The Cultural context of Health: A Baloch Perspective

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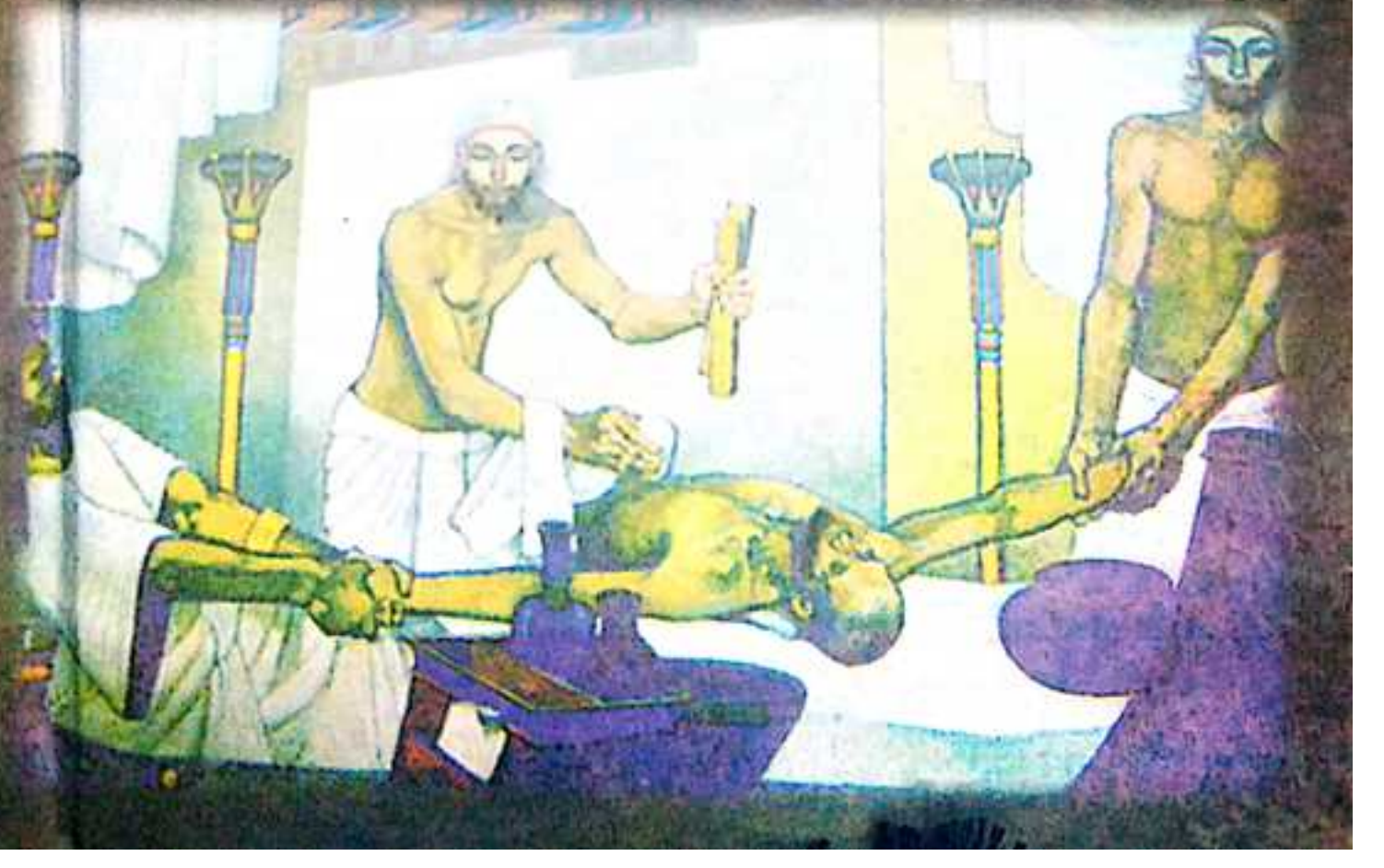
Dr. Naseer Dashti



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FOREWORD

Folk medicine is considered to be a shared experience of disease in a community which is outside modern or scientific medicine. It is a common heritage within a society and is closely interwoven with the other belief systems and life experiences within a particular society. Folk medical traditions among the Baloch can be traced from their early history. It was not amazing to note that every Baloch is familiar with some basic elements in their folk medical system. In any discussion about health and illnesses among the Baloch, mention of hot and cold, sacredness of places and supernatural occurrences causing illnesses and misfortunes are frequently made by participants.

It is believed that the intellectual milieu necessarily has a tremendous effect on the way we see not only the problems to be discussed but also the possibilities for solutions. The idea of conducting a research arose during staying idle in Quetta after returning from UK with a master degree in public health in 2000. During those two years, I got tremendous opportunities to discuss socio-political problems with the persons who make the limited circle of learned people among the Baloch in Quetta and other towns in Balochistan. Reading and discussing the recent literature on the study of the social and cultural dimensions of illness and health, it quickly became apparent that there was a strong resonance between the Baloch situation and contemporary theoretical preoccupations with medical pluralism, that is, the coexistence of diverse medical systems. Soon it became clear to me that I might be able to generate a deeply nuanced account of the folk medical sector that make up the contemporary Baloch health care system along side with professional modern health care system.

During my interactions with the people, the amazing discourses on traditional beliefs and practices regarding health and healing repeatedly struck me. There was always a characteristic self-consciousness in the manner in which people would present with an account of their health beliefs and it was puzzling to assess the relative intensity of their beliefs. In any discussion regarding health, the basic theme would be the classification of certain elements, mainly food and plants, as hot or cold, and the ascription of a differential therapeutic performance of these elements in the human body. While interacting with educated and un-educated elites in Quetta and other parts of Balochistan, it was natural that questions such as did people "really believe" the world view entailed by traditional beliefs and practices, whilst superficially imitating the signs of modernity; or were their traditional beliefs today self-consciously preserved whilst their true outlook was modern; or were these systems of medicine combined in a peculiarly Baloch hybrid medical culture, would engage one's mind. These questions were the motivating factors for me to embark on an ethnographic research on the Baloch health beliefs.

It was in this context that I intended to document the anthropological understanding of the relation of culture to health seeking behaviour of the Baloch. I was determined not to limit myself to a special area of focus like traditional researchers; however, after assessing my resources and the volume of expected data, within a year I was obliged to review my plan which led me to limit my aims. I settled finally to discover, interpret and to describe and, perhaps, determine the contemporary understandings, values, orientations in relation to the explanation and management of illness among the Baloch. The prevailing political situation in Balochistan was another compelling factor in my decision of limiting my geographical area of research mainly into three southern districts of Pakistani Balochistan.

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1. INTRODUCTION

Questions such as what do members of a society consider as healthy (or not); how people structure their explanations for health and illness and how these explanations rationalise their preventive or therapeutic strategies have long occupied the attention of social and medical scientists. This enterprise has involved research in many different disciplines, including anthropology, sociology, epidemiology, psychiatry, and the history of medicine.

The application of anthropological and social science theories and methods to questions about health, illness and healing is the field of medical anthropology. The theoretical assumptions in medical anthropology consist of the empirical generalizations that human societies develop some set of beliefs, cognitions, and perceptions consistent with their cultural matrices, for defining and identifying disease and for coping with or responding to disease according to their resources and socio-cultural structures. It exists to explore the development of systems of medical knowledge and health care, patient-practitioner relationships, and the integration of alternative medical systems in culturally diverse environments. It also aims to explore the interactions between biological, environmental and social factors influencing health and illness at both individual and community levels. Fabrega (1982) observed that the main aim of medical anthropology is to study a system or set of systems in order to understand how a society's system of medicine functions, to delineate different types of system, and ultimately to derives theories that explain how different systems of medicine operate and change. Sharing Fabrega's contentions, Bibeau (1982) advocated that the ultimate goal of medical

anthropology is to understand the conceptual organisation of a people in a medical domain that must include a systematic analysis of the medical system's functioning.

Human beliefs about health and illness differ radically from one culture to another. The concepts, beliefs and practices regarding health and illnesses and the institutions dealing with the treatment of illnesses are sometimes termed medical systems. Many societies practice different medical systems at the same time. It may mean the co-existence of multiple systems of medicine, including folk systems, popular systems, as well as traditional professionalized systems. Fabrega (1982:238) claimed that all societies have at least one system of medicine whilst some have several. Last offered some important criteria for a medical system or medical culture system:

- **A group of healers adhere to a common consistent body of theory and base their practice on a logic deriving from that theory.**
- **The theory explains and treats most illnesses that people experience.**
- **Patients recognise the existence of such a group of practitioners and such a consistent body of theory, and, although they may not be able to give an account of the theory, accept its logic as valid (1981:389).**

If we use the above-mentioned criteria, Baloch health beliefs and practices form a medical system. The salient features of the Baloch health system are 1) existence of a set of traditional folk medical beliefs 2) traditional health practices based on their folk beliefs and 3) the use of folk/traditional healers.

Among the Baloch health, illness and related misfortunes, are culturally perceived, labelled, classified, experienced and communicated. The folk system of medical care among the Baloch provides a language, passed on from generation to

generation, in which people voice their experience of disease. It provides a set of ideas, explanatory models, expectations and norms that guide the responses to disease by a patient and a patient's carers at home, the family and neighbourhood. It is made up of bits and pieces of ideas and therapeutic and to some extent precautionary practices drawn from diverse sources and from medical traditions supported by historical, geographical, and cultural contexts. Embedded in the Baloch healing traditions are a wide range of healing methods, which are religious, spiritual, and subsistence activities in essence. These healing methods are, in a way, serving to integrate their community and provide individuals with systems of meaning to make sense of suffering.

The last forty years of the government health care system and the availability of basic educational institutions in a majority of Baloch settlements have greatly influenced the ways in which the Baloch make sense of health and illnesses. However, for all practical purposes in contemporary Balochistan, the Baloch are using their traditional medical practices alongside the modern or western biomedicine. The medical practices among the Baloch mainly incorporate herbal remedies and spiritual healing practices. The healers include family healers, herbalists, hakims, bonesetters, traditional midwives, cupping specialists, religious healers like priests and religious functionaries, and specialized spiritual healers like *pirs*, *Gwathi e Moth*, sorcerers and diviners. The therapeutic practices include various herbal remedies, letting the bad blood (cupping), massaging, bone setting, and extraction of poisons, taking off evil eye, exorcism, and *Gwathi e Laeb* to expel malevolent spirits from the body of patients.

The experience of illness constitutes a human activity, which expresses social political forces, ideological values, and a subjective interpretation of symptoms produced inside the body and mind. Barnet (2003) emphasises the relationship between

the individual, community, and environment which with supernatural entities, have a holistic perspective to the attainment of health. He called for the demystification of health. In other words, Barnet suggested the encouragement of pluralism in the medical field.

Medical pluralism means two things. It may mean the co-existence of multiple systems of medicine, including folk systems, popular systems, or traditional professionalized systems, which present multiple choices to individuals. It may also mean pluralism within a particular system. There is a widespread belief among social researchers that in order to understand health behaviours from a holistic aspect it is imperative to know the emic perspective (the analysis that reflects the viewpoint of the native informants) why people behave in a certain manner and thus try to find the cause and reason for their behaviour. In this sense, ethnographic documentation of anthropological data on ethno-medicine is instrumental in understanding the people's health related beliefs.

Although medical anthropology has been criticised for offering no solutions to the problems identified, nevertheless, its importance in comprehending different aspects of health and illnesses cannot be ignored. Critics like Hemmings (2005) were convinced that medical anthropology has failed medicine in many ways and it has only helped to articulate the problems of medicine but not provided the solutions. Others, like Singer (1977) was very sceptical about the study of folk medicine with a cultural approach (The terms folk, traditional and complementary medicine are treated as having the same connotation in this study). In this regard Browner (1999, p. 138), contended that medical anthropology has allowed itself to be stereotyped as concerning the "peripheral, the exotic and the bizarre' and being only relevant to 'ethnic minorities'. On the other hand, many researchers have described medical anthropology as a powerful tool in challenging the current way

in which biomedicine delivers health care. Medical anthropology has emphasised the premise that each society has its own body of cultural knowledge for interpretation of illnesses. It can provide a critique of the practices and attitudes of health care professionals. Lambert and McKevitt (2002) in their study outlined how medical anthropology can help medicine to view the familiar afresh, reconfigure a problem's boundaries and thus yield productive insights. Supporting their contention, Shand (2005) opined that medical anthropology as it stands today offers medicine two things. First, it has a role in elucidating different cultural understandings encountered within the biomedical field. It therefore contributes to the canon of knowledge, which health care professionals can access when they encounter patients who may not share the same cultural background as they themselves. The second role it serves is to provide a critique of received knowledge within biomedicine itself. Barnet (2003) believed in the attainment of much wisdom from traditional societies and their remedies. He stressed that there are parameters that cannot be quantifiable in a western scientific sense. In the words of Barnet (2003:273-286) "there must be parallels for others", implying that alternatives to orthodox medical practices should be considered.

The notion that social and cultural contexts play a significant role in the perception of health and health seeking behaviour of a population has been vigorously stressed by researchers in recent decades. Good (1977), Greenwood (1984), Bibeau (1982) and Kapferer (1991) explored in detail the cultural factors in the formulation of perception and practices regarding health and illnesses. Study of the folk sector has led many observers to challenge the dominant view held by many health professionals, of the superiority of bio-medical knowledge, and therefore, the legitimacy of its primacy. More cautiously, the World Health Organization asserted that traditional medicine continues to be an important part of the health care of many developing countries and various alternative or complementary

therapies enjoy a widespread following in developing countries. The World Health Report (1995) observed that there is a continued need for better assessment of the benefits of alternative forms of medicine including traditional ones. Since the Alma-Ata declaration in 1978 by the World Health Organization, the Traditional Health Program of WHO has globally addressed the importance of traditional medicine in the primary health care of developing countries. In 1992, the Maastricht Declaration of the World Congress on Medicinal and Aromatic Plants for Human Welfare also recognised the importance of the genetic resources of medicinal plants as traditional medicine. The recognized issue of the protection of intellectual property on traditional medicines has also been raised by WIPO and by WHO since 2001 (WIPO, 2001; WHO, 2001).

In the above mentioned background, I decided to choose the traditional aspect of health for my doctorate degree in 2004. The aim was to foster a realistic approach to traditional approaches in the Baloch medicine and in this way to promote and further contribute to health care. It was also to explore the merits of traditional medicine in the light of modern science in order to maximise useful and effective practices and discourage harmful ones, and to promote the integration of proven valuable knowledge and skills in traditional and western medicine. The aim of the research work on Baloch traditional health practices was to conduct research on the folk or traditional health practices of the Baloch people, which may provide the opportunity to contribute to medical knowledge and progress based on physical and cultural (traditional knowledge) resources of a particular cultural or ethnic group. This research was based on the theoretical postulate that cultural context plays a pivotal role in the health seeking behaviour of a particular society or community. It aimed to study the folk medical practices presently in existence among the Baloch people (although locating them historically as well as in terms of their current

functioning). In this regard, it was intended to highlight that healing processes entail articulation of cultural thought regarding the origin and cause of illness among the Baloch people. The overall purpose of this project was to discover, describe and characterise the traditional health care system among the Baloch people. The specific objectives of the research were:

- To identify and understand the perceptions of health, illness and health seeking behaviour of the Baloch people in a cultural perspective; that is how they are defined and experienced by them and more specifically to document their perception regarding the origin and cause of illness and disease as revealed in their system of disease-classification and their etiological categories.
- To describe the context in which the Baloch access the traditional health care system as well as conventional health care.

Research in the traditional medical knowledge of a people can reveal the subjective meaning of the experience of illness and healing. It can recognise the knowledge of illness and healing as an important stock of knowledge that people have constructed for themselves from their cultures, histories, traditions and personal experiences. In a Baloch context, an ethno-medical approach to the exploration of their medical beliefs can offer several distinct practical advantages to health professionals, social scientists, health planners and, not least, the lay public. First, analysis of sickness networks aids in understanding the logic of folk health resources and their utilization patterns. Such information can help detect key differences and areas of conflict between the folk and biomedical systems of health care. Health planners will be better informed about the total environment of health-related behaviour. They will also be able to mediate more realistically and effectively between the different systems when planning new programs or redesigning the configurations

of existing resources for health. Second, analysis of health-related concepts and transactions can aid in creating a base of practical knowledge about typical sources of stress in the life of a Baloch individual. It can also help to identify diseases and illnesses that are perceived to be the most common and threatening. Thirdly, evaluation of usual family and social network patterns of coping with illness and maintaining health can help in the formulation of coping strategies.

Most of the material in this book has been taken from the thesis which was submitted in the summer of 2007 to the University of Greenwich in partial fulfilment of the requirements for the degree of Doctor of Philosophy. As it was mentioned earlier, this selection of material from the research thesis in the medical anthropology of Baloch culture and society can offer professionals alternative ways to understand the experience of health and illness. It offers them alternative ways in which to understand their own place within a system and as deliverers of health care. This book may prove to be important ethnographically and to be of practical help as well. It may help in the reappraisal and scientific investigation of the medical traditions of a community with a view to contributing to their public health requirements from their own traditional intellectual sources. Furthermore, the findings of this book may contribute to the reform of the institutions dealing with public health, making them more effective and responsive to their public health objectives. Moreover, a written text may contribute in the preservation of long practised health traditions and in this way, it is a personal contribution on the part of author as a Baloch to the preservation of ancient traditions and values of the Baloch regarding health and illnesses.

