

Where Medicine ‘Fails’: The Evil Eye and Childcare Beliefs among Rural Saraiki Mothers in Punjab, Pakistan

Azher Hameed Qamar; Qurat-ul-Ain

Abstract

The study explores the evil eye belief practices among Saraiki mothers in a village in South Punjab, Pakistan. This study unfolds three aspects of the evil eye phenomenon; first, the ‘diagnosis’ of the evil eye that constitute the ineffectiveness of the available modern medicine, second the socio-cultural nexus of folk medical system and unmanageable or unexplained threats, and third the protective and remedial practices that disclose indigenous healthcare culture. Using semi-structured interviews and interpretative phenomenological analysis, five interviews were conducted and analyzed. Findings revealed the perceived failure of the available modern medicine when the evil eye effects are diagnosed. People religiously believe in the evil eye and relate it with the feelings of envy that bring harm to the child by resisting the effects of any medicine and internal immunity. The study concludes jealousy, hatred, and deprivation as primary causes, and religious and folk remedial practices provide a magico-religious shield allowing the effectiveness of other

medical interventions. This study brings to light the need for cultural competence of medical professionals while working in indigenous communities where modern medicine cannot work if it is not gradually replacing or working in-line with the folk medical beliefs. **Key Words:** indigenous medicine, evil eye; magico-religious beliefs; childcare beliefs

Introduction

Belief and belief practices are not independent of the socio-cultural contexts. Healthcare beliefs particularly incorporate the cultural cognition of the health-seeking phenomenon. The belief in the evil eye is historically and culturally constituted across the globe (Dundes, 1992; Qamar, 2016). Evil eye is considered as the intentional or unintentional overlooking something or someone out of envy or jealousy. Similarities in the fear of evil eye and the presence of a specific word for the evil eye in many languages make the concept more universal. The phenomenon is interesting as it situates the status of a person as ‘the evil eye possessor’ and a relative status of the victim (a person or an object) as vulnerable and exposed to harm for its social value (Abu-Rabia, 2005; Daniel and Stevans, 2003; Qamar, 2016). The cultural (and religious) perception of the evil eye is linked with an ‘innate evil’ that can bring harm through the eyes of the evil eye possessor (Abu-Rabia, 2005; Qamar, 2013). Hence, a wistful and envious glance may have powers to inflict injury, harm, and even death to those whom it falls. Children are physically vulnerable and exposed to the risk of the evil eye, particularly during infancy. Mothers, before and after childbirth, are easy victims. Problems during pregnancy, infertility, abortion, dried breasts are common effects that are supposedly caused by the

Azher Hameed Qamar

Post-doc researcher, School of Social Work, Lund University, Sweden.

Assistant Professor Department of Behavioural Sciences, National University of Sciences and Technology (NUST), Islamabad, Pakistan
Email: azher.hameed@live.com

Qurat-ul-Ain

E.S.E (Elementary School Educator)
Govt. Girls High School Saggu Shumail, Kallurkot, Bhakkar, Pakistan
Email: aainaqureshi540@gmail.com

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evil eye. Fever, fatigue, lack of appetite, and drowsiness are common symptoms seen as effects of the evil eye (Abu-Rabia, 2005; Donaldson, 1992; Qamar, 2018).

Using a qualitative research approach to understand the phenomenon of the evil eye belief practice and health-seeking behavior of the Saraiki mothers in rural Punjab, Pakistan, this study provides a rich interpretation of the phenomenon, identifying the symptoms of the evil eye and indigenous remedial practices. This study will help the medical professionals and psychiatrists to incorporate cultural competency while promoting modern childcare practices in traditional societies.

Literature Review

A definition of the evil eye relevant to this study is; “the evil eye is an ancient belief which can bring harm to the person under the effect of malevolent gaze when people have envious thoughts intentionally or unknowingly” (Berger, 2013, p 785).

Possible perspectives that interpret the evil eye belief are; the historical existence of the evil eye (Elworthy, 2003), the cross-cultural presence of the belief in the evil eye, the underlying phenomenon of the evil eye belief practice, and a psychological interpretation of the belief practice (Tourney and Plazak, 1954). Religious perspectives (such as Hinduism, Judaism, Christianity, and Islam) describe the evil eye as innate and powerful behavior that can bring harm/damage to other living and non-living objects; unless the human does not follow the religious directives (Aquaro, 2004; Bloomfield, 1990; Goldin, 2010; Qamar, 2013; Ulmer, 1994). In the Islamic perspective, envy and jealousy are the Satanic devices that trigger the innate evil tendencies to bring harm. Jealousy was the first act of crime committed on the earth. The Quran gave evidence of Adam and Eve when Satan was jealous of them. Another is when Qabil murdered Habil because of jealousy. Therefore, it is repeatedly advised by the religious teachers to read the last two chapters of the Holy Quran to protect ourselves from the envious people (Qamar, 2013).

