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Magic in Minority Culture: The Use of Magical Strategies in Religious Communities in Podlasie

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Abstract

This article examines the widespread belief that minorities are more likely to engage in magical practices than groups which form the majority of the population. Potential reasons for the perception that minorities are more involved in magic are considered, including the role of preserving tradition in maintaining identity and the "othering" process used by majority groups. Focusing on the Orthodox minority in Poland, the study examines whether belonging to a religious minority is itself connected with greater belief in and practice of magic. The study was conducted in a region where Catholic and Orthodox communities live side by side under similar conditions, allowing for a direct comparison that made it possible to exclude other variables such as living conditions or age structure. The research method consisted of questioning members of both communities about their strategies for dealing with specific medical and social problems in their daily lives. Contrary to common stereotypes, the results of the study indicate that religious identity is not a predictor of the propensity to propose solutions based on magical practices. This suggests that in so far as there may be real differences in the magical practices of minorities, these may be due to the living conditions of those minorities.

Keywords

magic, religious borderland, Podlasie, Orthodoxy, Catholicism, faith

Abstrakt

W niniejszym artykule przeanalizowano powszechne przekonanie, że mniejszości częściej angażują się w praktyki magiczne niż grupy stanowiące większość populacji. Rozważono potencjalne przyczyny postrzegania mniejszości jako bardziej zaangażowanych w magię, w tym rolę zachowania tradycji w utrzymaniu tożsamości oraz proces „inności” stosowany przez grupy większościowe. Skupiając się na mniejszości prawosławnej w Polsce,

badanie analizuje, czy przynależność do mniejszości religijnej sama w sobie wiąże się z większą wiarą w magię i jej praktykowaniem. Badanie zostało przeprowadzone w regionie, w którym społeczności katolicka i prawosławna żyją obok siebie w podobnych warunkach, co pozwoliło na bezpośrednie porównanie i wykluczenie innych zmiennych, takich jak warunki życia czy struktura wiekowa. Metoda badawcza polegała na zadawaniu członkom obu społeczności pytań dotyczących ich strategii radzenia sobie z konkretnymi problemami medycznymi i społecznymi w życiu codziennym. Wbrew powszechnym stereotypom wyniki badania wskazują, że tożsamość religijna nie jest czynnikiem prognostycznym skłonności do proponowania rozwiązań opartych na praktykach magicznych. Sugeruje to, że o ile mogą istnieć rzeczywiste różnice w praktykach magicznych mniejszości, to mogą one wynikać z warunków życia tych mniejszości.

Słowa kluczowe magia, pogranicze religijne, Podlasie, prawosławie, katolicyzm, wiara

Introduction

Minorities and especially religious minorities around the world have often been associated with magical practices. A potential example is provided by the *Santería*, a syncretic religion of the Afro-Caribbean community in Cuba, whose followers practise rituals including divination with cowrie shells, sacrifices and ritual dances to contact spirits known as the *oricha*.¹ There is a range of potential reasons for such an association, some arising out of the actual practices of those minorities and some out of the way in which they are perceived/presented by the majorities in those societies. The practices of the minorities may tend towards actually greater engagement with magic, because it may be the case that minorities are more likely to generally hold on to traditional practices as a way of maintaining their identity when faced with a society in which this identity could easily disappear. Potential evidence for this phenomenon may be found in the way in which *émigré* communities often become more conservative in their world-view than both the societies of the nations from which they come, and those of the countries in which they find themselves.² It could also be the case that particular minorities are relatively more likely to hold on to their traditional practices due to having less access to the educational or economic opportunities in the communities of which they are a part.³ On the other hand, it appears likely that at least in part, minorities are perceived as more engaged with magical practices as a means for them being othered by the majorities within which they

¹ Owusu 2015.

² Roht-Yilmaz 2019; Luehrmann 2013.

