appreciate that the child had not been able to eat for a few days simply by observing her.

Gestures of assistance and care in the form of using herbs

The use of herbs conveys 3 gestures of care by three different accused women. Once again, "Madurella" (19) testified that she had collected specific herbs to treat a sick child. Another example is Caterina Min

(52) who was accused of healing her own husband by using herbs. Finally, Caterina Dolcino (32) tried to heal a child with a concoction of different substances which in the context of the study can be attributed to herbs.

The trials also make it possible to define the individuals who receive the gestures. Mostly, these gestures seem to be addressed towards (considering the overall gestures of assistance and care) children (n=41) and women (n=51), and among the latter a great part include pregnant women and new mothers (n=25). The remaining individuals include men (n=14), a man and a woman together (n=1) and in three cases the receiver is indeterminable.

In table 2, the frequency of the receivers of gestures of assistance and care is summarized.

Discussion

The emerging results highlight considerable interference between the charges against the women and the meaning of *ad-sistere* interpreted as the types of gestures if care and gestures of assistance. Hence, one can agree with Siccardi who in 2020 wrote: “[...] in every time, more than anyone else, women were considered witches if, in a family setting and/or in small communities in which they lived, and often in marginal realities, they would treat illnesses and wounds, alleviate the suffering, nourish hope: they would assist during childbirth, and in life and death, taking care of human beings and animals” (5). Even with the limits of a record, such as the trial records examined in this study, not written to emphasise expressions of *being close* of these women, some examples analysed, suggest

a connection between these women and care-giving women; women who cured, assisted and nourished hope to live, passing on knowledge of popular medicine. Poschiavo’s “typical” witch, considering age and civil status data, appears in contrast to the common stereotype of the witch as an old, marginalised and widowed (1).

In the context under study, the accused women emerge as women who are well included in society, productively industrious and likely participants in working life. This aspect can trace them back more rationally to women dedicated to assistance and to care-giving women. In fact, it is reasonable to accept how a community could appreciate its members’ role if they appear well integrated into it. The woman in the trial records under examination, therefore, in relation to the bonds with family settings, nature and vegetation, emerges with a certain degree of self-assurance. Indeed, she is entrusted responsible for tasks concerning recovery, the preparation of medicines, care and assistance of the members of the community, especially during the phases of passage of life. It’s an aspect that seems to be closely related to the famous words of Florence Nightingale in the preface of *Notes on Nursing* (1860): “Every woman, or at least almost every woman in England has charge, at some time or other in her life, of the personal health of somebody, whether child or invalid, – in other words, every woman is a nurse” (53). Indeed, such an expression may well be appropriate to describe the women prosecuted for witchcraft in Val Poschiavo. Their gestures can be interpreted as traces of a primordial and documented form of what is considered today to be basic nursing care. Reflecting on Nightingale’s words, many of the founding aspects of today’s assistance can be noted in

	Gesture of assistance	Gesture of care	Overall
Woman (pregnant or new mother)	30 (17)	21 (8)	51 (25)
Child	22	19	41
Man	6	8	14
Man + Woman	1	1	2
Indeterminable	1	2	3

Table 2: Overall frequency of the distribution of identified gestures in relation to the receiver of assistance or care.

the gestures identified in the trial records: these include feeding, touch, looking intended as careful observation of the sick, attention to one's own bed and speech. In accordance to what is presented in Nightingale's Notes on Nursing, the gestures examined in this study are mostly addressed to children and women, defined as the main receivers of assistance.

This aspect can be traced back to a gender contrast that in truth has an ancestral origin: the propensity of women towards caring for others which since prehistoric times is in stark contrast to the behavior of man, who was entrusted with the task of defending the territory and providing food (1).

In a more current comparison than that with Nightingale, it can be argued that the three fundamental elements to define "what is and what is not nursing care" identified by Valcarengi (2016) and cited in the introduction of the paper, appear to belong to women accused of witchcraft in the Val Poschiavo trials. These women, in fact, through their gestures are an example of a clear idea of assistance aimed at trying to cope with health problems independently while considering, in particular moments of community crisis, a contrary or alternative interpretation of the gestures to the one of welfare.

The experience of the women examined also seems to reflect the founding idea of Jean Watson's *Theory of Human Caring* according to which the man takes care of the other man through the concepts of *caring* and *healing*. The latter means taking care of the totality of the person in any condition, the first, transcends healing: not everything can be healed. Thus the women accused of witchcraft, trying to respond to the emerging needs of their community, seem to represent the crux of the moment of caring expressed by Watson: the meeting with the other person in which the one who cares leads the person to find an answer to illness and suffering in order to find a condition of harmony (54).