Another metaphysical view on the evil eye is the power of ‘overlooking’ that can initiate the negative emotions to meet the objective of bringing harm to others (Lykiardopoulos, 1981).

Even though rejected by western science, the power of ‘staring’ is seen carrying negative energies that ultimately interprets the evil eye phenomenon. Ross (2010) mentioned the electrophysiological basis of evil eye belief and called this energy as ‘human ocular extramission’ that has the potential to affect the objects it falls. Freud relates the evil eye with negative emotions including envy and jealousy (Freud and Strachey, 1955). Envy or *invidia* (a Latin word for the sense of envy) is a negative emotion describing the uneasy feeling that we experience while observing the ‘valuable’ possession of others. Invidia compels us to feel the pain of the deprivation that is relative to another's possession. This behavioral script takes the social value of a person, animal, or object into consideration and puts it at risk of envy from the people who are deprived of it. In this connection, the one who does not possess a socially valued object or status may possess the evil eye (Berger, 2013; Qamar, 2016). In-between the anthropological perspective (evil eye as a worldview) and psychological perspectives (evil eye as paranoia) lies the complex internalized and socio-cultural construction of the psycho-social basis of evil eye phenomenon.

Historically, different types of amulets in different shapes and colors (such as hand-shaped, eye-shaped, phallus) were used to be protected against the evil eye. Other protective measures include strings with knots, tattoos, covering women and children, and hiding the things or pleasures that may invoke envy (Juan, 2004; Lewis, 2001; Malina, 2001; Webster, 2010). In the contemporary world, people use various types of healing methods. In the societies where belief practices are primarily influenced by the religion, religious healing is prioritized over other folk methods without any absolute denial of these methods. Religious healing involves religious practices to seek relief and protection; for example, meditation, prayers, and ritual practices (Cullifored, 2002; Qamar, 2013, 2016).

As the belief in the evil eye situates the social complications and the individual status conflict in the socio-cultural nexus of possession and deprivation, this study unfolds the evil eye belief as it emerges from the individual perceptions and experience. In this context this study pursues following research questions;

- How do the Saraiki mothers in rural Punjab experience the effects of the evil eye?
- How do they protect and heal themselves and the children?
- How does the evil eye belief situate the perceived limitation of modern medicines against the evil eye effects?

Research Methods

Using a qualitative research design, this study was conducted in a Saraiki village in South Punjab, Pakistan. The village has one Village Health Centre (VHC) providing basic medical care, two primary and one middle school. Farming and agricultural labor are common professions. Most of the people live in joint families. Substantial modern healthcare facilities and educational resources are not available. Hence, modern healthcare practices are not common. Popular religious healing methods are *taweez* (amulets) and *dum* (incantations) used to heal and protect against the ‘unexplained’ diseases and threats. Different herbs are also used as folk medicine.

Data Collection and Analysis

Using a purposive sampling technique, we interviewed five mothers fulfilling the following inclusion criteria.

- Saraiki mothers from the selected village
- Age range 30 to 40 years
- Belong to the Muslim community
- All the women were able to read the Quran and prayers (that are in Arabic).

In pre-interview meetings, all the participants were informed about the topic of the research, and informant consent was sought. They were assured about the confidentiality of the data. For their comfort, they were interviewed at their homes on their availability. Participants’ names and any other information that might identify them were not disclosed.

In-depth semi-structured interviews were conducted. An interview guide was prepared and revised after conducting a pilot interview. All the interviews were conducted in the Saraiki language (the native language of the participants) at the participants’ places (homes) and were audio-

recorded with permission. To gain a rich interpretation of the participant-centered meanings of the experience grounded in their perceptions, beliefs, and understanding, we used Interpretative Phenomenological Analysis, IPA (Smith, 1996). After conducting interviews, audio data was transcribed in Saraiki language to capture the original meanings in coding. Two researchers separately coded the interviews and shared the codes to reach an inter-coder consensus. Thematic categories emerged from the codes and coded data. We sorted out significant statements corresponding to themes and translated them into English. Significant statements were re-analyzed in connection with relevant themes and ambiguities were addressed going through data and codes.