³ Dein 2013; Rytter 2010.

reside.⁴ An example of a religious minority from Europe that is sometimes seen as backward is the Old Believers (Staroobrzędowcy). This is a group of Orthodox Christians who seceded in Russia in the 17th century, opposing the reforms introduced by Patriarch Nikon in the Russian Orthodox Church. The Old Believers rejected these changes and decided to stick to older liturgical practices and religious norms, which caused them to be persecuted by the Tsarist authorities. The Old Believers often led a strict and traditional lifestyle, in accordance with their conservative religious values, avoiding modernisation. They were perceived as “backward” for centuries because of their stubbornness in sticking to their old religious customs, their rejection of reform, and their certain social isolation, especially in regions where they settled in closed communities.⁵

The Orthodox community in Poland is both a minority, with only 0.50% of Poles declaring affiliation with the Orthodox Church as compared to 89.77% of Catholics in the country,⁶ and also widely thought of as characterised by much higher levels of belief in and engagement with magic. In addition, the attachment to ancient forms of prayer and chanting, as well as the mixing of elements of Christian beliefs with local traditions, can reinforce stereotypes in the discourse of people of other faiths. In particular, traditional Orthodox liturgies, which are rich in symbolism, rituals and ancient musical forms, may be perceived by outsiders as “archaic” or “too complicated”. Similarly, local religious practices, which in some cases combine elements of pagan customs with Christianity, may be perceived as a manifestation of “magical thinking” or a lack of adaptation to modern religious standards.⁷

Magical practices, in the light of contemporary sociological and cognitive theories, are understood as behaviours and rituals that aim to influence reality through supernatural or non-empirical means.⁸ Magical practices are sometimes interpreted as adaptive mechanisms developed to reduce anxiety and increase a sense of control over an unpredictable environment.⁹ In a sociological context, magic is seen as a social phenomenon that performs specific functions in society, such as reducing uncertainty, strengthening social bonds or offering a sense of control over unpredictable aspects of life.¹⁰ From a cognitive perspective, magic is interpreted as the result of specific cognitive processes, including the tendency to see patterns and causal relationships where they do not actually exist

⁴ Miyazaki 2000.

⁵ White 2020.

⁶ Data from the National Census 2021, obtained from the Central Statistical Office.

⁷ Wynot & Edward 2014.

⁸ Talmont-Kaminski 2014.

⁹ Sørensen 2007.

¹⁰ Malinowski 1992.

(apophenia), and the tendency to anthropomorphise and attribute intentionality to impersonal forces or phenomena. As such, a clear distinction between magic and religion might not necessarily be defensible – given the definition provided, many religious practices and beliefs fall under the term “magic”.¹¹

It is worth emphasising that these characteristics are not, however, universal to all the adherents of Orthodoxy. Orthodoxy is a rich and diverse strand of Christianity, in which different communities and traditions may show varying degrees of adherence to ancient liturgical forms and local customs. This means that judging this religion as “backward” is often the result of superficial analysis and prejudice, rather than a real understanding of the spiritual depth and significance of these practices. Often these practices are an expression of a deep attachment to tradition and a spirituality that emphasises continuity with the past and the preservation of authenticity in faith.

An emblematic aspect of the perceived relationship between the Orthodox faith and magic is the role of *szeptuchy*/whisperers,¹² faith healers found in a number of Orthodox communities in Poland. Importantly, however, although the phenomenon of whisperers is to be found within the context of the Orthodox Church, faith healing also appears within the Catholic communities in Poland. It takes place, on the one hand, in church practices such as the Charismatic Renewal of the Holy Spirit meetings, where many people believe in and practice healing through prayer, intercession and the laying on of hands.¹³ Much more broadly, however, faith healing appears to play a significant role in the practice of Catholic pilgrimages mainly to Marian shrines such as the shrine of the Black Madonna in Częstochowa.¹⁴

This situation of the Orthodox minority in Poland presents an opportunity to examine whether being a member of a religious minority is in itself conducive to believing in and engaging in magic. The comparison is made all the easier by the existence of Orthodox and Catholic communities that live in close proximity with each other. This is because quite often their living conditions are very similar as is their age structure and education level, allowing direct comparison that excludes these variables, which might otherwise play a significant role in determining differences in magical beliefs and practices. At the same time, the area is currently largely free of significant intercommunity conflict, which may mean

¹¹ Emic use of the term “magic” tends to juxtapose it with religion and at times serve as a pejorative. Our categorisation of strategies proposed by respondents is closer to this use of the term, as it is *a priori* likely to be connected to efforts at othering minorities, but did not turn out to be a significant choice.