Previous studies in Italy (1, 5, 55) have investigated the theme of witch prosecution against women to draw attention to the link between the witch hunt period and the history of assistance. Such research studies show some common points with the current publication although do not satisfy the encouraging results obtained in the present study. The analysis of

trial records was aimed not only at researching the elements of assistance in the actions of women accused of witchcraft and cursing, but also at trying to demonstrate how these women could have been care-giving women in the clinical sense of the term. This analysis, together with the availability of a rich archive, such as the one in Poschiavo, allow this research to be a progressive development from what has been studied so far. Indeed, no previous research study, conducted respectively in the areas of Modena (Italian city in the same-named province in Emilia Romagna), Savona (Italian city in the same-named province in Liguria), and Bormio (Italian city in the province of Sondrio in Lombardy), contemporarily show the analysis of the socio-demographic characteristic of the accused women and the specific description of the gestures, with the explicit objective of linking the women accused of witchcraft to care-giving women.

Conclusions

Discovering gestures of assistance and care in women accused of witchcraft, as well as being able to link such women to care-giving women, may offer unexplored sources to today's nurses to research what Manzoni (2016) identified as the ontological and anthropological foundations of nursing care: human beings, assisting and caring. The ontological foundation is tied to the reason why nursing care exists, as aforementioned, for the existence of human beings. The anthropological foundation is identified in relation to how nursing care exists according to how human beings exist. In a history in which gestures of everyday life and, most importantly, actions of women are not present in written recollections, it is extraordinary to read about the gestures of women in Val Poschiavo, which are related to nursing practice.

A clear idea of assistance in some cultural settings such as in Italy, however, is not quite in place. This aspect has been highlighted in the increasingly widespread use of the term "*demansionamento*" (*trans. demotion*) (56). To throw light on this fundamental topic, it is thus essential to study and understand the history of our profession, to investigate the origins and the reasons of assistance and nursing care, while also

giving voice to those who practiced and lived nursing care in historical periods in which it was problematic, such as the women accused of witchcraft in Val Poschiavo. Moreover, the gestures of the women under examination allow for interpreting an explicit reference to *Fundamentals of Care*, the expression of a memory perhaps forgotten, but humanly essential and inalienable (57).

The limits of the research might include possible mistakes in the comprehension of the sources, mainly due to the nature of the manuscripts, including their form and content. This limitation may have led to inexact interpretations of some words and aspect which, due to the possibility of misunderstandings, have been overlooked.

The necessity of further studies clearly emerged from the current research. These might be aimed at investigating the origin and evolution of assistance, of the use of ancient medicines and herbs for curative purposes to trace the roots of the pharmacological foundations that will be developed in centuries following nursing assistance. Having established the relationship between these elements, it would be interesting to explore the reasons for abandoning the use of medicines by healers and their inability to emerge in the scientific field.

Further research might also investigate the historiography of the same period in other geographical contexts to better understand the association between witchcraft and nursing for that century.