Plan of the book

The book is comprised of fourteen chapters. Chapter 2 reviews the literature on various aspects of health and illness. The chapter explores the work of different researchers in elucidating cultural understandings and definitions of illness and health. Medical anthropologists have long been exploring different aspects of health and illnesses. Various researchers have studied different perspectives on disease classification by different societies and the concept of humoral imbalance in detail. The idea that supernatural entities are responsible for various illnesses and the folk and spiritual practices to expel the malevolent effects of supernatural entities have been fascinating subjects for early anthropologists. The chapter describes the approaches of different anthropologists who took into consideration the general patterns of socio-cultural facts that shape the knowledge, beliefs and treatment of illnesses. Healing rituals are important ingredients in traditional or folk medical practices and the chapter deals with different aspects of healing rituals from the literature.

Chapter 3 deals with methodology of the research work. Research methods cannot stand in isolation from the theoretical and conceptual issues, which constitute social science research. Scientific research theories or traditions are overall conceptual frameworks (paradigms) within which researchers work. Many models of research, which are associated with the abandonment of the search for absolute truths, have been advocated parallel with the methodologies perpetuating the notion of absolute truth based on rational scientific knowledge. The chapter discusses the theoretical and conceptual issues regarding research methods. It defends the selection of a qualitative approach for this ethnographic research. The chapter gives a detailed outline of research methods employed in the study, which included in-

depth interviews and participant observation. Discussion on ethical issues of the research work and an account of fieldwork is included in the chapter.

Chapter 4 is a brief discussion of the history, cultural values and ...ial organization of Baloch. The chapter describes how various external and internal factors in recent decades brought drastic changes in the contemporary Baloch social structure. The majority of researchers are of the opinion that the Baloch come from the group of Parthian tribes who migrated from Central Asia some three thousand years ago. In the contemporary world the Baloch are the inhabitants of the semi-desert land mass of Balochistan, controlled by Iran, Afghanistan and Pakistan. From the beginning of the 17th century until the middle of the 20th century, Baloch rule on Balochistan was by a loose confederacy of Baloch tribes under the Khanate of Kalat. Although recent decades witnessed some drastic changes in their tribal and nomadic way of life Baloch people have retained many centuries old traditional customs, cultural values and worldview.

Chapter 5 is the description of the concepts of health and disease among Baloch. The chapter also explores concepts of body physiology, disease categorization and perceptions regarding preventive measures among the Baloch. The definition and perception of health and illness has never been universal. It differs within a society and within individuals. According to the definition of WHO (1946), health should be a dynamic state of physical, mental and social wellbeing and not merely the absence of disease or infirmity. Certain characteristic signs and symptoms can indicate disease while illness is the patient's experience of ill health and is a subjective condition.

Chapter 6 is the description of concepts and therapeutic practices regarding natural illnesses among the Baloch. The Baloch concept of natural causes of diseases is largely

confined to a hot/cold dichotomy and likewise, therapeutic manoeuvres and endeavours centred on the restoration of humoral balance. Folk healers among the Baloch use a variety of herbs as concoctions and mixtures in their therapeutic practices and a list of various herbal remedies is included in the chapter.

Chapter 7 is the description of folk healers among the Baloch. A folk healer is often a person chosen from the community, who shares the same experiences, the same language and the same socioeconomic status and is highly accessible to the people. Folk healers use their gift of healing to tell whether an illness is provoked from nature or is supernatural. The majority of healers deal with the dual elements of "natural" and "supernatural" illnesses. The folk healers among the Baloch include family healers, herbalists, hakims, midwives, masseurs, bonesetters, poison and foreign body extractors and spiritual healers. The chapter includes a detailed description of folk healers including the process of their induction in the folk healing system and the logic of their efficacy. Bonesetters play a vital role in the Baloch medical system and the chapter includes a description of their techniques. *Mia/Damgir* are the extractors of snake and scorpion poison; a brief description of their methodology in dealing with such cases is included in the chapter.

Chapter 8 is the description of some health and illness situations, which include perceptions, beliefs, and practices about pregnancy and childbirth, the belief in letting of dirty blood and concept of slip of the heart. The beliefs and practices during pregnancy and childbirth involve many cultural understandings among the Baloch. The role of a traditional midwife is pivotal in these situations. The chapter discusses prevailing concepts and practices regarding pregnancy, childbirth, and the roles of traditional midwives in managing pregnancy and childhood abnormalities. The basic perception of cupping is the drawing out of accumulated 'bad blood' in the

body caused by imbalance of one of the vital humours in the body. The chapter deals in detail with the perceptions and practices regarding cupping among the Baloch. According to Baloch understandings of the body, the heart is the subject of emotional experience and a symbol of the true essence of the person. Slip of the heart is the dislocation of the heart from its original place due to a frightening or traumatic happening and a common phenomenon among the Baloch. The chapter includes the description of the concept and the therapeutic manoeuvre of readjusting the heart to its normal position as a case study.

Chapter 9 comprises the description of the concepts of spirit possession illnesses and the practices of overcoming these illnesses. Two case studies of spirit possession are also included in the chapter. The Baloch categorize supernatural illnesses into spirit possession illnesses and illnesses intentionally inflicted by other human beings upon their fellow humans by unleashing supernatural forces. The malignant supernatural forces (evil spirits) cause spirit possession illnesses in which there is no contribution either from any fellow human being or from the patient.

Chapter 10 is a description of the *Gwath* phenomenon among the Baloch and a detailed account of the observation of the mystical and symbolic ritual of *Gwathi e Laeb* that is the exorcism of a *Gwath* spirit in a ritual healing ceremony. The diagnosis and treatment methodologies of the phenomenon of *Gwath* make it peculiar and different from other spirit possession illnesses. A distinct category of spiritual healers (*Gwathi e Moth/Sheink*) diagnoses and exorcises the *Gwath* Spirit. The healers in this category incorporate pre-Islamic or un-Islamic rituals (according to orthodox religious leaders) such as music and dancing in their healing methods.

Chapter 11 deals with the perception of diseases or affliction thought to be due to sorcery, breach of social taboos, or evil

eye. A case study of sorcery is included in the chapter. The chapter also includes a detailed description of the perception, treatment procedures and preventive measures regarding the illnesses caused by evil eye. The Baloch believe that other human beings intentionally inflict some supernatural ailments upon their fellows by unleashing supernatural forces. These include practices of sorcery and the affliction of evil eye. Gods or spirits of parents, as retribution for some wrong doings (guilt, sin, and breaking of taboos) on the part of patient or patient's family inflict many other illnesses upon human beings.

Chapter 12 is the discussion of Baloch health seeking behaviour. A myriad of factors may be responsible in shaping the health seeking behaviour of a society. In a Baloch context, the perception and actiology of illness, beliefs and attitudes towards health care and the social network or social world of the Baloch are major factors in influencing their health seeking behaviour. However, other factors such as the accessibility of medical institutions, the financial status of the family and educational background also play a major part in their endeavour for seeking health.

Chapter 13 consists of concluding remarks. It was concluded that folk medical beliefs are inseparable from other elements of Baloch cultural life. It was observed that Baloch beliefs regarding health and illness revolve on the concept of natural or supernatural causes and Baloch traditional medical practices exist and are widely employed alongside biomedicine. The chapter also includes discussion on causality and disease perception, notions of balance and disease perception, traditions of supernatural possession, and various other aspects of spiritual and ritual healings and Baloch health seeking behaviour.

Chapter 14 is a brief review of literature on different aspects of medical pluralism stressed by different researchers and advocates of alternate ways or a holistic perspective to the

attainment of health. The term medical pluralism means the co-existence of multiple systems of medicine. Existence of different medical systems like folk systems, popular systems, or traditional professionalized systems, in a society presents multiple choices to individuals. Medical pluralism may also mean pluralism within a particular system and pluralism among medical practitioners themselves. Although there appear to be many divisions between the approaches of conventional medicine and traditional or folk medicine, nevertheless, during past many decades, a growing perception is emerging that traditional folk medicine and biomedicine can tread together on many pathways. Integration of folk and biomedicine is discussed in detail in the chapter and it will be argued that by integrating folk and biomedicine the benefits of both can be optimized.

2. LITERATURE REVIEW

Introduction

Many medical anthropologists have explored different aspects of health and illnesses differently. Different researchers took different approaches while taking into consideration the general patterns of socio-cultural facts that shape the knowledge, beliefs and treatment of illnesses. Actiological classification of disease and the concept of humoral imbalance in the causation of diseases have been an important part of medical systems of many societies and have been studied in detail by various researchers. The concept that supernatural entities are responsible for various illnesses and the folk and spiritual practices to expel the malevolent effects of supernatural entities have been fascinating subjects for early anthropologists. This chapter reviews the literature on different aspects of health and illness including reviews of the literature on the perception of supernatural diseases, culture-bound syndromes and ritual healing.

Health and Illness: The Problem of Definition

The concept of health and its dimensions have been studied and described variously in the literature. The definition of health and illness has developed considerably and changed several times in recent decades as the focus shifted from perceiving health as a purely biological or physiological matter, to understanding that health is affected, not just by biological factors, but also by psychological and sociological circumstances. Scambler (1993) contended that the concept of health might be ascribed miscellaneous meanings according to the agenda of particular groups who are describing it in society.

Dubos (1977:32) termed health as a 'modus vivendi' enabling imperfect men to achieve a rewarding and not too painful existence while they cope with an imperfect world. Keeping aside the conceptual definitions, 'health' in practical terms in the words of Janzen (1992):

> **... is not something that "just happens": it is maintained by a cushion of adequate nutrition, social support, water supply, housing, sanitation, and continued collective defence against contagious and degenerative diseases...(1992:xvii).**

Definitions that are more recent have emphasized various aspects of health (Boorse, 1997; van Hooft, 1997; Nordenfelt, 2001; Bullington, 2003; Hellstrom, 2003; Jakobson, 2003; Nordenfelt, 2003; Petersen, 2003) including the relationship between the capacity to cope and the demands of life. The proponents of a comparative approach to the definition of health (Borse, 1977; Nordenfelt, 1995, 2001, 2003; Tengland, 1998) focussed on the levels of well being rather than changes. According to the loose comparative approach used by Brulde (2000), a person's health is a function of his respective positions in five different dimensions that are; his clinical status, his abilities that enables him to live a normal life, his abilities to perform, his mood state and his bodily experience and emotions. Bircher (2005) had stressed the intimate relationship between individuals and their social network, which are associated with culture – specific demands and challenges to which an individual has to respond. He defined health as "a **dynamic state of wellbeing; characterized by a physical, mental and social potential, which satisfies the demand of a life commensurate with age, culture, and personal responsibilities**" (2005: 36). This definition echoed the WHO definition of health, which states that it is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1946).

Disease is characterised by certain signs and symptoms while illness is the patient's experience of ill health and is a subjective condition. Boyd (2002) described disease as deviation from biological norms while Fabrega (1974) described it as a socio-historical arrangement resting on socio-historical development. Disease can refer to specific objective conditions, and yet the interpretations, and their valuation, vary from culture to culture (Nesse, 2001). Different researchers have variously interpreted illness as an adjustment within the spheres of bodily and social experience, subject to culturally shared beliefs and expectations. Marinker (1975) viewed illness as a feeling, a personal experience of ill health, which has been internalized in the human being, Morris (1998) argued that illness is a mental, emotional, and bodily event constructed at the crossroads of biology and culture.

Medical anthropologists developed the distinction between the concepts of disease and illness for the better understanding of the dynamic relationship between culture, medicine, and the healer-patient relationship. Authors like Lewis (1975), Cassel (1976), Eisenberg (1977), and Kleinman (1980) deliberated on the analytical distinction between illness and disease. With this perspective, various researchers included in their discussions on ill health the concept of sickness. Sickness is the role negotiated with the society on cultural and religious foundations. Marinker (1975) and Sachs (1987) opined that sickness is an all-embracing term that provides a concise picture of the ill person within a social and cultural perspective. It covers the external and public view of ill health and embraces social role, status, and ones negotiated position in the world. In other words, sickness is the social role adapted by a person who is ill (Nordenfelt, 1993).

Health and Illness: The Cultural Perspective

Cultural processes markedly shape many behavioural and attitudinal aspects of human life. Perception of illness is often a matter of cultural connotation and every culture has its own concepts about health and illness. Each culture, according to Illich (1976), gives shape to a unique gestalt of health and to a unique conformation of attitudes towards pain, disease, impairments, and death, each of which designates a class of that human performance, traditionally called the art of suffering. In this regard Kleinman (1980: p.24) argued:

> **"In every culture, illness, the response to it, individuals experiencing it and treating it and the social institutions relating to it are all systematically interconnected".**

He suggested that illness is the way the sick person and his family and his social network perceive, label, explain, evaluate and respond to disease. Young (1986) and Sommerfeld (1994) stressed that behaviours regarding disease derive from a society's ideas about illness. Szasz (1965) argued that the concept of illness, whether bodily or mental, implies deviation from some clearly defined norms. In his opinion, in a case of physical illness, the norm is the structural and functional integrity of the human body and in a case of mental illness, the norm must be stated in terms of psychosocial, ethical and legal aspects. The experience of illness includes both behavioural changes and the feeling of being sick, each of which is intimately related to the social context i.e., how the patient, his family and the social network react to the disease.

The notion that social and cultural contexts play a significant role in the perception of health and health seeking behaviour of a population has been vigorously stressed by researchers in

recent decades. Mishler (1981, p.2) pointed out that, **"illnesses occur in people who live within socio-cultural frameworks of beliefs and action"**. Mishler (1981), Lambert and Rose (1996), Popay and William (1996), and Strengers (2000) were critical of the narrow concept of disease, viewed by the biomedical model as an autonomous entity. Arguing against the monopoly of biomedicine, they questioned the notion that scientific medicine holds the primary vantage point from which health and disease can be understood and insisted that in a post-modern world all generalisations, all categories, and all classifications are open to challenge. Freidson (1970) and Janzen (1992) stressed the knowledge of health and healing being a social construct and its historical and cultural situation. They opined that the bio-medical model is irrelevant from the sociological point of view. They based their observation on the premises that biomedicine does not pay attention to the fact that illness is not only a biophysical state (concept of disease) but also a social construct shaped by human knowledge and evaluation (concept of illness). Foucault (1973), Illich (1975) and McKeown (1984) have postulated that the assumption which regards the body as a "machine" and the doctor as a "body mechanic" has led to a wide spread indifference to the social context of disease. Criticising and pointing to the need of a correction to reductionist tendencies Engel (1977, 1980) and Kleinman (1980) pointed out the limitations of a biological model for mental disorders. Criticising the reductionist approach in health research, Kleinman states that:

> **"it is the relationships between different analytic levels (i.e., cultural, social, psychological, physiological) that are of special significance for understanding the healing process . . . these crucial interactions are precisely what the reductionist approach to healing avoids" (1980:364).**

How illness will be perceived or understood depends on the cultural and social patterns of perception. The perceptions of

illness differ among various cultures in respect of characteristics of illness, causes of illness and people's response to illness. It had been variously perceived as a punishment for wrongdoing (Szasz, 1965) or as a social sanction (Fox, 1989). Writers like Fortes (1987) and Comaroff (1980) have stressed that illness is an expression of social conflict or cosmic disorder, revealed, in disruptions in the normal relations of men, spirit and nature. Social constructionists like Mead (1947), Laughlin (1963), Mechanic (1968), Freidson (1970), Fabrega (1973), Illich (1975 and 1976), Dubos (1977), Frankenberg (1980) and Kleinman (1980) have discussed the cultural context of health in detail. According to Freidson (1970), culture or a system of knowledge and meaning is implicit in every conception of illness. He argues that social structure can force people to act sick even though they may not believe themselves to be sick. Mechanic (1968, 1995) considered illness behaviour as socio-cultural in nature, having a social construct and Frankenberg (1980) stressed that signs and symptoms are expressed, elicited, and perceived in socially acquired ways. Chapman et al. (2000) in their discussion on the folk theory of pain in relation to '*Tic Douloureux*' explored the importance of social context. They concluded:

> **"Past experience and social context will shape this understanding, and inevitably the ideas, beliefs and attitudes inherent in the culture that surround her will become a part of her, determining not only her personal folk notion of pain but the very nature of the experience" (2000: 221).**

The leading researchers on the socio-cultural aspect of health agree on the fundamental emphasis; they differ however, in the emphasis they lay on the individual or collective determinants of sickness. For example, Herzlich (1973) Taussig (1980) Comaroff (1980) Frankenberg (1980) Stacey (1986) and Unschuld (1986) explored more directly the premise that social forces and relations permeate the concept of illness and

sickness. For Herzlich and Pierret (1986, p.75), the explanation of illness extends 'beyond medical explanations' because it is sought in a way which goes further than medical explanations do. The approach of these anthropologists tends to take into consideration the general patterns of social facts that shape the knowledge, beliefs and treatment of illnesses. While on the other hand anthropologists like Good (1977), Kleinman (1978) and various other clinical ethnographers, although not denying the social and economic determinants of medical knowledge, stressed the cognitive structures underlying the individual's statements about illness. Vaskilampi (1982) insisted that cultural theory is too general and too limited to help us to understand the reality of folk medicine. He, however, argued that it gives us a tool to describe and analyse one perspective on folk medicine.