¹² Sadanowicz 2018.

¹³ Siekierski 2012.

¹⁴ Scott 2010.

that the Orthodox community feels less of a need to actively sustain its identity by engaging in magical practices that set it aside from the Catholic majority – a consideration that we will return to in the discussion of the limitations of this study.

To determine whether belonging to a minority religious group is connected to higher levels of magical beliefs and practices, we will examine what strategies members of Orthodox and Catholic communities living in neighbouring villages in the Podlasie region propose to use to deal with particular common everyday problems and whether religious affiliation is connected with a preference for magical strategies. We find no evidence for such a pattern of preferences, with both communities showing very similar sets of preferences for what strategies to use.

Methods

The research was carried out in three neighbouring villages within the Podlasie voivodeship. These villages are inhabited by very similar numbers of Catholics and members of the Orthodox Church, and lie on the border of the areas where these faiths have been dominant for centuries. An Orthodox parish church is located in one of the villages, with the local Catholic parish centred in a village six kilometres away. There are no whisperers that are local to this area. The nearest medical facility is a GP in another village six kilometres away, with a number of the locals also making use of the services of a herbalist who lives two kilometres away, as well as of certain local women who are known to have facility with herbal remedies.

Due to the small number of inhabitants of the research area, the survey responses were gathered by visiting every household within the villages and asking the present adults to participate in the study, with 88 people agreeing to take part. Due to the recent influx of vacationers, only households with long-term local residents were visited. The survey was made up of two sets of questions – a series of questions regarding preferred strategies for dealing with a variety of medical and social issues, as well as a section investigating the respondents' religiosity. The questions regarding the preferred strategies asked the respondents to consider a potential scenario and to propose a couple of solutions to it that would be subsequently categorised by the interviewer. For example:

Please imagine that a daughter of a friend of yours is having problems finding an appropriate match for a husband. Whom would you suggest they turn to for help? If this person was not able to assist them, where else would you direct them?

The six scenarios to consider were: finding a husband (above), trying to quit smoking, dealing with a skin rash (a condition that whisperers traditionally are known to deal with), getting a baby to stop crying (another condition for which

traditional magical remedies are believed by the local community to exist), dealing with a persistent cough, and getting a positive COVID test (the study was carried out during the period of the pandemic). The aim with these questions was to present the respondent with scenarios that would be plausible and familiar to them so that they would be likely to have ready a variety of potential solutions for them. Also, an attempt was made to include a variety of issues that differed in terms of their social or medical character as well as their potential severity. Finally, more than a single solution for each problem was sought, as it is relatively common for magical options to be taken up where and when other options are found not to be satisfactory.¹⁵

The remaining questions asked the respondents to state their religious affiliation, age, gender, and education, as well as to provide data regarding their religiosity by filling out the Polish version of the DUREL index.¹⁶

For the sake of the analysis, the provided responses were classified as falling within one of five categories of strategies:

- Religious – which involved prayer or engaging the help of the local priest.
- Magic – involving a great variety of non-religious goal-demoted practices that were intended to affect the situation by non-natural means.
- Folk medicine – ranging from self-administered treatments with a plausibly natural means of causation to engaging the assistance of the local herbalist.
- Medicine – turning for help to the local medical practitioners, primarily the local general practitioner.
- Social – asking members of the local community for help, without explicitly expecting that help to be supernatural in nature.