References

- Weber D. *Sanare e maleficiare: guaritrici, medichesse, streghe e Collegio Medico a Modena nel XVI secolo* [doctoral thesis], Florence: University of Florence, Doctoral School in History; 2009.
- Del Col A. *L'inquisizione in Italia dal XII al XXI secolo*. Milan: Arnoldo Mondadori Editore; 2006.
- Berti G. *Storia della Stregoneria. Origini, credenze, persecuzioni e rinascita nel mondo contemporaneo*. Milan: Arnoldo Mondadori Editore; 2010.
- Codega CG. Il lamento delle "streghe": Lassem giù che dirò la verità. Il tramonto della stregoneria in Val Poschiavo (1674-1753). *Bollettino della Società Storica Valtellinese* 2015; 68(1):113—40.
- Siccardi M. *Viaggio nella notte di San Giovanni. Alle origini del prendersi cura*. Second edition, Rozzano: Casa Editrice Ambrosiana; 2020.
- Manzoni E, Lusignani M, Mazzoleni B. *Storia e filosofia dell'assistenza infermieristica*. Second edition, Rozzano: Casa Editrice Ambrosiana; 2019.
- Manzoni E. *Storia e filosofia dell'assistenza infermieristica*. Milan: Masson; 1997.
- Ehrenreich B, English D. *Witches, Midwives, and Nurses: A History of Women Healers*. New York, USA: The Feminist Press at The City University of New York; 1973.
- Michelet J. *La strega*. Milan: BUR Rizzoli Classici Moderni, 2011.
- Mazzali T. *Il martirio delle streghe*. Milan: Xenia; 1988.
- Levack BP. *The Witch-Hunt in Early Modern Europe*. Third edition, Harlow: Pearson Education Limited; 2006.
- Manzoni E. *Le radici e le foglie. Una visione storico-epistemologica della disciplina infermieristica*. Milan: Casa Editrice Ambrosiana; 2016.
- Sironi C. *L'infermiere in Italia: storia di una professione*. Rome: Carocci Editore; 2017.
- Manzoni E. *Le cure fondamentali nella disciplina infermieristica: percorso storico-evolutivo*, In *Convegno Accademia Scienze Infermieristiche*. Milan, 2018.
- Valcarengi D. Un'idea di assistenza infermieristica, *Quotidiano Sanità* April 30, 2016 [on-line] www.quotidianosanita.it/lettere-al-direttore [consulted February 23, 2021].
- Lusk B. *Historical Methodology for Nursing Research*, *J Nurs Scholarship* 1997; 29(4):355—60.
- Chabod F. *Lezioni di metodo storico*. 13th Edition, Bari: Laterza; 1995.
- Gamelli I. *Sensibili al corpo. I gesti della formazione e della cura*. Rome: Meltemi Editore; 2005.
- Archive of Poschiavo's town hall, trial 004, file 6 ½.
- Archive of Poschiavo's town hall, trial 006, file 40.
- Archive of Poschiavo's town hall, trial 013, file 252.
- Archive of Poschiavo's town hall, trial 083, file 340a.
- Archive of Poschiavo's town hall, trial 028, file 291.
- Archive of Poschiavo's town hall, trial 43, file 259.
- Archive of Poschiavo's town hall, trial 106, file 492.
- Archive of Poschiavo's town hall, trial 059, file 269.
- Archive of Poschiavo's town hall, trial 102, file 394.
- Archive of Poschiavo's town hall, trial 111, file 497a.
- Archive of Poschiavo's town hall, trial 034, file 299.
- Archive of Poschiavo's town hall, trial 040, file 246.
- Archive of Poschiavo's town hall, trial 058, file 277.
- Archive of Poschiavo's town hall, trial 062_063, insert 1.
- Archive of Poschiavo's town hall, trial 032, file 245.
- Archive of Poschiavo's town hall, trial 022, file 249—284.
- Archive of Poschiavo's town hall, trial 075, file 336.
- Archive of Poschiavo's town hall, trial 90, file 349.
- Archive of Poschiavo's town hall, trial 039, file 293.
- Archive of Poschiavo's town hall, trial 065, file 318.
- Archive of Poschiavo's town hall, trial 15, file 286.
- Archive of Poschiavo's town hall, trial 044, file 265.
- Archive of Poschiavo's town hall, trial 031, file 300.

42. Archive of Poschiavo's town hall, trial 098, file 372 ½.
43. Archive of Poschiavo's town hall, trial 118, file 560.
44. Archive of Poschiavo's town hall, trial 087, file 345.
45. Archive of Poschiavo's town hall, trial 081, file 337.
46. Archive of Poschiavo's town hall, trial 027, file 248.
47. Archive of Poschiavo's town hall, trial 017, file 289—292.
48. Wilmott RW. A Historical Perspective of Cystic Fibrosis, *HK J Paediatr (New Series)* 2016; 21(4): 280-285.
49. Archive of Poschiavo's town hall, trial 026, file 225.
50. Archive of Poschiavo's town hall, trial 103, file 386-397.
51. Archive of Poschiavo's town hall, trial 073, file 277/321.
52. Archive of Poschiavo's town hall, trial 036, file 290.
53. Nightingale F. *Notes of Nursing: What it is and What it is Not*. New York: Cosimo Classics; 2007. *Notes of Nursing* was originally published in 1860.
54. Watson J. *The Caritas Path to Peace: A Guidebook for Creating World Peace with Caring, Love, and Compassion*. CreateSpace Independent Publishing Platform; 2012
55. Arcadi P, Manzoni E. Et d'allora in poi, mai si senti più bene: un'indagine storica alla ricerca delle origini dell'assistenza infermieristica nei processi per stregoneria del Contado di Bormio nel periodo post-tridentino (1596-1630). *Prof Inferm* 2015; 68(4):236 —43.
56. Sironi C. Tornare alle origini dell'assistenza infermieristica. *Prof Inferm* 2016; 69(2):65 —7.
57. Palese A, Mattiussi E, Fabris S, Caruzzo D, Achil I. Il Movimento 'Back to the Basics': un ritorno al passato o indicatore di un'infermieristica 'matura'? *Assist Inferm Ric* 2019; 38(1):49 —52.

Corresponding author:

Stefano Giorgetta

Lecco Hospital, Lecco, Italy

Email: stefano.giorgetta@outlook.com