The concept of culture as it relates to people's beliefs in health and illness is complex, and the debate on the relation between health, health seeking behaviour and culture is not only longstanding but also contentious. Many researchers took cautious approaches and discussed the dangers of overstressing culture regarding health. Vaskilampi (1982) cautioned against an overemphasis on the cultural approach to health and illness. Leininger (1977) and Helman (1990) while believing that cultural background has an important influence on many aspects of our lives, including beliefs, behaviours and attitudes to illness and other misfortunes, argued that the concept of culture has sometimes been misunderstood, or even misused by those who have used it. They believed that as cultures are not uniform, even within a specific cultural group, variances exist based on the degree of integration of different sub-cultures with the mainstream culture. The differences in the emphasis on the social or cultural aspects among researchers of health and illness; however, are not antagonistic. Ignoring the importance of cognitive and social influences in psychiatric assessments is not justifiable as cultural knowledge about persons and social

behaviour may affect both clinical judgment and epidemiological research. Culture is among the main forces shaping and framing the perception and expression of symptoms and complaints regarding ill health.

Culture-bound Syndromes

The term "Culture bound syndrome" denotes certain patterns of abnormal behaviours and experiences or illnesses, which occur in specific cultures where their expressions are determined by cultural factors, and they do not fit into existing conventional diagnostic categories.

Research on culture-bound syndromes has been centred on answering some key questions to understand the phenomena on their own terms and in relationship with psychiatric disorders. Attempts were made to seek the answers about the defining features of such a phenomenon, its location in the social context, its relationship with psychiatric disorders and the social/psychiatric history of the syndrome. Many researchers observed that culture-bound syndromes are a manifestation of common superstitions and belief patterns within the particular culture or cultures. In some instances, persons afflicted show unusual mental changes and hyper-activity and their behaviour can appear to be bizarre. Some of the disturbances are characterized by mental symptoms, the content of which is highly specific (*Koro*, fear of the penis disappearing) and in some instances symbolic (*Windigo* - possession by a spirit leading to a craving for human flesh, eventually cannibalism) (see Simons 1985 and Bottero 1991). Some of the common properties of culture-bound syndromes include:

(1) Abrupt onset,
(2) Relatively short duration and
(3) Thought disturbances

The aetiology of culture bound syndromes is far from clear. Personality, environmental and biological factors are invoked as explanations. Very frequently, the marginal status of the individual in the group and undercurrent stressors of various types is mentioned as the causative mechanism for these syndromes. Conventional medicine usually classifies these syndromes as functional psychoses, atypical psychoses and/or hysterical psychoses. According to the definition of the American Psychiatric Association (2000), culture-bound syndromes are localized, folk, diagnostic categories, that frame coherent meanings for repetitive, patterned and troubling sets of experiences and observations and these indigenously believed illnesses or affliction might not be linked to a particular DSM-IV [1](Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition) diagnostic category. Hughes et al (1997, pp. 996-997) stated this point more eloquently:

> **"The phenomena of culture-bound syndromes do not constitute discrete, bounded entities that can be directly translated into conventional Western categories. Rather, when examined at a primary level, they interpenetrate established diagnostic entities with symptoms that flood across numerous parts of the DSM nosological structure".**

Nichter (1981), in a discussion of cases from South India, argued that many types of sicknesses are best understood as idioms of distress rather than as syndromes per se and each describes local reactions to particular forms of psychiatric

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[1] The Diagnostic and Statistical Manual of Mental Disorders (DSM) lists different categories of mental disorders and the criteria for diagnosis, treatment, and research findings. Published in 1994 by the American Psychiatric Association, it is the main diagnostic reference of mental health professionals worldwide and used by clinicians and researchers as well as insurance companies, pharmaceutical companies and policy makers. The DSM has gone through five revisions, the last major revision was the DSM-IV published in 1994.

distress that arise in the differing situations of disparate cultures. He further opined that some of these ways of expressing distress become formalized with names in local languages but do not necessarily become as rigidly defined as are psychiatric diagnoses. Simons (1985) described various culture-bound syndromes as *Koro, Latah, Amok, Pibloctoq* or "arctic hysteria" and *Susto*. It has been suggested that the majority of known culture bound syndromes are based on phenomena of fright. Frightening illnesses have been observed in many other communities e.g., *Fija* in Yemen (Swagman, 1989), *Lanti* among Bisayan Filipinos (Hart, 1985), *Magolaya* among the Huli (Frankel, 1985), *Dhutu* in India (Bottero, 1991). In many societies of South America, the distress caused by a sudden or unexpected event is believed to dislodge 'an immaterial substance, an essence' from the body and cause the 'victim' to become ill at some point in the future for example, after days, months or even years later (Rubel et al.1984; Baer and Penzell 1993). Symptoms may include a feeling of permanent exhaustion, difficulty in sleeping, poor appetite, and sometimes gastro-intestinal complaints (stomachache, diarrhoea, vomiting). Treatment rituals often involve praying, a discussion of the event(s) that caused the sickness, a "drawing out" of the sickness, and return of the "essential part of the self" (Rubel 1960: 808).

Various researchers theorized the underlying causes of culture bound syndromes differently. Many anthropologists tried to link culture bound syndromes with global social, political and economic events affecting local cultures and communities. Many researchers mentioned interpersonal problems, nervous disorders and socio-economic worries as the causative agents for many culture bound syndromes. For example, Carr (1985) posited that the incidence of Amok might have risen under colonialism and with urbanization in Malaysia because Malaysian rural culture had insufficient ways of dealing with the sharp rise in interpersonal conflict when the society came

under stress. Winzeler (1995) echoing the contentions of Carr, discussed early descriptions of both Amok and Latah as part of the creation of stereotypes of deficiency in colonized Malaysians. Kenny (1985) and Simons et al (1985) saw Latah in different ways. Simons et al argued that the predominant feature of Latah is the neurophysiological startle reflex, culturally elaborated into Latah in Malaysia while Kenny located the genesis of Latah in the difficult social environment of a person in Malaysian society. Ng et al (2004) in their study associated culture-bound syndromes with psychological stressors. They identified various psychological stressors that precipitate dissociative trance disorder in Singapore. These included problems with military life, conflict over religious and marital woes, resentment at work, health, and financial troubles, recent death of a relative or friend and problems related to courtship. Eguchi (1991) found connections between religious context and culture-bound syndrome and theorized that phenomena such as fox possession became psychiatric syndromes, defined as disease, only when the religious context in which they originally appeared changed.

Disease Classification in Perspective

Many societies categorize diseases based on their aetiology. The perception that some kind of natural or supernatural agents are responsible for ill health forms the basis of the majority of these aetiologies. Lieban (1977) stressed that:

> **"The aetiology of the disease is central to any discussion of the connection between medical phenomena and their cultural settings and to begin with, in most indigenous medical systems the primary consideration in the diagnosis of the disease is its cause" (1977:23).**

Foster (1976) considered the classification of all disease theories into two groups: those that favour personalistic (causal) explanations and those that favour naturalistic ones. Aetiologies based on the idea that the volition or intervention of an extra-natural force causes misfortune, including illness are personalistic. On the other hand, naturalistic causes are those sources of ill health that are the product of natural events or properties of natural substances, such as worms or excess of a vital humour as a result of hot and cold imbalance in the body.

Most of the ethnographic works distinguished between personaljstic and naturalistic aspects of ethnomedicine. Waldstein and Cameron (2006) pointed out that most medical systems contain a mixture of personalistic and naturalistic explanations [see Cosminsky (1977), Buckley (1985), Snow (1993) and Chavunduka (1994)]. Glick (1967), who studied the knowledge of illness and medicine of the Gimi (New Guinea), distinguishes between efficient and instrumental causes. He observed that people saw sorcerers as efficient causes of illnesses, while disease causing objects were known among them as instrumental causes of illnesses. Young (1986) argued that medical systems differ in whether their etiological theory is internalizing or externalizing in determining the cause of disease. According to the Islamic cosmology of events, God, angered by sin, punishes the sinners by afflicting them with illnesses and other miseries (Koran, 39:53; Rehman, 1989; Al-Ashmawi, 1989; Al-Baghdadi, 1996). According to Rehman (1989), the most frequently mentioned reason in the Koran and Hadith[2] for illnesses as indeed for other misfortunes, is God's trial of people and the cathartic effect of illness. If someone fails to come up to the level of a true Muslim in certain respects,

[2] The Koran is the Muslim Holy book supposed to be the sayings of Allah and according to Islamic doctrines brought to His messenger Mohammad by the angel Gabriel. Hadith are the sayings of Prophet Mohammad. Following and believing what is written in the Koran and Hadith is fundamental in Muslim faith.

God afflicts him with some severe illness or he will lose his wealth and fame.

Beliefs in some kind of natural or supernatural agents responsible for ill health are the basis of the aetiological classification of diseases in most societies. Some illnesses are thought to be due to some kind of disruption in the normal or natural functioning. These illnesses have some mechanical explanation and are devoid of spirit involvement. In this category, ailments thought to be due to hot and cold imbalance, obstruction, poisoning, injuries or miscellaneous diseases like illnesses connected with pregnancy and childbirth. While on the other hand, supernatural illnesses are the category of diseases including all other ailments, which apparently have no mechanical explanations. In this category, the diseases are illnesses brought about by spirit possession, sorcery, evil eye or illnesses due to breach of social taboos or cursing.

Greenwood (1992) categorised natural and supernatural diseases in the Moroccan medical system into six categories as "hot," "cold," and a miscellaneous non-humoral group (natural); and spirits, the eye, and sorcery (supernatural). The explanatory theory of ethno-medical systems clearly contains several different kinds of causal explanations. Foster (1983:18-19) summarized the general "causes" of illness listed in the world's ethno-medical accounts:

- Disruption of man's relationship with deities; that is the failure to perform divine duty.
- Angry deities who punish wrong doers, for example, those who violate taboos.
- Ancestors and ghosts who feel that they have been too soon forgotten or otherwise not recognized.
- Sorcerers or witches, working for hire or for personal reasons.

- Loss of soul, following a bad fright that jars it loose from the body or as the consequence of the work of a sorcerer or supernatural spirit.
- Spirit possession or intrusion of a supernatural object into the body.
- Loss of the basic body equilibrium, usually because of the entry of excessive heat or cold in the body.
- The evil eye.
- Disruption of the human relationship with cosmic entities and forces.
- Deviance from cultural and social sets of norms.
- Disruption of man's relationship with the flora and fauna.
- Wrong combination of diet.

Largely this list includes all major causes of illnesses in different folk medical systems, however there may be additional causes perceived by a community, which have not been studied from an anthropological standpoint.

The Concept of Humoral Imbalance

Humoral imbalance in disease causality is based on the concept that a balance of four basic humours; blood, mucus, yellow bile and black bile, is necessary in the proper functioning of the body. These four humours are believed to combine with four qualities of hot, cold, wet and dry. Any excess in these qualities is believed to cause imbalance of one or more vital humours, resulting in diseases. The influence of different environmental factors such as climate, temperature and food items is important parts of humoral theory of diseases. This theory is based on the idea of the transformation of food in the body into four cardinal humours: blood, mucus, yellow bile and black bile (Ibn Sina, 1930; Siegel 1968; Hart, 1969; Temkin 1973; Good, 1977; Gran, 1979; Rehman, 1989; Greenwood, 1992; El-Sayyad,

1993; Good 1994). These four basic humours were supposed to be fundamental in the proper functioning of body.

According to the diffusionist hypothesis advocated by Foster (1953), the system of humoral pathology originated in the Hippocratic School and was developed by Galen (and later adopted largely by Islamic medical traditions) into a comprehensive theory and with the advent of Islam it was incorporated into the medical systems of different societies of the world. Elgood (1934) postulated that the doctrine of humours had arisen long before on the banks of the Euphrates and even before that in India. He observed that the Hindu holy books, which were composed prior to 2000 B.C, taught in unmistakable terms the doctrine of humours. He opined that from India, this theory spread to Persia where it was modified and expanded and from Persia, it reached Greece.

Many questioned the diffusionist hypothesis and stressed the indigenousness of humoral theory. Messer (1981), arguing against diffusionist hypothesis contended that humoral systems, though sometimes discussed as if they were all derivatives of Classical Greek and Eastern high cultures, could be found in many different forms throughout the world. According to Manderson (1981), the use of hot and cold in food and health in Malaysia may not be an instance of cultural borrowing but of cultural coincidence. The similar notions of humoral imbalance are also prevalent in the Ayurvedic and Chinese medical traditions (Veith, 1972; Temkin 1973; Lloyd, 1966; Tribhuwan, 1998; Yan, 2001) reinforcing the indigenousness of humoral theory.

The proper combination and interaction of four primary factors of heat, cold, dampness and dryness with the four basic humours in the body determined the proper health of a person according to humoral theory. The philosophy of physiology and pathology put forward by Ibn Sina (Avicenna) mainly centred

on the human body built up by the combination of four basic elements: earth, fire, air and water. Corresponding to these four elements and depending upon them for their relative proportions were four humours, generated from food, according to Avicenna. The food taken by the mouth undergoes heating and cooking in the stomach and then in the liver, and is transformed into the four humours: blood, bile, phlegm and black bile. The blood was supposed to be damp and hot, the mucus damp and cold, the yellow bile dry and hot and black bile damp and cold. According to this doctrine if these humours were perfectly balanced, the temperament of man was in perfect harmony. If one of the humours would be in excess, it gave a person a bias or tendency in a certain direction. While for the Hippocratic School, health consisted of an ideal balance of these factors, Galen modified the theory by teaching that the balance depended on the individual, dominated by one of the four humours, giving a sanguine, phlegmatic, choleric or melancholic temperament (Lloyd, 1966; Veith, 1972; Good, 1977; Greenwood, 1992). According to Lloyd (1966) and Veith (1972), the humoral system is largely an ecological approach to illness.

Many contemporary societies upheld the perception of hot and cold imbalance. In many areas of the world, one finds prevalent notions of hot and cold balance (Nash 1965; Foster 1967, 1976; Hart 1969; Yan 2001). Many communities in East Africa and India regardless of illness category, believe that body functioning depends upon the relations among the four humours (Greenwood, 1984; Swartz, 1997; Gordon, 2000; Pugh, 2003). For many societies in Latin America, health is a matter of balancing the opposites "hot" and "cold," "wet" and "dry". Dualism was a primary feature of both Aztec and Maya world-views, with the hot and cold dichotomy applied to the whole cosmos not just the humours, and with health dependent on the maintenance of equilibrium (Orellana, 1987; Ortiz de Montellano, 1990). Meanwhile, in the Andes, the body is

viewed as a hydraulic system in which the fluids of air, blood and fat need to be kept in circulation and are affected by whether they are hot or cold (Bastien, 1987). Haller (1973) and Helman (1978, 1990) observed the attribution of a person's state of health to the balance between such opposite qualities as hot and cold among many communities. In the majority of Muslim societies in Middle East, for example, the heat or cold is thought to cause illness (see Good, 1977; Greenwood, 1992) where it strikes, and also to travel in the body—heat expanding the blood vessels and rising in them to the head; cold penetrating directly toward the bones and internal organs.

Another important aspect of the humoral theory of diseases is concerned with environmental influences. It is believed that climates, seasons, daily temperature variations, wind, water quality, and other factors generate an annual round of physiological changes and disease susceptibilities. Many North Indian communities, for instance, believed that joint problems might develop "if a man works strenuously and becomes overheated, and then suddenly goes into a cool place" (Lewis, 1965, p. 292). The idea that going out into cold air, cold drafts, and getting wet are a cause of colds and chills is also prevalent among many western cultures (Helman 1978; 107). Caraka (1976) and Zimmermann (1980) used the classical Sanskrit six-season calendar (rainy season, autumn, winter, frosty season, spring, and summer), and its model of seasonal changes in the body to describe their influences on disease patterns. Caraka (1976) described how the rainy season, with its damp, chilly weather, its storms, and its polluted water supply produces derangements of wind, a basic cause of joint pain and other rheumatic problems. The teachings of Ibn Sina influenced many Middle Eastern societies regarding their perception of ecological influences on health. Ibn Sina (1930) had mentioned autumn as a time of potentially serious disorders: its disjunctive mix of hot sun by

day and cool air by night unbalances the body, and its stagnating sediments of yellow bile and black bile produce pains in the joints, back, and hips. He mentioned that winter's damp, cold, windy weather cause pain in the chest, side, back, and loins as it causes overabundant phlegm. By contrast, spring and summer are far less conducive to rheumatic complaints.

Supernatural Illnesses

Belief in a world of spirits and demons has always been present in human societies. Religious and cultural traditions were influential in shaping the belief in spirit possession as a fundamental part of the health beliefs of many societies. Explanations of spirit possession appeared frequently in various historical periods and across many different cultures (Tantam, 1993; Castillo, 1997). In myths and religious literature, beliefs about the malevolent afflictions of the spirits or demons are well illustrated. There was in ancient Iran a widespread belief in the demons of sickness and death controlled by witches or wizards, *pairikas* (fairies) and *yatus* (sorcerers) (Hennells, 1999). Many ancient Zoroastrian texts referred to these entities simply as part of the unseen, yet real, world. Anthropological and trans-cultural, psychiatric literature explained the belief in spirit possession as something akin to religion (Bourguignon, 1977; Gordon, 1996). All major religious texts of the world have narrated the existence of an immaterial world where spirits dwell and roam the defiled landscape. The Koran refers to the '*Shiatheens*' (Satans) who represent the evil forces and of whom '*Iblis*' a renegade angel is the chief. The *shiatheens*, being the enemies of Allah, strive to disturb worshipers. While fairies (another category of supernatural entities) help people, the *Jinns*, the creatures the Koran describes as created from a flame without smoke (Koran, *Sura* 55, 14) may be good or evil. These beings are able to enter into persons and are responsible for various kinds of troubles, ranging from innocent annoyances to great misfortunes.