To a significant degree, the categorisation used was emic in nature, even if it would not have necessarily occurred to the respondents, themselves. It was necessary to aggregate the scenario responses in this way, in order to be able to analyse the data statistically. Most importantly, it was vital to group practices theorised as magical (magic and religion) separately from those that are unambiguously nonmagical (medicine and social), with the folk medicine category initially proving difficult to place.

Our main research question was whether the two local religious communities would differ significantly in the kinds of strategies their members would turn to in the scenarios they were presented with, in particular in having a preference for strategies that were classified as magical. We were also interested in finding out what other variables, including religiosity, age, gender or education, played a role in the choice of strategies.

¹⁵ Favret-Saada 1980.

¹⁶ Durel 2010, PolDurel et. al. 2016.

Results

88 responses were gathered, with 38 from individuals who identify as Catholics and 50 from Orthodox-identifying individuals. There were no respondents who described themselves as either belonging to any other religious group or as belonging to no religious group at all, showing the uniformly religious character of the location.

Table 1. Demographic profile of participants

Characteristic	N = 88*
<i>Gender</i>	
Male	13 (15%)
Female	75 (85%)
<i>Education</i>	
Primary	16 (18%)
Secondary	64 (73%)
Tertiary	8 (9.1%)
<i>Religious affiliation</i>	
Catholic	38 (43%)
Orthodox	50 (57%)
Age	54 (13), < 29, 53, 89>

* n (%); Mean (SD), < Minimum, Median, Maximum>

Source: data collected in the present study.

Around 85 percent of the respondents were women, which is reflective of the gender mix in the community. This is connected with two factors. The first is that a number of locals have left Podlasie to seek employment, with most of these being men. The second is the high average age within the community, which, together with the longer lifespan of women, also leads to the under-representation of men. Not surprising, therefore, the average age of the respondents was 53,8 years, with the ages ranging from 29 to 82. The educational structure of the community is also extremely important, which was as follows: primary education (16 persons), secondary education (64 persons), tertiary

education (8 persons). It is also significant that all respondents show almost uniformly very high religiosity, which meant that in the sample studied the religiosity of the respondents could not differentiate between choices of strategies. This was true with both the Orthodox and Catholics exhibiting very high levels of commitment to their faith.

Scenario strategies

The strategies proposed by the respondents were classified by the researcher as falling within the scope of conventional medicine, religion, magic, social means and folk medicine. One type of response caused particular issues when it came to classification – many people often proposed making use of a local herbalist. However, a “herbalist” could be generally thought of in two ways: either as a person who, like a shaman, heals with herbs but also with rituals, or as an individual who applies medically-proven herbal remedies for minor medical conditions, relying upon the tested effects of the chemical substances contained within – where those relying upon such treatments need not even have a clear distinction between them in mind. To investigate how the people we studied thought of the services of the herbalist they relied upon, additional interviews were conducted later with some of those respondents to clarify their understanding of the assistance provided by the herbalist. Most often, these respondents indicated that a herbalist is someone who makes syrups or infusions for the treatment of various illnesses, but they did not indicate, for example, that the gathering or preparation of the herbs should involve prayers or other ritual elements. Furthermore, the herbalist, who was most often suggested as a potential source of help is a local resident who has a higher degree in herbalism and runs a company selling herbal products. Clearly, therefore, the respondents perceived this herbalist as someone who simply recommends specific herbs for their ailments, without attributing any supernatural properties to them. Because of this additional information, relying upon the herbalist was classified as folk medicine rather than magic for the sake of this study.