Findings

Findings report the evil eye belief as a common belief rooted in the religious and cultural life of the Saraiki mothers. There are specific symptoms that are perceived to indicate the evil eye effects on the human body. The perception about the ill effects of the evil eye on the human body is strong, and people believe that no medicine can cure the body until the effects of the evil eye are not warded off with traditional healing methods. The perception of the evil eye belief is closely connected to the health-seeking behavior of the people. The causes and sources of any ‘unexplained’ threat or disease trigger their belief in the evil eye and the power of embodied *invidia* (envy) to bring harm.

The Evil Eye Belief: Sources and Causes

Following tables provide the themes and significant statements from the data about the perceptions about the evil eye, its causes and sources that trigger it.

Participants reported a religious basis of the belief in the evil eye and confirmed the belief referring to the Quranic verses that they recited to ward off the evil eye (as advised by the religious teacher ‘*imam*’). One of the participants emphasized the belief as part of the religion, “An evil eye can make us lifeless. Our Holy Prophet (peace be upon him) was inflicted with the evil eye. Believing in the evil eye is part of our religion.”

Table 1. The Evil Eye Belief

Themes	Significant Statements
<ul style="list-style-type: none"> • Embodied Evil • Envy /Jealousy • Religious belief • Explains the unexplained 	<p>“Our religion Islam also says that the evil eye is a reality”</p> <p>“The evil eye is a power that affects due to negative feelings like envy and jealousy.”</p> <p>“Envious people may attack the things they are deprived of, intentionally or unintentionally.”</p> <p>“It is truth, how can a healthy baby suddenly get sick?”</p>

Table 2. Sources and Causes of the Evil Eye

Themes	Significant Statements
<ul style="list-style-type: none"> • Envy and jealousy • Hatred and aversion • Agony of deprivation • Evil eye possessors 	<p>“Childless mothers can see our children with desperation. That causes the evil eye.”</p> <p>“Anyone deprived of the children may have negative emotions towards other children out of jealousy.”</p> <p>“Pregnant mothers or new mothers are often afraid of childless women, who may possess the powers of the evil eye.”</p> <p>“Sometimes some woman in the relatives who is not happy with the family possess the evil eye because of her hatred.”</p>

The strong belief in the evil eye has its roots in the religious presentation of ‘the evil’ that humans can hold and practice intentionally or unintentionally. A human may have the potential to affect other human-beings or objects merely with the power of the envy that he/she hold because of his/her sense of deprivation. Even though participants’ perceptions reveal the notion of embodied evil that humans can practice bringing harm; interestingly, the power of the evil eye is relative, and the sense of deprivation is connected with the conceptualization of the social value of the person or a thing. According to the participants, the belief in the evil eye gets stronger when it ‘explains’ the sudden tragedies that have no other rational explanation.

As the data suggests, the belief in the evil eye is grounded in the religious interpretation of the human innate evil providing a causative explanation of the loss or damage that occurs as ‘unmanageable’ threats.

The most common response from the participants about the sources or causes of the evil eye was the feelings of jealousy and envy among deprived members of the family or the community. They reported that overlooking with a sense of deprivation is harmful as it emerges from the wistfulness of the person. For example, one participant said;

“.. if someone has intelligent children who are good in school and the children who wear good clothes and have plenty to eat; some people are likely to be jealous and think about their children in comparison and in desperation that can become the cause of the evil eye.”

Here, being envious is perceived as ‘the feelings of deprivation that a person has when comparing his/her status of possession with others’. Another participant reported, “When my son was born, he was very beautiful. I once took him to a woman whose son had died a few days after birth. When she saw my son, she started crying, and my son fell seriously ill.”