The *Jinns* or Spirits according to Muslim cosmology are of two groups—the infidel *Jinns* and the Muslim *Jinns*. The infidel *Jinns* usually harm people. They are characteristically capricious, vengeful, libidinous, obscene, demanding, and violent and are generally feared where as the Muslim *jinns* are relatively harmless and less feared (Al-Ashmawi, 1989; El Sayyad, 1993; Al-Baghdadi, 1996; Esmail, 1996). The Bible is read as depicting demons as the same fallen angels that once joined Satan in a heavenly revolt (Glasse, 1989; Schochet, 1990; Hankoff, 1992). Connected and related to spirit possession is the term Sorcery. Sorcery is the seeming control of natural forces or events by ritual invocation of supernatural beings, which will affect the body, heart or mind of the one bewitched without actually coming in physical contact with him. It includes the belief that men can coerce nature through the control of supernatural beings by the use of certain rites, formulas and actions. In some cultures, as Lessa and Voigt (1979) and Guiley (1991) found out, the medium (for example Shamans in Central Asia) claims to be in contact with or in control of the spirits of dead humans. Lewis (1971) observed that it is common for a Shaman of the Arctic Tungus to believe that they can incarnate one or more than one spirit, which he/she may call upon at by going into a controlled trance state. Among the Baloch and many other societies in Middle East and Central Asia, it is believed that people with special knowledge and spiritual powers (*Mullah/Aalim/Sorcerers /Sheink/Gwathi e Math*)[3] can control or can incarnate the spirit

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[3] a) Mullah is a person usually responsible for the administration of a mosque and educated in the Koran and other basic Islamic tenets. Moulvi/Moulana is the term used in south Asia for mullahs supposed to be highly educated in Islamic philosophy. They may be in charge of many mosques and Islamic schools. Aalim or Fakih are the terms used in Iran and central Asia and are equivalent to Moulana and are supposed to be capable of interpreting the Koran, Hadith and Sunna (sunna are the deeds of the Prophet Mohammad during his life time and ideal for the Muslims).

and can induce them to harm and possess others (Rehman, 1989; Hankoff, 1992; Shahwani, 1997; Saboor, 1999).

Spirit possession commonly refers to the influence over a human being by supernatural forces or entities. These forces may be ancestors or divinities, spirits, ghost or other unexplainable entities. According to Boddy (1994), possession is a broad term referring to an integration of spirit and matter, force or power and corporeal reality, in a cosmos where the boundaries between an individual and her environment are a knowledgably permeable, flexibly drawn, or at least negotiable. Various anthropological studies suggested that spirit possession rests on epistemic premises quite different from the infinitely differentiating, rationalizing, and reifying thrust of global materialism and its attendant scholarly traditions (see Comaroff, 1985; Kramer, 1993; Ong, 1987; Taussig, 1993).

Concepts of spirit possession

Spirit possession in any given society could be articulated and defined in all sorts of ways. On a conceptual basis emphasis has been laid on the functional and contextual aspects of possession illnesses. Functional and contextual analysis of the phenomenon dominated the research in supernatural illnesses in general and in spirit possession in particular.

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b) Sorcerers and witches have the same meanings among the Baloch and for those the Balochi term is Saher or Jatu. Jatu is also used in the meaning of sorcery or witchcraft itself.

c) Shamans are the mediums for contacting the spirits of dead ancestors for various purposes including diagnosis and treatment of diseases in some Central and East Asian societies.

d) Gwathi e Moth or Sheink are mediums among the Baloch like Shamans but the difference is that they incarnate permanently some spirits and they utilize the potentials of their incarnated spirits in the diagnosis and treatment of spirit possession and in cases of sorcery.

Functional concepts of possession

Most of the early anthropological literature on possession focused on its possible causes or functions. These accounts tended to explain possession as a reflection of psychiatric disturbance. Many researchers viewed supernatural possession as a form of conflict management providing therapeutic resolution of social tensions (Firth, 1967; Crapanzano, 1973; Ward, 1980), or as an instrumental strategy used by subordinate groups to achieve redress (Lewis 1971). Lewis (1971) distinguished between two forms of possession, the central and peripheral. In central possession cults, possession is a positive experience involving spirits who uphold the moral order and typically speak through men while in peripheral ones, a typically amoral spirit afflicts women and other individuals of marginal or subordinate status. Ward (1981) reduced all possessions to medical terms putting religion into the background. She argued that central possession is a ritually induced therapeutic defence, while peripheral possession is "induced by individuals' stress" (214:158) and provides a cultural explanation for psychopathology. In this regard, Metraux (1958) and Wilson (1967) believed that spirit possession is a form of "acting out", serving personal advancement which provides women with a privileged and mystified opportunity to make potent, spirit-backed claims and demands and to tell some uncomfortable truths which they cannot utter in normal circumstances due to social constraints.

Perry (1990) identified possession as a variant of dissociative identity disorder in the industrialized world. This resembles the stance taken by Ross, et al (1990), Walker (1972), and Winkelman (1997, 2000). While analysing possession in a biomedical or psychiatric context, they categorized supernatural disorders as an altered state of consciousness (ASC), dissociative reaction or Multiple Personality Disorder (MPD). MPD is a pathological condition found in the psychiatric

reference DSM-IV. It is a syndrome, which is usually found in individuals who have experienced severe trauma, especially childhood sexual abuse. Clinically the symptoms may be similar to neurosis and schizophrenia. In multiple personality disorder the primary or core personality is believed to be usually unaware of the secondary one, called an "alter". In this context Betty (2005) summarized that most psychiatrists think that a so-called possessing "
more than an alter.

Many authors have studied
on conversion and dissociative disorders (Binzer et al, 1
Wijesinghe et al, 1976). Emotional stress also has been considered by patients as being significant in evoking an attack of possession-trance. Ward and Beaubrun (1981) demonstrated that possessed individuals have higher levels of neuroticism and hysteria than controls, which they argue support the notion that the onset and duration of possession might be interpreted as induced by stress. Ng et al. (2002) found that subjects with personality traits like nervousness, excitability, and emotional instability were more likely to have a higher frequency of trance states. Winkelman (2004) contended that from the psychiatric perspective, a wide variety of physical and emotional illnesses could be most frequently attributed to supernatural entities and spirit possessions among many communities.

> **"The brains' management of behaviour, emotions, and reason is mediated physiologically and symbolically. The relationship of innate drives and needs, social bonding and attachment, and cultural representational systems constitutes the matrix for many kinds of health problems, including chronic anxiety and fears, behavioural disorders, conflicts, excessive emotionality or desires, obsessions and compulsions, dissociations, and repression" (Winkelman, 2004:209).**

These approaches towards possession illnesses, however, did not consider the contextual aspect of possession. Reductionist or functionalist tendencies resulted in the proposal to include Trance and Possession Disorder, in the official nosology of the American Psychiatric Association in 1994, based on a reified centre-periphery scheme in which peripheral possession indexes aberrance requiring therapeutic intervention. DSM-IV has included dissociative trance disorder as a subcategory of dissociative disorder. It occurs in specific cultural contexts and involves an involuntary state of trance that is not accepted by the person's culture as a part of a collective cultural or religious practice and that causes clinically significant distress or functional impairment (American Psychiatric Association, 1994). There is, however, seldom a one-to-one equivalence of any supernatural illness with a DSM-IV diagnostic entity or ICD-10 [4]classification of Mental and Behavioural Disorders described by American Psychiatric Association (1994) and WHO (1992) respectively.

The nature of supernatural possession

Spirit possession has been defined and differentiated according to symptoms, duration of trance, and the extent of control of mental faculties by the patient. Invasion of the body with spirits is associated with physical symptoms characterized by a period of brooding followed by an outburst of violent, aggressive, or homicidal behaviour directed at people and objects. Spirit possession always involves trance, which is a temporary transformation of normal consciousness that may involve dissociation and amnesia. Psychiatry has designated two basic

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[4] The International Statistical Classification of Diseases and Related Health Problems provides codes to classify diseases and a wide variety of signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or disease. The ICD-10 was first published in 1992 by the World Health Organization.

variations of culturally defined altered state of consciousness (ASC), which are possession trance and trance, respectively. Possession trances are the states of possession in which a supernatural entity acts through the possessed individual while trances are special states of the individual allowing close interaction with supernatural entities, such as perceiving them in visions, receiving their messages, and imitating their actions (Jilek and Wolfgang, 1993).

Trance syndromes can be distinguished from possession trance syndromes, which are characterized by the replacement of the primary personality by a new identity, usually a ghost, demon, or deity. There are phenomenological differences between these two dissociative forms as well. The behaviour of persons with possession-trance syndromes is usually more complex, with a more complete alternate personality whose behaviour follows pre-established cultural patterns (Ng and Chan, 2004). Following repeated attacks, subjects may develop a susceptibility to further attacks of trance when exposed to culture-bound stimuli, which include witnessing an exorcism ceremony, or possession state of another.

Table 1: DSM-IV diagnostic criteria for dissociative trance disorder

A. Either (1) or (2):
(1) Trance, i.e. temporary marked alteration in the state of consciousness or loss of customary sense of personal identity without replacement by an alternate identity, associated with at least one of the following:
(a) Narrowing of awareness of immediate surroundings or unusually narrow and selective focusing on environmental stimuli
(b) Stereotyped behaviours or movements that are experienced as being beyond one's control

(2) Possession trance, i.e. a single or episodic alterations in the state of consciousness characterized by the replacement of the customary sense of personal identity by a new identity. This is attributed to the influence of a spirit, power, deity, or other person, as evidenced by one (or more) of the following:
(a) Stereotyped and culturally determined behaviours or movements that are experienced as being controlled by the possessing agent
(b) Full or partial amnesia for the event
B. The trance or possession trance state is not accepted as a normal part of a collective cultural or religious practice.
C. The trance or possession trance state causes clinically significant distress or impairment in social, occupational or other important areas of functioning.
D. The trance or possession trance state does not occur exclusively during the course of a psychotic disorder (including mood disorder with psychotic features and brief psychotic disorder) or dissociative identity disorder and is not due to the direct physiological effects of a substance or a general medical condition.

(American Psychiatric Association, 1994)

Garrett (1987:6) explained possession as:

> **"When, people were acting not like themselves" it was assumed that their soul had been expelled and that their body was now possessed or owned by some other spiritual being".**

The episode of possession tends to be precipitated by a perceived insult or slight. The episode is often accompanied by persecutory ideas, automatism, and amnesia for the period of the episode, exhaustion and a return to pre-morbid state following the episode. Some symptoms may occur during a brief psychotic episode or constitute the onset or exacerbation of a chronic psychotic process.

Walker (1972) and Bourguignon (1979) differentiated between various types of possession as shown in table 2. Differentiation was made on the duration and type of trance, symptoms and the degree of mental control during these illness episodes.

Table 2: Differentiation of possession

1. according to duration and type of trance
   - Voluntary: (during a trance, and with the will of the person usually a healer and exploited for healing purposes).
   - Involuntary: (of long duration, without the will of the patient and is harmful)
2. according to symptoms
   - Partial: (certain parts and functions of the body are affected).
   - Complete: (whole body is possessed, normal body functions are impaired).
3. according to control of mental faculties
   - Amnesic: (person's identity and memory are overwhelmed by spirit).
   - Non-amnesic: (person remembers the actions undertaken while being possessed).

Contextual concepts of possession

Reductionism and strict functionalism no longer dominate analyses of spirit possession. From the 1980s, the anthropological emphasis has been on the understanding of possession as a multiple and context-dependent form of imaginative or embodied experience. Often the focus has been combined with an interest in power and politics of religion to bring notions like 'hegemony' and 'resistance' to the fore (Boddy 1989; Comaroff 1985; Lambek 1993). Boddy (1989)

emphasised the capacity of possession to generate, "shifting, contested, and at times contradictory meanings" (1989: 8) and Masquelier (2001) echoed his contentions. Researchers such as Comaroff (1985), Lan (1985), Taussig (1993), Ong (1987), and Kramer (1993) treated supernatural possession as a means of articulating and energizing opposition to oppressive forces and Boddy (1994) described it as a form of 'cultural resistance' (1994 :419). Lambek (1981: 5, 60) termed it as a system of social communication or a 'coherent symbolic system' situated in a 'wider context of meaning'. Masquelier (2001) defined it as a creative, polysemic practice (124-5). Brown (1991) documented that *Vodoo* spirits 'mirror the full range of possibilities inherent in the particular slice of life over which they preside' (1991: 6). Kapferer's (1991) analysis of demonic exorcism in Buddhist Sri Lanka is rooted firmly in the context of colonial history and social class. He observed that as a legacy of colonial revision and rationalization, the middle class devote themselves to the deities, key symbols of cosmic power and domination. Kapferer highlights the role of cultural aesthetics in effecting personal transformation, without losing sight of wider political, economic, religious, or healing dimensions of the rite.

Many researchers have identified spiritual possession as a tool of the oppressed or underprivileged to assert themselves. It was observed that women in many societies use supernatural diseases to gain some advantages, which are denied to them in normal circumstances. Wilson (1967) and Lewis (1971) found out that women are far more likely to be possessed than men are. Lewis (1971:88) observed possession as an oblique protest strategy by women against exclusion from full social and political participation. His model of 'peripheral possession' depicts women (and deprived men) as marginal to society, therefore more likely to be subject to compensatory neurotic and hysterical attacks than a privileged or upstanding person. In this regard, Pieroni and Quave (2005:268) have stressed that **"Supernatural diseases and spirit possession could also be**

an indicator of social distress or it can also explain the failure to achieve a desired result". Similarly, Kapferer (1991), Boddy (1994) and Samir et al (2001) established that *Zar* spirit among Arabs and demonic possession among Sri Lankans only afflict women who are experiencing domestic tension. They noted that it appears to leave after the women's needs have been satisfied. Kapferer (1991) pointed out that because Sinhalese women are considered more firmly attached than men to relationships of the human world, their femininity culturally prefigures them as being prone to demonic attack.

Lambek (1981, 1993) reflected that possession occurs in the context of a tradition of possession. Specific genres, rhetorical devices, images, and metaphors, as well as a confrontation with a specific historical and social experience form the basis of this tradition. He equated possession with the social phenomenon of marriage. He also insisted that possession is a kind of serious parody of orthodox religion, social convention, or the accepted language of power relations.

Many researchers mentioned religion, beliefs and myths as the basis of spirit possession. Stark (1997) describing supernatural perceptions as a religious phenomenon, insisted that contemporary religious experiences primarily involve perceptions and sensations of and contact with a supernatural agency or "divine other". Auerbach (1993) insisted that beliefs are the determining factors in supernatural diseases.

> **"It is the belief system that often serves as the determining factor in conclusions of possession, whether by an individual thinking himself or herself possessed or bothered by psychic forces, or by an investigator or other outside observer" (1993:231).**

Jung (1959) postulated that possessing spirits directly related to archetypes.

> **"It may even happen that the archetypal figures, which are endowed with a certain autonomy anyway on account of their numinosity, will escape from conscious control altogether and become completely independent, thus producing the phenomenon of possession"(1959: 323-324).**

Another approach regarding spirit possession was advocated by Bourguignon (1977) who suggested that possession was neither a form of cultural theatre, which would be completely different from one society to the next, nor a form of mental illness, which was the approach that scientific medicine was developing toward the phenomenon. She argued:

> **"The neuro-physiological approach could lead to a better understanding of cognition cross-culturally and could be a method of organizing different phenomena in disparate societies under a common label" (1977: 113).**

Taboos

A taboo is a strong social prohibition against words, objects, actions, discussions, or people that are considered undesirable by a group, culture, or society. Breaking the taboo is usually considered objectionable or abhorrent and in many societies, it is believed to be the cause of miseries and illnesses.

There are varying explanations for the origin of taboos. While some explanations are anthropological and explain taboos using history and cultural experiences, other explanations are psychoanalytical and explain taboos as an unconscious phenomenon passing through generations. Freud (1913) claimed in his analysis on taboo behaviours that strong unconscious motivations are the driving force in such prohibitions. He

postulated a link between forbidden behaviours and the sanctification of objects to certain kinship groups. He claimed that many similarities between taboo-holders and obsessive neurotics point to a psychological condition that prevails in the unconscious. Freud believes this "unconsciousness" is central to understanding the history of taboos.

Anthropologists have observed that the consideration of behaviour and discourses surrounding taboos offers a unique perspective on the statuses and states of individuals in a particular society. Taboos according to Lambek (1992: 20) '**represent a means for constituting and marking significant relationships - that is, they are essential to various reckonings of statuses**'. Fortes (1987), remarked that taboo observance keeps individuals aware of their 'contraposition to other persons' even as it indicates their 'submission to an internal command which is beyond question' (1987: 126). Walsh (2000) argued that people who respect taboos associated with a traditional polity in a particular community are at once responsible to the sacred entities on which this polity centres and responsible for their preservation. Douglas (2002) termed taboo as:

> **"a spontaneous coding practice which sets up a vocabulary of spatial limits and physical and verbal signals to hedge around vulnerable relations. It threatens specific dangers if the code is not respected. Some of the dangers that follow on taboo-breaking spread harm indiscriminately on contact. Feared contagion extends the danger of a broken taboo to the whole community" (2002:xiii).**

Commitment of individuals or a community as a whole to societal norms and values is believed to be fundamental for the survival of society. Many societies believe that breach in the sanctity of holy objects and committing sins cause the anger of nature or God resulting in illnesses and miseries. In this

perspective, taboos have been explained in terms of fear of an evil power hidden in a tabooed object. Douglas (2002) believed that the implicit theory in the phenomenon of taboo is that physical nature will avenge the broken taboos: the waters, earth, animal life and vegetation form an armoury that will automatically defend the founding principles of society, and human bodies are primed to do the same. Harris (1988) endeavoured to explain taboos as a consequence of the ecologic and economic conditions of their societies.