The survey revealed two further problems with the questionnaire. The first part of the survey mentioned giving up smoking, and receiving a positive COVID test, as two of the potential issues to be dealt with. However, respondents did not think of smoking cigarettes as problematic. Presented with that issue, the respondents were saying things like: *What's wrong with smoking if they can afford it; If they can't quit, let them smoke, no shame; If they have money, let them smoke; In our country everyone smokes, so why should they quit; Is that a man? If so, all men smoke here – But what if it's a woman? – A woman shouldn't, she sets a bad example for her children.* So, smoking cigarettes is generally seen as normal,

at least for men. In so far as any solution for this issue was proposed, it was to deal with it yourself, with the issue clearly not justifying involving anyone else. The responses to the positive COVID test scenario were also somewhat specific. By far, the majority of respondents, unlike in the other scenarios, spoke schematically: stay at home, do not go out, call the doctor. In the other cases, the respondents were not as univocal as in this situation. Furthermore, in discussions, it appeared that the respondents were not necessarily convinced of this course of action but felt that this was the required course of action, apparently the result of the omnipresent publicity surrounding pandemic response at the time.

As was expected, magical rituals were the obvious solution to some of the other problems. Thus, for many people, the prescription for a crying baby was to have the mother stand with her legs apart and to then hand the baby between her legs, a traditional local magical ritual known as pulling the baby under the skirt. This was understood to be efficacious where the crying was caused by a hex put on the baby by praising it. Perhaps not surprisingly, given the potentially magical nature of this problem, the crying baby scenario was the one in which a number of the respondents suggested seeking the help of a whisperer. Importantly for the purpose of the question of the specificity of the minority magical practices, it was both Orthodox and Catholic respondents who suggested seeking out a whisperer in this instance.

Despite the outlined differences in how people responded to the scenarios, people's responses to the different scenarios were combined. This was because we were not so much interested in which situations people make use of magical solutions, but the degree to which they do make use of such solutions in general. This was the reason why a variety of scenarios was explored. In undertaking the analysis of the collected material, we used linear regression. In the context of a comparative study between faith groups (Catholics and Orthodox) and their propensity to use magical practices, performing a linear regression can be useful for several reasons. Linear regression allows one to examine whether there is a statistically significant effect of independent variables (such as religious affiliation) on the dependent variable (e.g. frequency of use of magical practices). This makes it possible to isolate the denominational factor as a potential influence on the use of magical practices. Linear regression allows the inclusion of other control variables (e.g. gender, age, education) that may influence the use of magical practices. Controlling for these variables allows a better understanding of whether differences in the use of magical practices between faith groups are directly due to religious affiliation or are the result of other factors. We carried out linear regression analyses for each of the different categories of the used strategies, not just magical strategies but, also, religious, folk medical, medical and social. The results are shown below.

The table below shows the results of a statistical analysis examining the relationship between different predictors and the use of magical strategies. In our study, we found that the choice of magical strategies did not correlate with any of the variables we examined (education, gender, age, religious affiliation).

Table 2. Linear regression analysis of magical strategies

<i>Predictors</i>	<i>Magic</i>		
	<i>Estimates</i>	<i>CI</i>	<i>p</i>
(Intercept)	0.31	-0.43 – 1.05	0.404
Education Primary	<i>Reference</i>		
Education Secondary	0.01	-0.31 – 0.33	0.963
Education Tertiary	0.16	-0.38 – 0.69	0.565
Female	<i>Reference</i>		
Male	0.15	-0.14 – 0.45	0.310
Age	-0.00	-0.01 – 0.01	0.571
Religious Affiliation	0.00	-0.22 – 0.22	0.991

Observations 88

R² / R² adjusted 0.139 / 0.086

Source: data collected in the present study.

Table 3 shows the results of a statistical analysis examining the relationship between various predictors and religious strategy. Unlike the previous model, education plays a significant role here. Specifically, respondents with tertiary education were significantly less likely to propose religious strategies compared to those with primary education ($p = 0.007$). Other factors such as gender, age and religious affiliation do not show statistically significant effects at the conventional $p < 0.05$ level.

Table 4 shows the results of the statistical analysis of the factors influencing attitudes towards folk medicine. As in previous cases, none of the predictors reaches the conventional level of statistical significance ($p < 0.05$). The model has very low coefficient of determination, suggesting that other, unaccounted-for factors may have a greater influence on the choice of folk medicine strategy. Secondary education appears to have the largest positive effect, although the effect is only marginally significant. Gender, age and religious affiliation have minimal or no effect on attitudes towards folk medicine in this model.