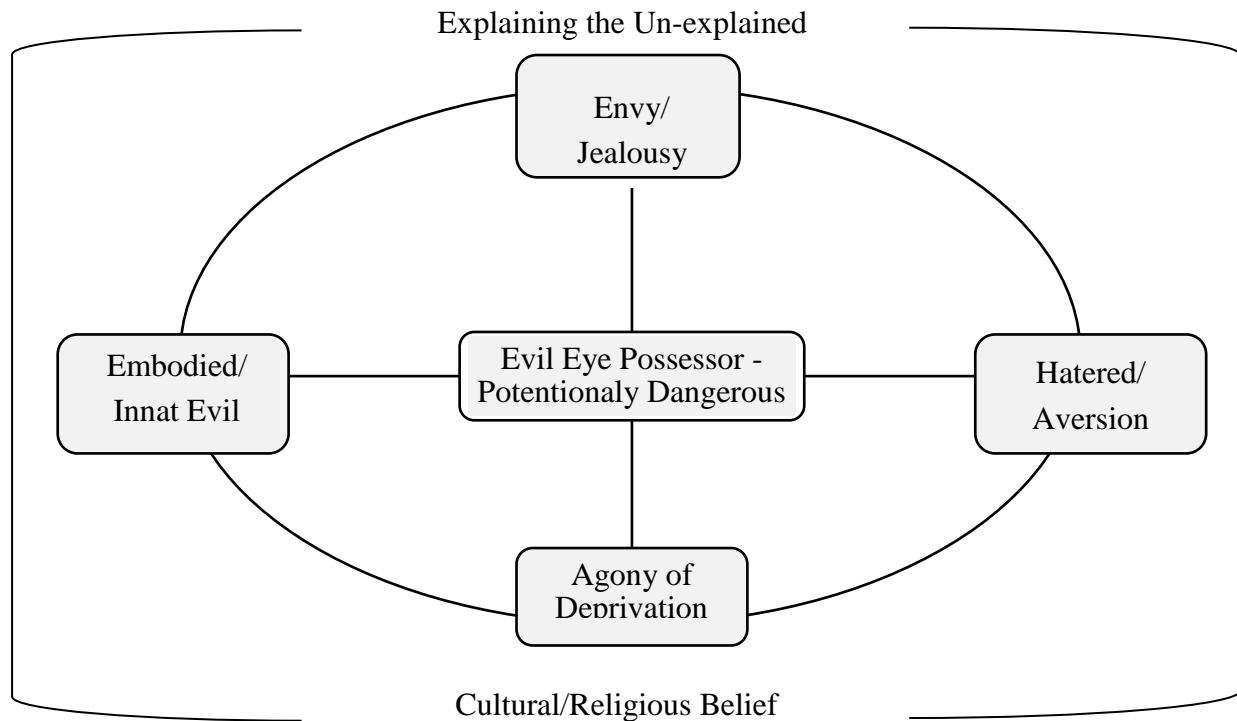
Symptoms / Effects

The symptoms of the evil eye are seen in connection with the effects that people observe without any concrete reasons that they can medically rationalize. On the other hand, if a medicine or folk remedy (such as the use of herbs) does not work, it is seen as the effect of the evil eye, for example, a participant said,

“A child inflicted with the evil eye cannot get relief with the medicine. It is an indication. Medicine will not work unless the evil eye is not warded off.”

Mostly the evil eye is seen as affecting the general health of the people. Broken sleep or loss of sleep, headache, constant yawning, any kind of pain, fever, depression, and weakness are mostly considered the symptoms of the evil eye. Children, women during pregnancy and the postpartum period, and cattle are vulnerable and exposed to the evil eye. Participants reported the sudden sickness or unexpected harm, and failure of

Figure 1. The Evil Eye Phenomenon



medicines as symptoms of the evil eye. Irritation, crying, lack of hunger are the common effects of the evil eye found in children. Similarly, the poor or poisonous feed of the mother, and during pregnancy miscarriage or death of a baby after birth are described as the effects of the evil eye.

Protection and Cure

Two healing and protective remedies were reported. First, the religious healing that is dominant and practiced with religious feelings and expectations of divine efficacy. Second, the folk healing (often named as *tona*), the protective and curative remedies being practiced and followed generation after generation. Religious healing requires the religious knowledge, and people contact the religious teachers in the village or the spiritual leaders they follow. Folk healing is an ancestor’s knowledge and family elders guide the procedure or practice themselves. All the participants unanimously reported the use of Islamic amulets (*tawiz*) and incantations (*dum*) as

the best source of protection against the evil eye. However, they also told about folk remedies.

Table 3. Symptoms and Effects of the Evil Eye on Children

Themes	Significant Statements
Fever Lack of sleep Lack of hunger Headache Body pain Crying	<p>“Fever, lack of sleep and hunger, headache, and body pain are the effects that point to the evil eye.”</p> <p>When my child keeps on crying without any reason. I suspect the evil eye has inflicted him.”</p> <p>“Children who are seen inflicted with the evil eye have a fever; they cry a lot; they do not sleep and do not eat.”</p> <p>“Under evil eye effects, elders usually feel severe body pain and headache. Children do not feel comfortable and do not eat properly.”</p> <p>“Fever, crying, and refusing mother feed is common when infants get inflicted with the evil eye.”</p>