Different religious beliefs have profound influence in the observance of taboos in different societies. A variety of food and actions were included as taboo in the Bible and in the Koran. Breach of taboo in an Islamic perspective, is directly linked with miseries and illnesses. According to Sachedina (1999), any breach of religious taboos is tantamount to disbelief and the resulting suffering as a punishment within the context of theological discussions is the consequence of human free will in choosing to believe or disbelieve. Disbelief then is treated as the source of human misconduct, which results in suffering. Suffering in this situation serves an educational function. It is instrumental in revealing the consequences of absence of faith in human life and the accruing evil in the form of afflictions. Plants, animals, and other objects have been interpreted as cultural symbols in different human societies. Some plants and animals hold sacred values while others are either the abode of evil spirits or a source of black magic. Janmahmad (1982) and Shahwani (1997) suggested that in a Baloch context, the sacredness of fire is perhaps among the many remnants of the original Baloch religion of Zoroastrianism in which fire was the symbol of life and manifestation of sun God.

The evil eye and sorcery

Many anthropologists consider that the belief in the evil eye has a strong presence in Middle Eastern mythologies or religions.

Many researchers also stressed the symbolic nature of evil eye. The evil eye is included in the category of spirit possession in Islamic cosmology of diseases because, like sorcery, its effects most likely take place through the agency of jinn (spirits) (see Rehman, 1989; El-Sayyad, 1993; Esmail, 1996). Allah was quoted in the Koran to ask Mohammad:

> **"Say, 'I seek refuge in the Lord of the dawn, from the evil of what He has created...and from the evil of the jealous one who is envious'" (Koran, 113: 1, 2, 5).**

Mention of the evil eye has also been made on several occasions in the Bible (see Davis, 1954; Zecharia, 1999).

Different anthropologists have discussed the ethno-medical accounts of the evil eye in detail. In this respect Elworthy (1958); Budge (1961); Gifford (1967); Maloney (1976); Dundes (1981); Herzfeld (1981); Foster (1983); Siebers (1983); Gravel (1995); Mishra (2003) and Ryan (2005) are note worthy. Dundes (1981) contended that the evil eye has a Middle-Eastern, Mediterranean, and Indo-European base. He theorized that the distribution pattern of the evil eye is based upon underlying beliefs about water equating to life and dryness equating to death. He posited (while symbolically linking evil eye to infertility) that the true "evil" done by the evil eye is that it causes living beings to "dry up" --- notably babies, milking animals, young fruit trees, and nursing mothers. Gravel (1995) equated the evil eye with the concept of Mana, which is supposed to be a pervasive supernatural or magical power in Polynesian, Melanesian and Maori belief systems. He theorized that like Mana, surely the evil eye is power, a tyrannical and mysterious power perhaps. Elworthy (1958) and Gravel (1995) equated the concept of evil eye with the concept of envy and observed that people believe that those who tend to be envious of the good fortune of others emit the exudations, which, in

their minds, characterize the evil eye. Mishra (2003) observed the belief in India of witchcraft causing the evil eye.

Gravel (1995) argued against focusing on the literal concept of eye and vision. He contended that this tends to obscure the fact that the eye is a symbol and not a conscious entity, therefore, he stressed that one ought to focus on what the symbol represents, and not on folk presumption of material effects allegedly produced by the organ of sight of some people who have no voluntary control over its power. This contention was put forward earlier by Herzfeld (1981) who stressed on the theory of sign and symbol while scrutinizing the concept of evil eye.

Many societies have applied the idea of sorcery retrospectively to explain unexplainable happenings or mis-happenings. Ling (1962) and Crapanzano (1973) stated that the belief that unseen forces or spirits that permeate all things also populate the universe is the foundation of the concept of sorcery. These supernatural forces supposedly govern the course of natural events; control of these forces gives humans control over nature. Evan-Pritchard (1937), Marwick (1965), Aquina (1968), Douglas (1970), Yamba (1997), and Eves (2000) analysed sorcery as a device to attribute meanings in situations of existential insecurity. Harwood (1970), Thomas (1983) and Hitum (1986) viewed sorcery and witchcraft as a continuing fear process. According to them, several factors keep the fear process alive. They emphasized that folk history confirms many supernatural beliefs especially the tendency to fall back on elements of past beliefs when they are useful to frightening images or ideas. In this context, they emphasized that the myths, stories, and rituals reinforce fears.

Healing by rituals

Healing rituals are essential components in the medical systems of many societies. Researchers have studied different aspects of

healing rituals. Many researchers have described in detail the role of ritual music, release of opioids and mechanisms of altered state of consciousness in healing practices. Rituals were described to provide healing by meeting fundamental human needs for belonging, comfort, and bonding with others. A healing ritual is composed of several distinct elements which included the repetition of words and actions; an 'abnormal' attitude on the part of healer and participant; recitation of religious prayers; the performance of body movements on the part of participant or patients which are otherwise considered to socially degrading; and oration of mantras or chanting.

Religious healing rituals

The healing powers of spiritual healers come from the ancient mythological belief of an all-encompassing force pervading the world. Practices and manoeuvres during ritual healings like spells or other actions by healers make one invulnerable and give the afflicted the confidence that brings about that supposedly magical effect. Different researchers have studied and variously described the mythological aspects of health beliefs. Laughlin (1963) observed that in many cultures medical practices are often fused with religious practices. Glick (1967) noted that magico-religious elements might also be an essential part of the prescription even with the employment of mechanical or chemical therapy. He noted the belief that treatment is incomplete without the attention of mystical factors involved in the aetiology of the illness.

As religion and spirituality are supposed to be the basic ingredients of a cultural milieu, prayers are claimed to have positive results in ill health. Ai et al, (1998) and Benson (1996) showed how prayers provide emotional comfort, and thus, improve health. Idler (1995) concluded that religious beliefs may indeed alter a person's perception of illness and disabilities and provide greater comfort. Koenig (1999) detailed the

numerous ways through which the healing power of faith can improve one's health, including relaxation effects, coping and social support. Spiritual healing according to Dow (1986) elicits repressed memories and restructures them, providing processes for the expression of unconscious concerns and resolving social conflicts. Payne and McFadden (1994) argued that the notions of spirituality imply a certain connection, integration, and wholeness. Sociologists Wadfogel (1997), Idler (1995), and Poloma & Pendleton (1991) argued that the health benefits of spirituality are greater than religiosity. According to Tambiah (1990), in traditional medical systems the spiritual and physical domains provide different voices of the same cosmic anthem. According to him, nature and vitalist forces are the technology for regulating the secular-divine dispensation connecting the metaphysical and physical.

Religious ritual systems produce integration through powerful effects on personal and emotional life, producing healing through community relationships. Religious or spiritual healing practices often involve a complex of specific characteristics, practices, and beliefs having their bases in innate representational structures and processes that provide representation, healing, and spiritual experiences. The role of brain functions in spiritual experiences has been deliberated by Ramachandran and Blakeslee (1998); d'Aquili and Newberg (1999); Rottschaefer (1999); Rayburn and Richmon (2002); Albright (2000) and Winkleman (2000). The community orientation of healing rituals by spiritual healers has important social, psychological, and psychophysiological effects. Teske (2001) argued that humans' evolutionary adaptive characteristics produce a neuropsychology that requires adaptation to a social world that inevitably produces the construction of personhood and make spirituality possible. Socially and ritually produced physiological changes enable spiritual rituals to have biopsychosocial consequences. The orientation of healing ceremonies toward personal,

interpersonal, and social processes, group identity, community cohesion, and reintegration of patients into the social group derive therapeutic psychosocial effects. On religious orientation of healing systems, Teske argued:

> **"Religious systems may themselves function as higher-order evolutionary units, in which social interaction and individual mental lives are embedded and in which they find meaning" (Teske 2001: 93).**

Healing by music

Many researchers highlighted the pivotal role of music in the healing processes of many folk ailments of spiritual orientation. Cook (1981), Larco (1997), and Pinto (1997) observed that music forms a part of the healing systems of many cultures. For example, Larco (1997) discussed a ritual performed on the Northern Coast of Peru called the "mesa", which is undertaken to restore the physical and emotional wellbeing of the patient using sound and chanting. Pinto (1997) noted another ritual called the "ebo" of the African-Brazilian Candomble religion, which also incorporates music making to communicate with a spiritual being to diagnose and treat sickness. According to Hutson (2000), although not explicitly a healing ritual, the rave in Western youth subculture has been claimed as a form of healing comparable both with shamanic healing and with spiritual experiences. Stacy et al (2002) upheld the claim that music specifically has health-giving properties. Hanser (1990) found that music can provide a positive stimulus for depressed older adults and Lai (1999) observed that music elicits tranquil mood states in depressed women. Wallin, et al (2000) and Molino (2000) found that music has a positive effect on listeners' self-reported depression, fatigue and overall mood. They also observed its definite effects in the reduction of anxiety among people with chronic obstructive pulmonary disease. A spiritual healer during the healing ritual utilizes the

capacity of music on innate brain modules associated with call and vocalization systems manifested in singing and chanting (Wallin et al 2000; Molino 2000). These expressive systems based in rhythm and affective dynamics communicate emotional states, and motivate others' responses, enhancing group cohesion, synchronization, and cooperation (Geissmann 2000). Dancing, enactment, and play have their origins in mimetic modules that provide rhythm, affective semantics, and melody (Donald 1991; Molino 2000). Molino (2000) suggested that the practices of music, dancing, and ritual imitation establish group coordination through rhythmo-affective semantics that express fundamental emotions. He also suggested that shamanic practices of drumming, dancing, and ritual imitation establish group coordination through rhythmo-affective semantics that express fundamental emotions. The agency of opioids is responsible for carrying out the biological activities of music. The release of natural opioids stimulates the immunological system and produces a sense of euphoria, certainty, and belongingness.

Role of opioids in healing rituals

A wide range of ritual healing activities induces the production and release of endogenous opioids. Ritual healing produces the release of endogenous opioids through exhaustive rhythmic movement (e.g., dancing and clapping); temperature extremes (cold or sweat lodges); austerities (water and food deprivation, flagellation, self-inflicted wounds); emotional manipulations (fear and positive expectations); and night time rituals, when endogenous opioids are naturally highest (see Prince 1982; Winkelman 1997 and 2000). Valle and Prince (1989) hypothesized that endogenous opioids enhance coping skills, maintenance of bodily homeostasis, pain reduction, stress tolerance, environmental adaptation, and group psychobiological synchronization.

Community relationships also elicit endogenous opioid mechanisms (Frecska and Kulcsar 1989), with effects on consciousness and health, including immune-system responses. Healing rituals use emotionally charged cultural symbols that have been cross-conditioned with physiological and emotional responses, the endocrine system, and the immune system, linking the psychic/mythological and somatic spheres (Frecska and Kulcsar 1989). Brain opioid systems provide neurochemical mediation of social bonding. Frecska and Kulcsar suggested that shamanic healing practices utilize complex forms of opioid-mediated attachment to promote psychobiological synchrony within the group, reinforcing identification and the internalization of social relations.

Healing rituals and altered state of consciousness

Healing rituals facilitate community integration, personal development, and healing. The healer's ritual activities and experiences involve fundamental structures of cognition and consciousness and representations of psyche, self, and other. Healing rituals in a possession case involve social adaptations that use biological potentials provided by integrative altered states of consciousness (ASC). An Altered State of Consciousness (ASC) is marked psychologically by an individual's differing perceptual responses, processes of memory formation, cognitive abilities, personality structure, stimuli response, and affect from the "ordinary" or modal state of consciousness for that person. Examples of recognized ASCs include hypnotic trance, sleep, rapid eye movement sleep, daydreaming, meditation, use of hallucinogenic substances, and periods of peak athletic performance. ASCs can be induced by several methods. Some methods without the use of any medication include breathing exercises, extreme deprivations associated with religious devotion (fasting, self-flagellation, and isolation), sudden reductions or increases in the level of stimuli, and rhythmic repetition. ASCs are frequently marked by vivid

hallucinations and visions, the content of which is determined by the cultural experience and mood and location of the person (Ward, 1989; WHO, 1992; American Psychiatric Association, 1994).

ASC experiences are elicited naturally because of nervous system responses to injury, extreme fatigue, near starvation, or ingestion of hallucinogens or because of a wide variety of deliberate procedures such as drumming, chanting, music, fasting, sensory deprivation, or deliberate sleep (Winkelman 1997; 2000). ASC activate the limbic system producing a parasympathetic dominant state of extreme relaxation and internal focus of attention. ASC stimulate the serotonergic nervous system, exemplified in the action of meditation and psychointegrators (hallucinogens) upon the brain (Walton and Levitsky 1994; Winkelman 2001a). The serotonin receptors, with their highest nerve concentrations in the lower brain raphe and reticular formation, the limbic system hippocampus and amygdala, and the frontal cortex's visual and auditory areas, act as a modulatory system across levels of the brain. Important effects of serotonin are the integration of emotional and motivational processes and the synthesis of information across the functional levels of the brain. The overall effect of general ASC is to integrate information from the whole organism. This specifically involves transmitting information from the emotional and behavioural preverbal brain structures into the personal and cultural systems mediated by language and the frontal cortex. These biological conditions provide a basis for experiences of enlightenment, a sense of connection and oneness, and personal integration (Rottschaefer 1999; Rayburn and Richmon, 2002).

Ritual healing practices largely reinforce attachments that meet humans' fundamental needs in their biosocial behavioural system. Roseman (1988) observed that the healing performance presents a moment of articulation between two domains of

knowledge and action: musical composition, performance and effect on the one hand, indigenous cosmology, illness actiology and the pathogenicity of emotions on the other hand. Ritual is a fundamental mechanism, which provides healing by meeting fundamental human needs for belonging, comfort, and bonding with others (Kirkpatrick 1997). Rituals integrate people, enhancing social-support systems, group identity, and self-development. Community bonding heals through eliciting neuro-biologically mediated forms of attachment. Attachment bonds that evolved to maintain proximity between a patient and a healer create a secure basis for the self by providing feelings of comfort and protection received from a powerful figure. d'Aquili et al. (1979) observered:

> **"Ritual coordination of social groups constitutes a mechanism for socialization, "an evolutionary, ancient channel of communication that operates by virtue of homologous biological functions (i.e., synchronization, integration, tuning, etc.) in man and other vertebrates" (1979, 40-41).**

Spirit possession cults

Beliefs in a world of spirits and their power to possess the human body and soul have created different cults among human societies. Many peculiar ceremonies and rituals are the important part of these possession cults. Different researchers studied different cults in detail. Some of the better-known African possession cults or terms for spirit possession are *bori, zar, sheitani, ngoma, hauka, mhondoro*, and *mzimu* (Ward, 1989; Lewis et al, 1991; Boddy, 1994). In the Americas, mainly in Brazil and the Caribbean better-known varieties are *vodoo*, umbanda, candomble, shango, karde-cismo, mayombe (Metraux, 1959; Dobbin 1986; Brown 1986 and 1991; Taussig1987; Ong A 1987; Freed 1990; Kapferer 1991; Wafer 1991; Greenfield 1992; Koss-Chioino 1992; Littlewood 2002). In Central and East Asia spirit medium-ship is usually described

as Shamanism, an example may be 'Amok' in Malaysia (see Kleinman, 1980 and Kendall, 1985).

Although they employ different rituals and ceremonies, most possession cults are similar due to the basic idea of possession and its treatment through a ritual possession ceremony. Examples are the *zar* cult in Northern Sudan (Boddy, 1994) and Gulf States (Sameer et al, 2001); the demonic cult of Sri Lanka (Kapferer, 1991); '*tromba*' in Madagascar (Sharp, 1994), *vodoo*, or *loa* in the Caribbean (Bevilacqua, 1980; Dobbin 1986, Greenfeild 1992). In many ways, the phenomenon of *Gwath* (discussed in Chapter XI) among the Baloch shares some similar features with some of the above-mentioned cults.

Supernatural illnesses among the Baloch

Although illness perceptions of supernatural origins are a universally accepted and expected part of Baloch social life, there is no specific research work in this area. There have been only passing references about the Baloch concept of supernatural illnesses by some of the writers on the Baloch and Balochistan. Many beliefs in contemporary Baloch society are structured by cultural contexts, and strong Islamic influences cannot be ruled out. The Koran and Hadith recognise several divine purposes of illness. Among the Baloch, beliefs about supernatural entities were there for centuries[5] but became crystallized and legitimated by the Koran, Hadith and Sunna[6]

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[5] Before the Arab invasion of Balochistan, which occurred during the 8th century AD, Baloch were followers of the Zoroastrian religion that was based on doctrine of evil and good supernatural entities, which were thought to be continuously fighting for the control of the universe (Janmahmad, 1982; Naseer, 1979).