Table 3. Linear regression analysis of religious strategies

Religion			
<i>Predictors</i>	<i>Estimates</i>	<i>CI</i>	<i>p</i>
(Intercept)	2.27	0.98 – 3.57	0.001
Education Primary	<i>Reference</i>		
Education Secondary	-0.55	-1.11 – 0.01	0.056
Education Tertiary	-1.32	-2.26 – -0.38	0.007
Female	<i>Reference</i>		
Male	0.34	-0.18 – 0.86	0.199
Age	-0.02	-0.04 – 0.00	0.066
Religious Affiliation	-0.32	-0.70 – 0.06	0.103
Observations	88		
R ² / R ² adjusted	0.139 / 0.086		

Source: data collected in the present study.

Table 4. Linear regression analysis of folk medicine strategies

Folk medicine			
<i>Predictors</i>	<i>Estimates</i>	<i>CI</i>	<i>p</i>
(Intercept)	1.19	-0.49 – 2.87	0.163
Education Primary	<i>Reference</i>		
Education Secondary	0.64	-0.09 – 1.38	0.083
Education Tertiary	0.40	-0.82 – 1.62	0.519
Female	<i>Reference</i>		
Male	0.02	-0.66 – 0.70	0.962
Age	0.00	-0.02 – 0.03	0.913
Religious Affiliation	0.15	-0.35 – 0.64	0.558
Observations	88		
R ² / R ² adjusted	0.051 / -0.007		

Source: data collected in the present study.

Table 5 shows the results of the statistical analysis of factors influencing the choice of medical strategies. In this case, age is the only statistically significant predictor, indicating that older respondents are significantly less likely to propose medical solutions compared to younger ones. The model explains about 14.8% (8.6% adjusted) of the variation in the dependent variable that is predicted by the model, which is better than previous models, but still relatively low. Higher education and religious affiliation tend to have a negative effect on attitudes towards medicine, although these effects are not statistically significant. Gender and secondary education have minimal effects on attitudes towards medicine in this model. Overall, the model suggests that age is the most important factor affecting attitudes towards medicine among the studied variables, with older respondents having slightly less positive attitudes.

Table 5. Linear regression analysis of medical strategies

Medicine			
<i>Predictors</i>	<i>Estimates</i>	<i>CI</i>	<i>p</i>
(Intercept)	5.49	4.01 – 6.97	< 0.001
Education Primary	<i>Reference</i>		
Education Secondary	0.13	-0.51 – 0.78	0.683
Education Tertiary	-0.50	-1.58 – 0.58	0.357
Female	<i>Reference</i>		
Male	0.15	-0.45 – 0.75	0.612
Age	-0.02	-0.04 – -0.00	0.031
Religious Affiliation	-0.36	-0.80 – 0.08	0.105

Observations 88

R² / R² adjusted 0.148 / 0.097

Source: data collected in the present study.

Table 6 shows the results of the statistical analysis of the factors influencing the choice of social strategies. All the tested variables (education, gender, age, religious affiliation) have minimal or small effects on the social variable. Overall, the model does not provide convincing evidence of the influence of any of the tested factors on the occurrence of social variables. The results suggest that either these factors do not have a significant impact on the social phenomenon under study, or that other variables are needed to explain the observed variability. This may also indicate a need for further research or revision of research hypotheses.

Table 6. Linear regression analysis of social strategies

Social tot			
<i>Predictors</i>	<i>Estimates</i>	<i>CI</i>	<i>p</i>
(Intercept)	1.09	0.20 – 1.97	0.017
Education Primary	<i>Reference</i>		
Education Secondary	0.01	-0.38 – 0.39	0.979
Education Tertiary	-0.21	-0.86 – 0.43	0.515
Female	<i>Reference</i>		
Male	-0.01	-0.36 – 0.35	0.975
Age	-0.01	-0.02 – 0.01	0.254
Religious Affiliation	-0.14	-0.40 – 0.12	0.281

Observations 88

R² / R² adjusted 0.051 / -0.007

Source: data collected in the present study.