Figure 2. *Hasar-e-Azeem* (the complete Quranic protection)

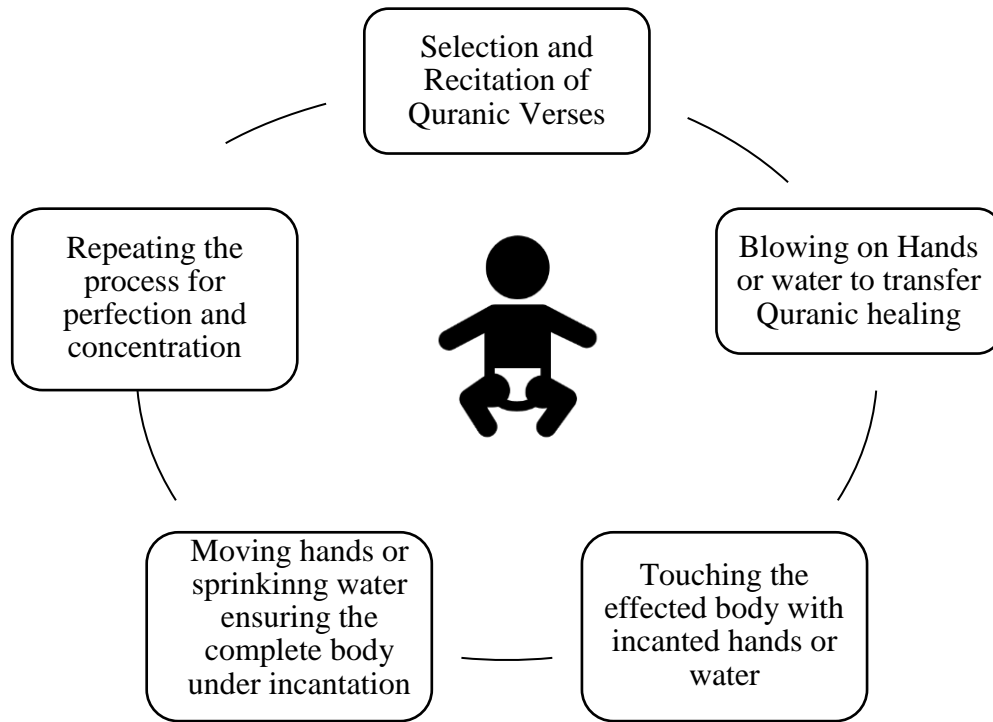


Table 4. Protection and Cure against the Evil Eye

Subthemes	Significant Statements
<ul style="list-style-type: none"> • Religious healing • Folk healing 	<p>“<i>Tawiz</i> and incanted water is best to protect against the evil eye and cure its effects.”</p> <p>“My children have <i>tawiz</i> around their neck since infancy.”</p> <p>“Black color is mostly used for the protection of the evil eye, for example spotting the child’s forehead with kohl (<i>kajal</i>).”</p> <p>“Islamic remedies like an incantation (<i>dum</i>), <i>taweez</i> are used for both protection and cure of the evil eye.”</p> <p>“I use seven whole red chilies or a piece of Alum (<i>phatkari</i>). I move chilies or alum around the baby seven times and threw it in the fire. It can ward off the evil eye if it is there”</p>

Religious healing.

Religious healing is significant as it directly addresses the religious foundation of the belief in the evil eye. It is believed that there is healing in the Quran for those who believe. Recitation of the Quran is seen as the source of protection against all kinds of evil effects (Usmani, 2011). *Hasar-e-Azeem* (the complete protection) is the procedure of Quranic incantation that participants reported as authentic medication. The religious healing process that participants reported is as follows;

The religious healer recites verses from the Quran, blows on hands, and moves hands touching the whole body of the child. He repeats the process three times or more. Sometimes he also recites verses on water and sprinkle it on the child, or the child drinks that water.

In this process (figure 2) touch of the religious healer transfers the healing power to the sick body that healer is gaining while reciting Quranic verses. Enchanted water is taken as a medicine after the religious healer blows in it while reciting Quranic verses.

Even though the role of the religious healer is significant for a complete cure, however, people who know how to recite the Quran memories certain verses from the Quran and do self-incantation when they feel the effects of the evil eye. Yet, for children, they seek help from religious healers (often the religious teachers in the mosque).

Folk healing.