[6] Islamic philosophical doctrine is based on:
a) Koran which is the holy text sent by Allah through the angel Gabriel,
b) Hadith which is the sayings of Prophet Mohammad and
c) Sunnah, which is the actions and practices of Mohammad during his lifetime.

after the Arab conquest of Balochistan in the 8th century AD (Janmuhammad, 1982; Baloch, 1987; Saboor, 1999). Islamic cosmology affirmed such elements of the worldview as spirits (jinn), sorcery and the evil eye as agents of illness and misfortune (Esmail, 1996). The Islamic religious traditions, which are adopted by the Baloch for the treatment of supernatural diseases, are based on the notion that 'All that is revealed in the Koran is curative' (El-Sayyad, 1993; Esmail, 1996). The Koran is supposed to cure from physical diseases if used for that purpose just as it cures from error, ignorance and doubt. It is supposed to guide a man lost in amazement and it cures the body by removing sickness from it (Rehman, 1989; Al-Ashmawi, 1989; Al-Baghdadi, 1996). Sin is commonly invoked as a supplementary cause in most sicknesses. The mechanism understood to be involved varies from a lack of faith making one vulnerable to the malevolent attentions of spirits, to a disease being sent direct as a punishment from God. Adultery, murder of an innocent, backbiting, hypocrisy, arrogance, filial disrespect, lying, stealing and robbing are considered sins of various degrees in the Baloch cultural and moral cosmology. Hierarchical foundations are the basis of Baloch society (Janmahmad, 1982; Baloch, 1987; Shahwani, 1997; Hosseinbor, 2000). The well-being (health, wealth, productivity, and worldly success) of those lower in the scale depends on the blessing of those higher, and this blessing depends on the obedience and appropriate presentations or offerings to those higher. When disobedience or reneging on exchange obligations disturbs this hierarchy then parents, the spirits of the dead ancestors or God are expected to retaliate by withholding blessing or instituting a curse. Such curses have a corporate application, affect families as a whole, and are believed to run down seven generations before expiring.

Conclusion

Disease, sickness or illness can refer to specific subjective or objective conditions, and yet the interpretations, and their valuation, vary from culture to culture and the debate on the subject is ongoing among social scientists. Different societies conceive the concepts of health and illness differently. Social constructionists discussed in detail the cultural context of health while the notion that social and cultural context play a significant role in the perception of health and health seeking behaviour of a population has been vigorously stressed by researchers in recent decades.

Many societies categorise diseases as natural or supernatural illnesses according to their aetiologies. Some kind of natural or supernatural agents responsible for ill health are the basis of the majority of these aetiologies. Broadly, all disease theories can be classified into two groups: those that favour personalistic (causal) explanations and those that favour naturalistic ones.

All traditions of medicine, which base their theoretical framework on the balance of humours, converge on the notion that the four humours are the basic elements, which are combined with four fundamental but opposing qualities of hot, cold, dry and wet. These humours were supposed to determine the basic emotional and psychological characteristics of a person. These traditions believed that improper diet and ecological factors such as season, climate, temperatures and food influence the four qualities of hot, cold, dry and wet which in turn result in excesses or deficiencies in particular humours upsetting the balance, which is the source of almost all natural illnesses. In this perspective, diseases in these traditions were termed as hot, cold, dry, and wet and the therapy included giving hot, cold, dry, and moist remedies. The restoration of

humoral balance was central in the therapeutic manoeuvres and endeavours in these medical traditions.

Supernatural illnesses commonly refer to the influence over a human being by supernatural forces or entities. Possession by supernatural entities has been considered by different researchers as a form of role play; a tool to gain power; a manifestation of uncertainty in a particular society; a religious phenomenon; a mode of entertainment; a form of resistance (cultural, economical and political); a form of hypnosis; or a multiple personality disorder (MPD). The symptoms of supernatural possession can be categorized into physical and mental or emotional disorder seated within the patient. Another idea put forward is that supernatural illness cannot be reduced easily to terms independent of the cultural ideas neither can it be broken down into a set of labels applicable to another system of understanding and practice. Thus, the terms of biomedical science or psychology or psychiatry at best only provide partial frameworks for comprehending any individual occurrence of supernatural illness. Anthropological accounts of spirit possession have put much emphasis on its different aspects. Spirit possession research has been characterized by a fundamental tension between reductive, naturalizing or rationalizing approaches on the one hand and contextualizing, more phenomenological approaches on the other; however, there is much ambiguity in many researchers' work and often the functional and contextual conceptions have been muddled up. It is still not clear how to deal with the question of supernatural illnesses or spirit possession for an understanding of the phenomena.

Ritual as a culturally constructed system of symbolic communication is the most important part of supernatural disease phenomenology. Healing ritual actions express and communicate shared socio-cultural meanings, which are symbolically transacted through the medium of ritual action.

Therapeutic procedures are fused with ritualized forms of behaviour in order to accomplish a task or a goal that is reflected in the disease aetiology. Healing rituals mainly include prayers and chanting, music and dancing among other ritualistic actions and involve several biological mechanisms for the transformation of the patient's health, enhancing placebo and other psychosomatic effects. Ritual healing practices perhaps provide therapeutic effects through mechanisms derived from the psychobiological dynamics of ASC.

The term culture bound syndromes refers to ailments which are culture specific, but it has been observed that many illnesses that were previously thought to be specific to a culture were found to be prevalent in other societies also. The aetiology of culture bound syndromes is far from clear. Personality, environmental and biological factors have been invoked as explanations. No particular work is visible on Baloch concepts of supernatural illnesses but what different authors have observed indicates that religio-cultural beliefs prevalent in the Baloch society are the basis of Baloch concepts regarding such ailments.

3. RESEARCH METHODOLOGY

Introduction

Scientific research theories or traditions are overall conceptual frameworks (paradigms) within which researchers work and research methods cannot stand in isolation from the theoretical and conceptual issues, which constitute social science research. During recent decades many models of research, which are associated with the abandonment of the search for absolute truths, have been advocated in parallel with the methodologies perpetuating the notion of absolute truth based on rational scientific knowledge. The design of this ethnographic work was framed by adopting a qualitative approach where data were collected by in-depth interviews, participant observation and by reviewing the relevant literature.

Research Design

Research work is conducted within a tradition, which is general assumptions about the entities and processes in a domain of study, and the appropriate methods to be used for investigating the problems and constructing the theories in that domain. Choosing a specific research approach (qualitative or quantitative) is based on the philosophical underpinnings of research paradigms. Kuhn (1970) coined and used the term 'paradigm' to describe a heuristic framework for examining the natural sciences and 'disciplinary matrix' for social sciences. According to Kuhn (1970), all disciplinary research is conducted within paradigms. The positivist paradigm had been based on rigid rules of logic and measurement, truth, absolute principles and prediction. Post-positivism has emerged in response to the realization that reality can never be completely known and that attempts to measure it are limited by human

comprehension. The interpretive paradigm emphasizes understanding of the meaning individuals ascribe to their actions and the reactions of others. The critical social theory paradigm is concerned with the study of social institutions, issues of power and alienation, and envisioning new opportunities. Guba and Lincoln (1994) suggested a typology of three basic elements of a paradigm; 1) ontology (the "reality" that researchers investigate); 2) epistemology (the relationship between that reality and the researcher) and 3) methodology (the technique used by the researcher to investigate that reality).

Many researchers have contested the insistent prioritisation of the medical methodologies of the randomized controlled trial and statistics by biomedical research. These researchers have pointed to the need for parallel methodologies. Such unorthodox studies were supposed to be parallel with the methodologies perpetuating the notion of absolute truth. Fabrega (1974) considered them as part of a science of ethnomedicine, and Kleinman (1973) as part of the comparative study of medical systems. The central concern of such studies is to develop concepts that will permit the description and comparison of the experience of populations with disease and illness. Schneider (1976) stressed that attempts should be made to understand the described phenomena and find how the various happenings are interrelated and how the community member himself interprets them. Engel (1980) proposed a "bio-psychosocial" model for understanding disease (an orientation that includes what is here referred to as "culture").

Gillett (2003) argued that orthodox medicine works within a positivistic framework, which is often intolerant of knowledge that does not arise from within its own very limited methodological paradigm. In this regard, Dean (2003) believed that orthodox beliefs constrain research to gain knowledge about human health and limit the effectiveness of health care services. She observed that medical power relationships and

dominant beliefs dictate the ways to conduct research. She examines how orthodox views about how to gain knowledge on human health have affected research investigations dealing with population health issues.

The aim of this research work was to ascertain the health seeking acts and behaviours of Baloch people. As it is impossible to quantify fully human experience and behaviour so it was imperative to select a qualitative ethnographic approach for this research. This ethnographic research project was aimed at seeking to develop concepts, which help to explain social phenomena, in naturalistic rather than experimental settings. It was aimed to identify the norms of behaviours internalised by a distinct cultural group. Furthermore, it was aimed to explore complex social relations, institutional forces, culture and structures as they affect every day interaction and the meaning of social life.

Ethnography refers to social scientific writing about a particular ethnic group to reveal the interrelationships between individual beliefs, cultural norms, and social rules, and to make the beliefs and values of a particular culture intelligible (Wolcott, 1955; Tedlock, 2000; Berg, 2001). Brink and Edgecombe (2003) described ethnography as a research design developed by anthropology and borrowed by health care disciplines. Pope and Mays (1996) insisted on giving due emphasis to the meanings, experiences and views of all the participants in an ethnographic work. Defending ethnographic methods in health research Hammersley and Atkinson (1997) contended that the capability of the ethnographic method is to chart variations in cultural patterns across and within societies and their significance for understanding social processes. Ethnography, through its description and explanation of the social and cultural features of healthcare contexts, can assist in this understanding. It can provide insights into the interpretation of health and cure and, accordingly, how people behave because of this interpret-

ation. The exploration of complex social relations, institutional forces, culture and structures as they affect everyday interaction and the meaning of social life can be achieved through participant observation and then questioning the meaning of the behaviour through interviews.

Research Methods

Sampling and access

As mentioned by Bernard (1994), choosing informants is crucial in that persons should be bearers of the culture and capable of communicating cultural information as the research involves ethno-medical beliefs and practices and cultural and social characteristics of the population. The use of an opportunity sample was justifiable, this was an "exploratory situation" (cf Henry 1990), within which the process of "theoretical sampling" (as described by Glaser and Strauss 1967) was taken in order to generate comprehensive theoretical and typologically adequate accounts of the full extent of the phenomena under investigation. Glaser and Strauss defined theoretical sampling as a specific type of non-probability sampling in which the objective of developing theory or explanation guides the process of sampling and data collection.

> **"Theoretical sampling is the process of data collection for generating theory whereby the analyst jointly collects, codes, and analyses his data and decides what data to collect next and where to find them in order to develop his theory as it emerges"(Glaser and Strauss, 1967 p.36).**

An initial survey of healers and other potential informants was made with the help of area notables and staff of various health facilities within the research area. From the selected four districts where research was conducted, a primary list of potential informants was prepared. As the work progressed, new

informants with particular knowledge were added to the list, such as healers who treated spirit possession, or religious leaders, and finally 52 informants were interviewed. The initial key informants were chosen on the basis of knowledge and interest in illness and healing topics. The criteria for selecting the healers were their professional reputation among patients and community and family background. The general informants selected were often well-known members of the community with a relatively well-informed background regarding health and illnesses. Views of health professionals were sought on the incorporation of beneficial aspects of traditional health beliefs and practices into the official public health programs and policies.

Table 3: The sample population for in-depth interviews

Bone setters (*Chalki/Daago*)	2
Herbalists/Hakims (*Tabib*)	7
Traditional Midwives (*Baluk*)	2
Cupping specialist (*Gwalithi*)	1
Specialist in the lifting of the heart	2
Extractor/poison specialists (*Buch Kash/ Mia*)	2
Evil eye experts (*Nazar Burrok*)	2
Religious/spiritual healers (*Mullah/Shey/Gwathi e Moth*)	5
Medical professionals	3
Sufferers	16
Family heads	2
Community elders	2
Sorcerers (*Seher/Jathu*)	2
Tribal chief	1
Medical doctors	3

In the geographical areas of research, a number of villages were selected keeping in mind accessibility issues and the suggestions of local informants, or based on the information gained from previous interviews in other places. Fifteen

settlements were visited. The operational difficulty faced in this situation was that it was hard to find all the folk medical practitioners in one area, hence, it became necessary to visit many areas to interview healing practitioners. The healers, community elders, and health professionals were approached directly. The sufferers were approached directly in case of men and indirectly through their family heads in case of females.

Data collection methods

Data for the research were gathered primarily by participant observation, in-depth interviews, and personal experience and through literature review.

Participant observation

Personal involvement is the key for acquiring a personal knowledge to understand the theoretical, organizational and personal forms of a particular socio-cultural reality. According to Atkinson and Hammersley (1994:249), 'Social research in all senses is a form of participant observation.....because we can not study the social world without being part of it. From this point of view, participant observation is not a particular technique but a mode of being-in-the-world characteristic of researchers'. Defending participant observation, Ely (1991), Kvale (1996) and Foster (1996) mentioned that the researcher joins the culture under study, becomes involved in their daily activities, and personally experiences life as the participant do. Observation involves the information from sight supported and received by various body senses, which are usually combined, processed and interpreted in complex ways to get the mental images of the world and what is going on in it. According to Hahn (1999: 17) questions such as 'What happens in such and such disease', can be used in the assessment of theories of disease origin, perceived importance and implications, consultation and diagnosis, home and healer treatment, and follow-up; and these may be the preliminaries in a participant

observation of disease related actions by the researcher. As Guba and Lincoln (1994) had point out:

> **"Reality actually consists of 'multiple realities' that people have in their minds. Researching this constructed reality depends on interactions between interviewer and respondent, that is, the researcher has to be a "passionate participant" during his/her field work" (1994, p. 112).**

During the course of the research work, many phenomena were observed in their natural settings. Participant observation was one of the most reliable methods to crosscheck the validity of the data obtained through in-depth interviews, illness narratives and case studies. Observations were combined with personal interviews and general conversations. It was also observed that the information collected from the respondents through in-depth interviews and illness episodes at times contradicted what was observed during a ritual of diagnosis and healing. Besides the healing and diagnostic rituals, the researcher also observed other ceremonies and rituals related to birth, death, weddings, marriages and ceremonies associated with religious and cultural festivals in order to further understand and comprehend the meanings and symbolic elements associated with them.

Table 4: Observed phenomena

Taking off of Evil Eye (*Nazar Burrag*)	2
Cupping (*Gwalath*)	1
Lifting of the heart (*Theeriench*)	1
Exorcism (*Jinn e Kashag*)	5
Lifting of the navel (*Napag Darag*)	1
Cases of sorcery (*Schery*)	2
Bone settings (*Chalk*)	2
Massages (*Malish*)	2

Interviews

According to Lofland and Lofland (1995), in-depth (or ethnographic) interviewing and participant observation go hand in hand, and many data gathered in participant observation come from informal interviewing in the field. Participant observation provided many additional questions for the interviews, thus creating a continuous process: from the participant observation to the interview and from the interview to the participant observation. Rubin and Rubin (1995) believed that the interview is a kind of conversation between a researcher and an informant (or a group of informants) that seeks to elicit the informant's understanding, knowledge, and insights about a particular topic. Dwyer (1977) believed:

> **"The informants became for the anthropologist, an instrument to aid in the pursuit of an abstract object, which we may label the 'cultural' or 'scientific' object depending upon which sub-tradition within anthropology we adopt" (1977, p.144).**

The primary issue in the interview is to generate data, which gives an authentic insight into people's experiences (Ely, 1991; Berg, 2001). Most often, in ethnographic research, unstructured or semi-structured interviews are used. Semi-structured interviews consist of predetermined questions relating to general themes of interest emerging from observations (Kvale, 1996). In-depth interviews of the sample population were conducted in such a way as to allow the interviewee to guide the discussion. These were supported by participant observation. Illness narratives compiled during fieldwork helped to gather information about the various processes/ stages of treatment, which start right from defining disease as illness, to performing diagnostic rituals, and healing rituals. Early (1982) opined:

> **"The illness episodes and therapeutic narratives present a system of medical knowledge that**

mediates everyday experience of diagnosis and curative actions which are meaningful within the cultural context" (1982:1481).

As possession is culturally crafted through narrative practice, narration of illness episodes like spirit possession, sorcery or evil eye was also recorded.

The sites for the interviews were chosen according to the convenience of the respondents. The majority of the interviews were held at the houses of patients, healers, and community elders or in the nearby health facilities. Personal interviews with the selected respondents were in the form of informal talk. One respondent was consulted at a time but taking into consideration the Baloch family structure some individual interviews became family interviews. Sometimes, it happened that I was forced to postpone the interviews because of the gathering of a crowd of villagers at the place where our interview sessions were going on. Some questions were closed while some were open-ended. The closed questions were focussed on gaining information that was less sensitive and could be obtained directly. Using the list of probes (echo-probe; silent probe and leading or baiting probe) put forward by Bernard (1994), attempts were made to move the discussion to flesh out the topic and by allowing informants to explain their points of view on topics of interest, to lead in directions yet unknown to the researcher. The open-ended questions were addressed mostly to the issues related to attitude, behaviour and personality structures that were interlocked into the social system. Furthermore, open-ended questions were quite helpful in the exploration of the issues that were not incorporated during the initial preparation and design of the research.