Discussion

While religious affiliation did not differentiate the use of magic, our analysis revealed other significant patterns regarding different strategies. Interestingly, tertiary education proved to be a significant negative predictor for choosing religious strategies (Table 3), suggesting that higher education may lead to a secularisation of problem-solving strategies, even if it does not necessarily reduce the propensity for magical thinking (Table 2). Furthermore, age was negatively correlated with choosing medical strategies (Table 5). This might indicate a generational distrust of modern medicine or a reliance on traditional self-care among the elderly. Finally, the generally low R² values across all models suggest that the propensity to use magical or folk strategies is not strongly determined by standard demographic variables. This points to the pervasive, cultural nature of these beliefs, which appear to transcend social stratification in the studied community.

The survey we conducted did not show that a religious minority such as Orthodox Christians in Podlasie is more likely than Catholics to use magical practices. However, it is worth noting that our survey was conducted on a highly homogeneous sample, which made it possible to obtain an unambiguously negative result with regard to the main research hypothesis. The results indicate

that minority religious affiliation per se does not entail the increased use of magical practices.

When interpreting the results of our study, several important methodological limitations must be taken into account. It is possible that the sample used in our study was too small to detect subtle differences between religious groups in magical practices. As Cohen notes, small samples can lead to Type II error, that is, the failure to detect an existing effect.¹⁷ In the context of our study, this means that we may not have observed real differences between groups due to insufficient statistical power. Although our sample was highly homogeneous, which was beneficial for some aspects of the study, this may at the same time limit the ability to generalize the results to a broader population. Studies on limited, specific populations may not fully reflect phenomena occurring in more diverse communities. Due to the high religiosity of all the studied groups, we may have encountered a ceiling effect in measurements of religiosity, which may have masked the potential differences in magical practices. These limitations suggest the need for caution in interpreting the results and point to directions for future research. Increasing the sample size in future studies could help detect more subtle effects and increase the confidence in the lack of differences between religious groups in magical practices.

However, it is important to bear in mind the limitations of the survey we conducted. In order to ascertain how small the effect would have to be for us to miss it in our analysis, we performed a power analysis. Statistical power analysis is a key tool in research design to determine the minimum sample size necessary to detect an effect size. The method is based on the relationship between four interrelated parameters: effect size (e.g., Cohen's *d*), significance level (α), the statistical power of the test ($1 - \beta$), and sample size. We conducted t-test power calculations for five different strategies: religious, medical, social and folk medicine, in which religious affiliation was included as an independent variable, each using a sample size of 38 for group 1 and 50 for group 2. Sensitivity analysis revealed that with our sample sizes ($n = 38$ and $n = 50$), the study achieved 80% statistical power to detect an effect size of Cohen's $d \approx 0.61$ at a significance level of 0.05. This indicates that the study was sufficiently powered to detect medium-to-large differences between the religious groups. Consequently, the lack of statistically significant findings suggests that any potential differences in the use of magical strategies between Orthodox and Catholic believers are likely small or negligible, rather than the result of a failure to detect substantial disparities. Also, the place where the survey was conducted has a high level of religiosity among all residents, regardless of

¹⁷ Cohen 1969.

their affiliation with specific religious groups. Significantly, religious groups have daily contact at school and work, a relatively recent phenomenon in the surveyed community. This situation creates a unique context for research on the so-called “contact effect,” which can lead to reduced prejudice and increased similarities between groups.¹⁸ The lack of statistically significant differences in the use of magical practices between religious groups can be interpreted in two ways. It can be considered an influence of recent mixing of groups. Daily contact between representatives of different religious groups may have contributed to the homogenisation of practices and beliefs, according to cultural diffusion theory.¹⁹ It could also be the lack of differences in levels of religiosity. A more likely explanation is that the lack of differences in the use of magical practices is due to the absence of significant differences in the level of religiosity between the studied groups. This approach is consistent with the concept of “religious capital,” suggesting that the intensity of religious and magical practices is more dependent on individual commitment than on group affiliation.