The folk healing method used by the Saraiki mothers is composed of well-described *tona* (local name for folk healing method) that they learned from their elders and follow in ritualized settings. The use of red chilies and alum (*phatkari*) is a common device that, if used as described in traditions, can absorb the negative effects of the evil eye. One participant described the process:

Moving seven red chilies or a piece of *phatkari* around the baby's head seven times, and throwing it into the fire tell about the presence of the evil eye and also ward it off. If *phatkari* takes the form of a human face-like shape after melting in the fire, it is the indication of the evil eye. The chilies burning with no smell also indicate the evil eye effects.

There are two interesting aspects of these folk methods. First, these methods diagnose and cure at the same time, and folk healing disclose the presence of the evil eye and cure it. Second, the ritual performer is not necessarily an expert (like a religious healer). Anyone in the family who can follow the culturally prescribed steps can practice folk healing. The people are more inclined to religious healing, and folk-healing methods are gradually diminishing. People do not show a firm confidence in folk healing now as they are confirmed about the religious healing, "It can work, or it may not. This is *tona* we have heard from our elders. However, we believe in religious healing." One participant said.

Discussion

Freud explored the reasons that make people feel powerful and explained the fear of losing (the internal drives of deprivation or want) associated with the feelings of envy that can bring harm to others (Freud and Strachey, 1955). The person with the feeling of envy overlooks others' possessions or valuables that causes damage.

Egyptians and Arabs believed that jealousy is the damaging power. This power is transferred when the people admire valuables (assets or persons) with the feeling of envy (Mughazy, 2000). Likewise, deprivation, the people have envy when they hate someone because of their status (social or economic) that create insecurities for them (Ansari, 2006). Sense of deprivation, jealousy, and hatred are interconnected negative emotions that emerge in the form of the belief in the evil eye (Figure 1). In this connection, the social value of the child in society has many facets including the higher status of the mother that significantly raises the social value of a woman. The notion of 'social value' provokes the jealousy, hatred, and agony of deprivation constituting the strong bases of the evil eye belief, and consequently the marginalization of the deprived persons as the 'evil eye possessors' that works to increase the sense of deprivation.

Although the belief in the evil eye is a significant aspect of human behavior in traditional societies, there is a general lack of awareness about several scientific medical reasons (such quality of drinking water, hygiene, and maternal health) that makes the symptoms 'unexplained'. Consequently, the cultural beliefs play their role in seeking a causative explanation in the form of the evil eye. On the other hand, the 'unexplained' threat of the evil eye is managed with a well-written health-seeking behavior script. Initiation of a physical contact with the blessed object (*tawiz* or water) and with the affected body, on one hand, transfers the blessings of health from the object to the body, and on the other hand, creates a 'divine' shield that protects the body against the evil eyes. Religious inspiration and cognitive pattern (that perceives 'contact' as a medium to transfer health blessings) contribute to achieving internal satisfaction and synthesize the divine and operational efficacy of the protective and curative remedy against the evil eye. Since in traditional contexts religious behavior is an inseparable part of the human psyche and cannot be forced to refute in with 'medical rationality', it offers a mode of health-seeking behavior that may be useful while providing modern intervention and incorporating cultural competency according to the socio-cultural context of the disease and the patients.

Conclusions

The sense of insecurity and deprivation are situated in relation to the sense of social value and status that a person enjoys in his/her socio-cultural context. The belief in the evil eye is a phenomenon that triggers a sense of insecurity while situating the 'deprived' persons in a marginalized zone by highlighting the social value and status. Hence, the most needed cultural competency that a psychiatrist/psychologist must acquire should be broad and deep enough to take contextual scripts of human behavior into consideration.

Implications

This study can help us understand healthcare belief practices and the mental health of the people within in their cultural context. For a useful intervention, the cultural competence of the professionals significantly matters. Equally important is to address the 'social value' and 'sense of deprivation' as an inter-connected psycho-social construct. This study provides scholarly assistance to improve the cultural competency while investigating healthcare beliefs and implementing modern healthcare services.

Limitations of the study

The findings in this study are specific to the participants in their cultural context. They may not be generalized to the overall Punjabi culture. However, a resemblance of the belief practices regarding the evil eye among rural Punjabi community (Qamar, 2016) and rural Saraiki community provide a scope for generalization of the belief practices in rural South Punjab. We suggest that qualitative cross-sectional studies may be helpful to understand the belief in the evil eye and associated human behavior in rural agrarian societies.

Addendum:

1. Was this study reviewed by an ethics committee or institutional review board?
2. Were there conflicts of interest involved in this study?
3. Has this study been published previously?

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