Interview foci

The main focus of the interview was to record in detail the concepts of the Baloch regarding health, illnesses and therapies. Based on earlier works in ethnomedicine separate interview guides were used for patients, community and family elders, healers, medical practitioners and key informants.

Table 5: Areas covered in interviews

- Perception of health
- Perception of disease
- Knowledge of symptoms of some specific diseases
- Knowledge of risk factors for some specific diseases
- The type of person they associated with some specific diseases
- Have men and women the same risk of getting such diseases?
- Options available for the people for the treatment of disease
- The factors motivating the people for going to traditional healers
- The role of health professionals in the treatment of some specific diseases

The questions for different folk healers also included life history, family history, and history of medical training, apprenticeship, and type and style of practice. Health care providers (traditional healers and biomedical practitioners) were asked about professional role responsibilities, philosophy of care, and personal beliefs and practices around illness prevailing among the Baloch in the area of fieldwork. Patient/family perceptions of health problems and assessment of cultural perspectives on illness were ascertained by asking questions

based on the model created by Kleinman, et al (1978). For example, questions such as 'what do you think has caused your problem' or 'what does your sickness do to you: how does it work', were asked. Questions about the severity of the sickness, treatment choices and expectations from different treatment categories were among the queries.

Interviews were conducted in Balochi and the majority were tape-recorded. Keeping the sensitivity to privacy among Baloch patients and healers, no attempt was made to video the interviews or participant observations. In many observations especially during a taking off ceremony of evil eye, and lifting of the heart ritual (*theeriench*) I was allowed to take photos or video recordings but it was thought to be unethical as they were allowing me out of courtesy and not wholeheartedly. In some cases where tape recording was not permitted, written notes were taken. The notes from various methods, specifically, personal interviews, and observations were recorded immediately or fed into a laptop computer whichever was efficient and applicable at that time. The time, date and place at which data were obtained were accurately noted.

Data Analysis

The research took a descriptive/interpretative approach in data analysis. The methodological analytical techniques employed in this study are inductive, drawing principally on ethnography (see Agar, 1986) and grounded theory (Glaser and Strauss, 1967). Grounded theory offers an approximation of theory building; Silverman (2001:71) simplified it into three stages:

- an initial attempt to develop categories which illuminate data
- an attempt to saturate these categories with many appropriate cases in order to demonstrate their relevance

- developing these categories into more general analytic frameworks with relevance outside the setting

In principle, grounded theory offers a potentially suitable approach to the synthesis of primary studies. The constant comparative method, the most widely used element of grounded theory, has the most obvious potential for application, in part because it offers a set of procedures by which data may be analysed. According to Morse (1998), the technique of grounded theory incorporates other sources of data (such as documentary review and observational data along with unstructured interviews) and aims to develop a basic social process and a more abstract, mid-range theory. However, grounded theory has been criticized for its failure to create implicit theories that guide work at an early stage and for paying little attention to data gathering techniques (see Bryman, 1988 and Silverman, 2000).

The relevance and applicability of any particular procedure will depend entirely on the data to be analysed. Lock and Wells (1993) in their article "Fraud and misconduct in medical research" stressed that the research data available depends on the methods used to collect them. Researching beliefs and values quickly becomes politicised as can the way results are organised, interpreted and diffused. In the best possible faith, people with different ideologies can read different meanings into the same data. The validity of the methods and data collected was continuously assessed using a variety of techniques such as reflexivity, and triangulation during the whole period of research work. For Wolcott (1990) validity in qualitative research has to do with description and explanation, whether or not a given explanation fits a given description. Valerie (1998) relied on experience and literature review while responding to issues of validity, generalisation and reliability. According to Foster (1996), reflexivity involves the continual

monitoring of, and reflection on, the research process and triangulation is more a direct check on the validity of observations by cross checking them with other sources of data. The literature review, in-depth interviews and participant observations were used as tools of methodological triangulation for the validation of data. The data collected were continuously compared to data on the same behaviour from the literature review on the subject. In addition, data produced by different methods, at different times, with settings or subjects were also compared. Each interview session with a respondent was guided by only one factor that was to ask the informant not once or even twice but in many different ways and therefore at many different times, with every possible eliciting device what the cultural symbols are and what they mean? Answers were consequently cross checked to establish whether the views expressed were generally held ideas and/or whether they were in contradiction with the researcher's observations.

The surrounding context and social status of the informants were borne in mind while collecting and analysing data from interviews and participant observation.

Ethical Considerations

The ethical issues in ethnographic research include informed consent, respecting confidentiality and privacy, and determining whether to intervene in a situation that occurs while in the field (Marshall and Koenig 2001). Homan (1991) argues that when ethics is applied within a particular professional context such as medicine or social research, it takes on a distinctive form and some of the general definitions of ethics that are to be found in dictionaries and philosophical accounts are not appropriate. Every attempt was made to ensure the ethics of the research. The interests and sensitivities of the subject population were kept in high regard during fieldwork. The study was briefly explained. The patients and their relatives and healers were

assured that information given would be confidential and that their personal or family dignity would not be affected in any way. The aims of the research work were communicated to the subjects before asking for consent and privacy, confidentiality and anonymity were observed. All informants are referred to in the thesis by pseudonyms and the name of the places and districts are changed in a way that it become impossible for a reader in Balochistan to locate or identify the place and the informant.

Fieldwork Schedule

The design of any fieldwork is bound to be influenced not only by theoretical considerations but also by practical ones. In the majority of practical settings in a research study, there may be an uneasy relationship between theory and practice. In many circumstances, carefully laid plans made in advance in university rooms will not be applicable during fieldwork. That is what happened with me when I embarked on my fieldwork in Balochistan. Initially, it was planned to collect data through fieldwork in all the three major geographical regions of Pakistani Balochistan. From the beginning of 2005, the ever-present tension between the Pakistani establishment and Baloch National Resistance flared up, affecting my plans for fieldwork. It became impossible to go to Central or Eastern Balochistan in a tension free atmosphere. In fact, people were caught up in a bloody skirmish between the Baloch resistance fighters and the Pakistani army units in the Dera Bugti area in March 2005 just days after my stay in Dera Bugti. At least three shadowy resistance movements, the Balochistan Liberation Army (BLA), the Baloch Republican Army and Balochistan Liberation Front (BLF) have been actively fighting the Pakistani army throughout Balochistan for the last 5 years. They claim to be fighting for the sovereignty of Balochistan. I was only able to

interview the Chief of the Bugti tribe[7] and the two interviews I conducted from the folk healers of Eastern Balochistan took place in Quetta, the capital town of Balochistan some 600 KM from the Bugti area. In this context, I decided to collect the data for my research work mainly from the relatively peaceful three southern districts of Balochistan. In these three districts of Pakistani Balochistan, the tribal institutions are not so compact compared to Central or Eastern Balochistan. At the time of my fieldwork, these areas of Balochistan were relatively peaceful, although the situation changed in these areas and became more volatile in the last phase of my fieldwork.

The first stage of my fieldwork was the designing of a fieldwork plan during my stay in the University, in March-April 2004. The second stage began after my arrival in Balochistan in May 2004 and consisted of formulating the ways and finding the proper contacts to start my fieldwork. The third stage was to contact the different notables of rural settlements of these districts and medical staff of different health facilities in the area. This was necessary in order to grasp a preliminary understanding of the folk medical practices and healers in these areas, also to arrange for my boarding and travelling during fieldwork in the areas. The interviews and observations of rituals were the last phase of fieldwork.

Conclusion

Increasing attention to the study of the relationship between medicine, culture and society led to research in many different disciplines including anthropology, sociology, epidemiology, psychiatry and the history of medicine within different conceptual frameworks or paradigms. Positivistic structural-

[7] Tragically, the Chief of Bugti Tribe, Nawab Akber Bugti was martyred on 26th of August 2006 during a massive offensive launched by the Pakistani Army in Marri Hills of Eastern Balochistan.

functionalist approaches in anthropology, focussing on social institutions, have recently given way to interpretative approaches with focus on cultural systems. The philosophical underpinnings in paradigms are the mechanisms to bridge a discipline's requirements for knowledge and its systems for producing that knowledge and from which specific research approaches (e.g. qualitative or quantitative methods) flow. The qualitative ethnography chosen for this research involved an in-depth understanding of Baloch health perception and health seeking behaviour and the reasons that governed that behaviour. The process of theoretical sampling was found useful in the generation of comprehensive theoretically and typologically adequate accounts of the phenomena under investigation. Theoretical sampling was used as a technique of data triangulation: using independent pieces of information to get a better fix on something that is only partially known or understood. The interviews and observations covered the whole spectrum regarding health and illness among the Baloch. In terms of knowledge production and as a method of verification, participant observation provided a firm basis of the qualitative fieldwork. For data analysis of the research, a descriptive/interpretative approach was considered to be appropriate. The methodological analytical techniques employed in this study were inductive, drawing principally on ethnography and grounded theory.

4. THE BALOCH IN CONTEXT

Introduction

The Baloch are the inhabitants of the semi-desert land mass of Balochistan. From the 17th century up till the middle of the 20th century when it was finally divided and incorporated into Iran, Pakistan and Afghanistan, Balochistan was ruled by a loose confederacy of Baloch tribes under the Khanate of Kalat. Although recent decades witnessed some drastic changes in their tribal and nomadic way of life, the Baloch people have retained the majority of centuries old traditional customs, cultural values and worldview. This chapter is a brief description of the Baloch in a historical, social and cultural context.

The Baloch and Balochistan

The Baloch are usually eager to discuss and debate the different versions of their origins and movements into present day Balochistan. Although their picture of the distant past is quite obscure, Baloch legends, language, and customs strongly support the observations of many researchers that the Baloch are part of ancient Aryan tribes residing in the north of the Caspian Sea. However, in the efforts to situate themselves historically, the Baloch are eager to debate on a past full of movement and impermanence. In a way, the Baloch written history begins with their long and bloody conflicts with the Persian King Khosro I (531-579 CE), also known as 'Anushirvan the Just' in Persian literature. The conflict resulted in the annihilation and mass killings of many Baloch tribes or their dispersal towards the far eastern and southern corners of the Sassanid Empire (Gangosky, 1971; Janmahmad, 1982).

Basing their conclusions about the origin of the Baloch on linguistic, cultural, and historical evidence, the majority of researchers (Potttinger, 1816; Risely, 1883; Dames, 1904; Burton, 1951; Arbery, 1953; Frye, 1961; Elfenbein, 1966; Gangosky, 1971; Bakar, 1975; Dost, 1975; Naseer, 1979; Janmahmad, 1982-1988; Ram, 1985; Spooner, 1988) linked the Baloch with the Parthian group of tribes. Baloch folk tales and legends suggest that major shift of the Baloch population from Central Asia to present day Balochistan was brought about in three different times and different places beginning from 1000 BCE (Naseer, 1979). In the contemporary world, the Baloch are scattered among the three countries (Iran, Pakistan and Afghanistan) which hold the Baloch territory. The majority of the Baloch live in the Pakistani province of Balochistan and the Iranian province of Seistan-o-Balochistan. In Afghanistan the Baloch are concentrated in the southwestern districts of Nemroz, Farah and Helmand (Orywal, 1996). A large number of the Baloch are also living in the Pakistani provinces of Punjab and Sindh where they have been assimilated into the respective local cultures. A considerable number of the Baloch are settled in the Gulf States and a small number of them are in different European countries as refugees. It is estimated that the present population of the Baloch, is nearby 20 million. The Balochi language belongs to the Iranian branch of the Indo-European family of languages, with relations to the Middle Persian, the Kurdish and other Parthian languages (Janmahmad, 1982; Jahani, 1996; Elfenbein, 1996). Balochistan (the Land of Baloch) is situated at the convergence of Central Asia, South Asia and the Middle East. Balochistan geographically is a land of contrasts. Much of the 695,380 square km. landmass is a high barren plateau enclosed by various mountain ranges. Scattered in between the cheerless mountains and dry and wide deserts are beautiful fertile valleys. Balochistan, viewed in its entirety, can be termed as a semi-arid to arid region (Naqvi, 1960; Ahmad, 1964; Zabihollah, 1995).

Historically, Balochistan has been a meeting place of various civilizations of Asia geographically and politically (Fairservis, 1961; Cardi, 1966; Shabbir, 1978 Scholz, 2002). From the 4th century to the 7th century, Balochistan changed hands frequently between the great empires of ancient epochs (Fairservis, 1961; Cardi, 1966; Baloch, 1974; Shabbir, 1978; Farzanfar, 1992; Hosseinbor, 2000; Scholz, 2002). For all practical purposes, the Baloch dominance of Balochistan appeared to begin from the 15th century AD. Baloch folklore and Baloch historians define the period from AD 1400 to 1948 as the 'Baloch Era'. The predominance of Baloch socio-political and cultural institutions in Balochistan is the characteristic of this period (Naseer, 1979; Baloch, 1987; Janmahmad, 1988; Ahmedzai, 1995; Hosseinbor, 2000). The early decades of the Baloch era were marked with the formation of loose tribal unions. Different Baloch tribes and tribal unions were linked economically through trade and agricultural and animal products. They interacted socially, cooperated politically and united militarily whenever faced with a common external threat (Janmahmad, 1988). In 1666 AD, Mir Ahmad founded the Ahmadzai Khanate of Kalat (Baloch, 1987; Ahmedzai, 1995). The Kalat State was the first and the last Baloch State headed by sovereign rulers, the "Khan", who survived various attempts of different powers to dominate Baloch land till 1948.

Colonization

Baloch destinies changed drastically beginning from the mid 19th century. Powerful historical happenings in Asia and Europe caused collateral damage resulting in territorial division of Baloch land and subsequent destruction of the sovereign Baloch State (Khan, 1975; Naseer, 1979; Baloch, 1987; Janmahmad, 1988; Hosseinbor, 2000). These historical happenings and factors included the Russian thrust towards the Indian Ocean,

the resurgence of Persian nationalism and British efforts to ward off the Russian thrust southward. After the Baloch Khanate of Kalat declined to be involved in foreign aggression against Afghanistan, an English detachment attacked the capital Kalat on 13 November 1839. The Khan, Mir Mehrab Khan was killed in the battle and a new Khan was appointed as nominal ruler of the Baloch State with a British representative as the supreme authority, reducing the Khan to mere vassal of the British Crown (Naseer, 1979; Harrison, 1981; Baloch, 1987; Janmahmad, 1988; Hosseinbor, 2000; Scholz, 2002; Redaelli, 2003). Although the 1876 treaty between Britain and Kalat, which permitted Britain to occupy Balochistan, pledged that the British "would respect the sovereignty and independence of Kalat", division of Balochistan was brought about (Khan, 1975: 294). During 1873 and 1893, Britain granted nearly half of Baloch land to Persia and a small northern portion to Afghanistan by drawing two lines on the map of the region, namely the Goldsmid and Durand lines (Naseer, 1979). During the British withdrawal from India, the Khan declared Balochistan independent on 12th August 1947, two days before the independence of Pakistan and India (Khan, 1975). It should be noted that Nepal and Kalat were the only two states in India having their treaty relations directly with Whitehall. The independence of Balochistan was a short-lived affair as the Khan of Kalat capitulated under political and military pressures from Britain and Pakistan on 27th March 1948 and signed an agreement of accession to Pakistan.

The Baloch have never accepted the partition and incorporation of their land into Iran or Pakistan. Several military operations to quell the Baloch national uprisings by Iran and Pakistan have widened the gulf between these countries and Baloch people. Lewin (1996) observed:

> **"Baloch self-consciousness, about their cultural, linguistic and historical distinctiveness, informs the expression of ethnicity and nationalism in the three**

aspiring nation-states where they are significant minorities" (1996:xvi).

In the three host countries (Iran, Pakistan and Afghanistan), the Baloch people have resisted the subjugating manoeuvres of these countries from time to time with political and armed struggle but have never succeeded (Harrison, 1981). The Baloch are still living with the broken dreams of a sovereign state of their own in which they can live with their own values and social traditions. Various Baloch political organizations, presently striving for the right of self-determination for the Baloch nation, have a united independent Balochistan as the ultimate aim of their struggle.

The Contemporary Baloch Society

Salzman (1971) described the present social organization of the Baloch as:

"Among the Baloch the tribal socio-political organization is a highly diverse phenomenon and it ranges from tribally organized nomadic pastoralists to peasants living under feudal like structures" (1971:432).

The structure, behaviour and social set-up of Baloch society in its essence is influenced by nomadism and tribalism. The family is the basic unit and many families make a sub-clan. Several sub-clans are grouped together to form a clan or *bolak* and several cognate *bolaks* form a tribe (Baloch, 1958; Janmahmad, 1988). The principle of patrineal descent is the basis of the social organization of Baloch tribes (Orywal, 1996). Baloch tribes have a socio-hierarchical structure (Farzanfar, 1992; Steenbergen, 1996) with its administration centralized at the top level in the respective leading personality or tribal chief (*Sardar, Tumandar*). The social composition of a typical Baloch tribe can be categorized as follows:

1. The tribal leader (*Sardar*)
2. The tribal elders (*Wadera*, clan chief)
3. All the remaining members of the tribe, which may include agro-pastoralists, traders, artisans and musicians (*Luris* and *domes*)
4. The indigenous inhabitant of Balochistan which consists of those communities, which were present before the arrival of the Baloch in Balochistan.