From the sociological perspective, our results can be interpreted in the context of social identity theory and the concept of social capital.²⁰ Social identity theory suggests that under conditions of frequent intergroup contact, recategorisation can occur, where members of different groups begin to see themselves as part of a broader, common category. In the case of the community studied, this can lead to a reduction in differences in practice between religious groups. At the same time, the concept of social capital emphasises the importance of social networks and norms of reciprocity that can cross religious boundaries. In the context of our study, high levels of social capital in a community can foster the exchange of practices and beliefs between groups, leading to a convergence of behaviour. In addition, the concept of “lived religion”²¹ draws attention to the importance of everyday, often syncretic religious practices that may transcend formal denominational boundaries. This approach suggests that magical practices may be more related to the local cultural contexts and individual needs than to official religious doctrines. Finally, Bourdieu’s religious field theory provides a framework for analysing the power dynamics and competition between different religious actors, which may influence the adaptation of practices in response to local conditions. These sociological perspectives point to the need for a more detailed study of the social and cultural mechanisms that shape religious and magical practices in the context of diverse but closely connected communities.

¹⁸ Blaylock & Briggs 2023.

¹⁹ Rogers 2003

²⁰ Putnam 2000.

²¹ McGuire 2008.

Conclusion

The findings reveal that when controlling for socioeconomic variables and living conditions, both Orthodox and Catholic respondents showed remarkably similar patterns in their preferred strategies for addressing everyday problems. Neither religious affiliation nor other demographic factors such as age, gender, or education level significantly predicted the likelihood of proposing magical solutions to common medical and social challenges. This suggests that the association between minority status and magical practices, in so far as it does exist, may be more attributable to the specific circumstances and living conditions of those minorities rather than their religious identity *per se*.

From a broader theoretical perspective, these results support several important sociological concepts. The findings are consistent with social identity theory's prediction that frequent intergroup contact can lead to homogenisation of practices and beliefs through cultural diffusion. The daily interactions between Orthodox and Catholic communities in the study area – particularly in educational and workplace settings – appear to have contributed to a convergence of problem-solving approaches across religious boundaries. Additionally, the uniformly high levels of religiosity observed in both communities align with theories of religious capital, suggesting that individual commitment rather than group membership may be the more significant factor in determining religious and magical practices. These findings have important implications for combating stereotyping and othering processes while highlighting the need for future research.

The results of our study open up promising new research perspectives in the field of sociology of religion and anthropology of religion. Firstly, it would be desirable to conduct long-term longitudinal studies that could capture the dynamics of change in magical and religious practices over time, especially in the context of the progressive social integration of different religious groups.²² Such research could help to understand whether the observed lack of differences is the result of a long-term convergence process or reflects a more stable cultural pattern. Secondly, the use of a mixed-methods approach, combining quantitative analysis with in-depth qualitative research, could provide a richer picture of individual motivations and meanings attributed to magical practices. It would be particularly valuable to use the multi-sited ethnography²³ to explore how magical practices operate in different social and institutional contexts. Thirdly, future research could focus on the role of social media and digital

²² Voas & Chaves 2016.

²³ Marcus 1995.

technologies in shaping and disseminating magical practices among different religious groups.²⁴ Analysis of digital communities and networks could shed new light on the processes of diffusion and adaptation of magical practices in an era of globalisation. Finally, exploring the intersection between magical practices and other dimensions of social identity, such as class, gender or ethnicity, could provide a more comprehensive picture of how different socio-cultural factors influence the propensity to engage in magical practices.²⁵ These new lines of research would not only deepen our understanding of the relationship between religious affiliation and magical practices, but would also contribute to a broader discussion on the role of religion and magic in contemporary societies.

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²⁴ Campbell 2013.

²⁵ McCall 2005.

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