In the 19th century the British army intelligence officers Pottinger (1816), Hughes (1877), and MacGregor (1882) who travelled vast tracts in Balochistan, described the Baloch as pastoral nomads. Spooner (1988) even suggested that 'Baloch' might have been a generic term referring to all nomadic groups beyond the reach of settled authority. The drastic changes brought about since the close of the 19th century in the structure of a nomadic society are evident in the official figures mentioned in the different census results conducted by the British or the Pakistani and the Persian authorities till 1970. They showed that the percentage of the population of the Baloch, which are mobile, receded from 76% in 1881, to 71% in 1901, and to 10% in 1970 as mentioned in various selections of Balochistan government records (Scholz, 2002). The change in the traditional ways of Baloch society is continuing and many traditional model of behaviour are facing pressure from the socio-political and economic influences of the last decades. Another important phenomenon is the slackening of tribal bonds in Baloch society. This is occurring under the influence of the development of alternate economical structures, improved communications, and education (Swiddler, 1996; Redaelli 2003).

Contemporary Baloch society generally contains nomadic, semi-nomadic and sedentary segments. Nomadism, which was one of the basic elements of Baloch socio-political organization, retains its presence in Balochistan. Recent census reports

indicate that about 5% of the population in Pakistani Balochistan is living a mobile life. These mobile people are on the move constantly in search of greener pastures for their herds of cattle and camels. During winter, they move from cold northern Balochistan towards the relatively warm southern and eastern regions and with the beginning of spring, large groups of the Baloch population can be observed travelling in large camel caravans moving back to northern plateaus with their large herds numbering in thousands. In recent decades, however, due to strict security measures taken along the dividing borders of Balochistan by the Iranian, Pakistani and Afghan Governments, the free movement of the nomadic groups is limited and their number is dwindling significantly.

The other segment of contemporary Baloch society can be termed agro-pastoral nomads, which are roughly 15% of the population. Included in this group are a class of tenant farmers who usually change their place of work from area to area and the families of shepherds who look after the herds of other families on a share basis. These agro-pastoralists are partly mobile and partly sedentary depending upon the consistency of annual rainfall. In drought conditions, they leave their dwellings and move towards villages and townships in search of jobs. The people in this category usually settle down for a while in these areas. With the news of rainfall, they return to cultivate their lands and graze their cattle herds. However, as rainfall is not regular and predictable in the waste semi-desert land of Balochistan, they have to frequently move their families and herds towards other areas or find jobs in townships until the coming of another rainfall.

The vast majority of contemporary Baloch live in villages and small townships, which are scattered in the sparsely populated Balochistan. This segment of the Baloch society consists of a

symbolic tribal leadership[8] class, traders, artisans and an urban marginalized class. The recent development of agricultural infrastructure in several parts of Balochistan has produced a class of feudal and small entrepreneurs in townships overlapping the old tribal structure of Baloch society. This segment of the society is increasingly absorbing the nomadic and semi-nomadic segments of Baloch society as due to political and ecological happenings their mode of survival is increasingly becoming untenable.

From the beginning of the twentieth century, the tribal structure in Balochistan witnessed the weakening and in some areas, a total break-up of the old system, especially in western and southern Balochistan. The development of agriculture has produced a class of feudal lords (in eastern Balochistan) previously unknown to the Baloch (Pastner, 1978). Redaelli (2003) observed:

> **"A few decades before, shop keeping or trade were something, which did not suit a 'honourable Baloch'. However, in recent decades especially from the mid 20th century a flourishing class of small traders and entrepreneurs is emerging in Baloch townships" (2003:24).**

This change is most evident in southern Balochistan where tribal structure has broken down. In the townships of Balochistan, a society is beginning to emerge in a form that overlaps the tribal structure with stratification according to occupation. Despite the fact that the traditional social structure has been weakened in many parts of Balochistan, some of the traditional power and the execution of customary law in rural areas are still exercised by the tribal elite. Tribal or village

[8] In settled areas of Balochistan especially in the south, the presence of tribal chiefs and clan elders is visible; however, they have lost their traditional authority on community affairs to the state institutions and enjoy only symbolic social respect among the population.

chiefs and headmen continue to hold some political, social and juridical power in many areas of Balochistan.

Cultural Values

An overlapping of pastoral ecology and tribal structure has shaped Baloch cultural values. Their cultural values and traditions may have been influenced by the history of their migration from Central Asia and many historical happenings. Harrison (1981) believed that ethnically, the Baloch are no longer homogeneous, since the original nucleus that migrated from the Caspian has absorbed a variety of disparate groups along the way. Nevertheless, in the cultural terms, the Baloch have been remarkably successful in preserving a distinct identity in the face of continuous pressures from strong cultures in neighbouring areas. Despite the isolation of the scattered pastoral communities in Balochistan, the Balochi language and a relatively uniform Baloch folklore tradition and value system have provided a common denominator for the diverse Baloch tribal groupings scattered over the vast area from the Indus River in the east to the Iranian province of Kirman in the west.

The Baloch focus on their peculiar ethnic identity is very strong. Their wide distribution across three countries, the inclination to resist the assimilation attempts of Persian and Pakistani occupiers, their secular attitude about religion in social or community affairs, an independent and stubborn behaviour consistent with their nomadic or agro-pastoral past are the distinctive features of Baloch cultural identity. In the Baloch schema of cultural identity, there are set standards that are applied to identify a perfect Baloch. Special personal qualities are thought to be embodied by the Baloch and inherited as part of one's start in life. Over a lifetime, a Baloch is expected to build on privileged inherited characteristics and to do so according to standards of what is called the "Balochi Way".

These are demanding measures but, clearly, this does not mean that every Baloch meets the standards; nevertheless, inattention to these standards may threaten everybody. These standards or codes of cultural ethics guide every Baloch in his religious, economic, and socio-political affairs including health affairs.

Being balanced or in control of the emotions and body is an essential feature of "the Balochi way". Being out of control is shameful and not part of Balochi standards. To act without restraint is to degrade one's standing among the family and community members. It is believed that excess in anything will spoil the will of the person and a person without a strong willpower is considered to be below the standard. It is traditional not to let others observe your sadness and vulnerability. Dignity, pride, patience, endurance and a deep sense of shame are supposed to be the guiding principles in the life of a Baloch. These principles act as bonds that tie a Baloch to his family, community and to his or her broader ethnic group as an honourable Baloch. Personal lapses are not easily forgiven or forgotten. Failure to live up to the Baloch ways results in one being shunned or cast off from the family or community. Such a person is bound not to be taken seriously by family or community. "It is better to die than be ashamed" is frequently uttered in general conversations.

The complex phenomenon of honour and shame has been a defining feature of the Baloch cultural identity. Honour defines prestige or reputation, and it defines people's trustworthiness. Honour is not simply related to the social standing of individual men, but also to the standing of the family to which they belong. The honour of a family is inextricably linked to the reputation of the women. Their reputation in turn is sealed by the public display of shame. The concept of shame describes situations in which a member of the community acts in a manner that is not sanctioned by the society or that is in conflict with social obligations. In a Baloch context, shame is an index

of female reputation, just as honour is an index of male. It is related to the notion of female chastity. Having shame involves having, or displaying the requisite reticence in public places. The honour and shame complex links the individual to wider society. Shame is directly related to honour, in that a reduction of the shame of women becomes a direct reflection on the honour of its men. The mechanism by which the phenomenon of honour and shame operated amounted to maintaining a moral reputation in the face of the community. The concept of honour and shame as a sanction on behaviour incorporates male virility, female fertility, hospitality, generosity and keeping the Baloch moral standards during family relationship and disputes with others. It also encompasses the notions of cowardliness and bravery during a battle. Involvement in any extra-marital sexual relationship is an unforgivable offence among the Baloch. Illicit sexual affairs are rare and kept in extreme secrecy.

Baloch society, like other tribally oriented societies is governed by a very definite constitution and system of laws. These conventions are to regulate marriage, inheritance, religious observance, dispute resolution, decision-making, duties, and rights. The difficult terrain and scattered population allowed the Baloch to maintain their distinct socio-cultural identity. Compare to other nationalities in the neighbourhood of the Baloch, the linguistic and cultural transformation of the Baloch had been surprisingly very slow and without any mark or drastic impact on their general cultural outlook (Marri, 1974; Naseer, 1979; Janmahmad, 1982; Baloch, 1987).

The Baloch society consists of some basics or fundamentals; adherence to these fundamentals makes a person a Baloch while negation of any one of these can proclaim the person a Baloch of lower status (Fabietti, 1996). Truthfulness, honesty, generosity, hospitability, justice, intolerance to any kind of supremacy, revenge, and *lajj o mayar* are the basic ingredient of Baloch social conduct (Janmahmad, 1982; Fabietti, 1996). The

term 'Baloch', in individual and collective sense, characterizes a person who is acting in accordance with the code of conduct prescribed by the society. "He is not a Baloch" does emphatically denote a person acting not in accordance with traditional mores in his or her individual life, or even referring to person without a living soul. *Lajj o mayar* literally means shame and hesitation. It refers to the deep sense of pride and egoism. It is in a way the basic pillar of Baloch social conduct and remains the strongest barrier in crossing the limits of social norms and values. A *be-lajj o mayar* (a person not observing *lajj o mayar*) is equal to a social outcast.

The valuing of family considerations over individual ones is a strong, almost universal value in Baloch society and there is usually a strong reliance on family in day-to-day functions and crises (Pehrson 1966; Marri, 1974; Janmahmad, 1982). The family is often significantly involved in caring for a family member who is sick or dying. Women tend to do most of the actual care. The father or oldest male (direct relative) holds the greatest power in most families and may make important decisions including health decisions for others in the family. Thus, the family system, and particularly the extended family, is a kind of communal arrangement headed by a patriarch. Because of such a structure, Baloch society is hierarchical, and the dominance of male over female and older over younger is observed. Women are expected to manifest respect and even submission to their husbands. Privately, however, some women will hold a greater degree of power. The woman is expected to be the primary force holding the family and home together through cultural wisdom, and is the primary caregiver, and responsible for most parenting. Women's social status is strongly contingent upon being married, faithful and rearing children. Family members also have commitments to the rest of their family even if they are in disagreement or dispute. This means the individual live in an interdependent relationship with

their families, seeing themselves as extensions of a collective core identity.

Religious Identity

The Baloch enjoy an identity regarding their religious beliefs, which is significantly different from their neighbouring Persian, Afghan and Punjabi fundamentalist religious mindset. Originally, followers of the Zoroastrian religion, the Baloch converted to Islam (nearly all Baloch belong to the Sunni sect of Islam) after the Arab invasion of Balochistan in the 7th century. Historically, no elaborate structure of religious institutions has been visible in the Baloch society. The Baloch are distinct in their attitude towards religious tolerance having a liberal or secular mindset compared with other neighbouring nations. As Redaelli (2003:21) put it:

> **"It is not by chance that the Baloch enjoy the unenviable reputation of being 'bad Muslims'".**

The orthodox religious institutions in Iran and Pakistan have used the term bad Muslim for the Baloch to exploit the Baloch indifference in following the strict or fundamentalist Muslim tenets in their social affairs. In fact, unlike other Muslim people of the area, they have never politicised their own religious faith, which has remained linked to the personal sphere and to tradition, without becoming a real socio-political discriminating factor. Another factor in calling the Baloch bad Muslims by the Iranian and Pakistani religious and political establishment may be the presence of a large number of Hindus and Sikhs in Balochistan having a friendly and equal socio-political status in Baloch society. The other reason for defining the Baloch as bad Muslim is that a section of the Baloch population belongs to a religious sect "*Zigri or zikri*", which the orthodox Muslim religious leaders consider non-Islamic. A significant part of the Baloch population in Southern Balochistan is the follower of the *Zigri* sect, the foundation of which is based on the

assumption that the long awaited Messiah or *Mehdi* has arrived. Although they read the Koran as their holy book, they repudiate its orthodox interpretation. Instead of going to Mecca for annual pilgrimage of Hajj, they visit a place called *Koh e Murad* in Kech District of Southern Balochistan for this purpose. They also skip the five times a day prayers of mainstream Islam in their religious practices. In their places of worship (*Zigrana*), men and women may sometimes pray together (see Baloch, 1987 and Janmahmad, 1982).

In the past, the role of the priest (*mullah*) was limited to taking care of the mosque, and performing death and marriage rites. The majority of them were non-Baloch as the Baloch considered such jobs against their personal honour. It is quite interesting to note that contrary to the behaviour of surrounding nationalities in Pakistan and Iran, there is no influence of *Pirs* and *Sayyeds*[9] in Baloch socio-political affairs. However, they are respected as 'people of God' and their help is sought in matters of health and illness and other misfortunes.

In recent decades, attempts at top-down enforcement of fundamentalist religious values by the state establishments of Iran and Pakistan, in a relatively secular society are manifested in the polarization of the Baloch society on secular-religious parameters. Setting up of a network of religious schools in many parts of Balochistan at the expense of secular education is part of the endeavours by these fundamentalist state establishments to save the ignorant Baloch from 'eternal damnation'. In contemporary Baloch society, many Baloch men are taking priesthood as a profession (becoming mullahs) as financial benefits are considerable due to the state funding of religious institutions.

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[9] Pirs are followers of Sufi saints and Sayyeds are the descendents of Prophet Mohammad.

Conclusion

The Baloch are among the ancient group of Parthian tribes of Central Asia. Beginning from the sixteenth century the Baloch gained political power in the form of a tribal state of the Khanate of Kalat until the incorporation of their land into Iran, Pakistan and Afghanistan in the nineteenth and twentieth century. Nomadism and tribalism were major factors which have shaped their social and cultural institutions and behaviour. Contemporary Baloch society consists of a combination of tribal, semi-tribal, nomadic, semi-nomadic and a growing middle class segment. Although powerful internal and external influences have been responsible for the drastic changes in all spheres of Baloch life observed during the last few decades, an extreme sense of ethnic identity and a nearly inaccessible geographical location may be among the most important factors in the preservation of the majority of their centuries old customs and traditional values.

5. CONCEPTS OF HEALTH AND DISEASE AMONG THE BALOCH

Introduction

The definition and perception of health and illness have never been universal. the ways in which the word "health" has been used. were closely related to the thinking of a particular society at a particular time. Certain characteristic signs and symptoms can indicate disease while illness is the patient's experience of ill health and is a subjective condition. In this research, through in-depth interviews with individual informants and from general discussions during fieldwork, concepts of health and disease were explored. The informant's opinion regarding disease categorization, their concepts of body physiology, and perceptions regarding preventive measures among the Baloch were also explored through interviews and observations.

Health and Disease Perceptions

There was no universal perception of a single definition for health among religious healers, hakims and herbalists (*tabib*) and ordinary informants. Informants expressed various concepts of health and illness. The ordinary informants' views regarding health (*jan drahi*) were as follows:

1. A state whereby a person feels well and is able to perform and attend to his usual or normal chores
2. A state where the body functions normally and persons feel robust.
3. A state of "feeling good and not being sick"
4. A state of "the body being light, rather than heavy"
5. A state where there are "no pains or aches"

Hakims and herbalists described health as a state where the production of four basic humours of the body remains in proportion or a state in which an individual's body, mind and soul (*saah o jan*) maintains form and order. The predominant view among herbalists and hakims about health was that of a state of harmony between four basic humours and equilibrium between a human being and his or her environment, when this balance is upset, illness would result. Maintaining humoral balance involves attention to appropriate diet and activity, including regulating one's diet according to the seasons. Every person is supposed to have a unique humoral constitution, which represents his healthy state. To maintain the correct humoral balance there is a power of self-preservation or adjustment in the body. If this power weakens, imbalance in the humoral composition is bound to occur and this causes disease. The folk remedies used, in fact, help the body to regain this power to an optimum level and thereby restore humoral balance, thus retaining health. Hakims and herbalists believed that a change in the temperature or climate, or the use of food which was supposed to have hot or cold qualities cause disturbances in digestion which in turn results in imbalance of vital humours in the body.

The majority of religiously oriented informants (mullah, aalim and spiritual healers) linked illness (*na drahi*) to transgressions of a moral and spiritual nature. If someone has violated a social norm or breached a religious taboo, he or she may invoke the wrath of God, and sickness as a form of divine punishment, may result. Possession by evil spirits is also thought to be a cause of illness in this context by many informants. This may be due to inappropriate behaviour on the part of the patient on a failure to carry out the proper religious obligations and rituals. Sometimes, one person's envy of another's good fortune is believed to exert a malign influence through the "evil eye," which can result in illness or other calamities. Sorcerers were believed to be malevolent human beings who manipulate secret

rituals and charms to bring calamity upon their enemies or other human beings for material gains.

The religious and spiritual healers stressed the harmony between physiological and spiritual balance in their definition of health (*jan drahi*) such as:

1. A state of sound health is one in which there is a harmonious coordination between the mind, body and soul
2. A state where the body, mind and soul are pure and not filled with evil or taken charge of by evil spirits, or pathogenic agents
3. A state where person is not afflicted with infidelity, envy and jealousy in his heart

A well-known intellectual tribal chief AB expressed a more broad definition of health:

> **"A state of sound health is a state in which man maintains a clear and perfect relationship with his family, community and with God, the ancestral spirits, with environmental forces and agents etc. A person who does not conform to the traditions and values of the society should not be considered to be a healthy person, whether he has any organic disorder or not".**

Asked how a healthy person should be described, the informants gave a broad range of answers:

1. A person who has the ability to withstand extreme cold and hot conditions
2. A person who has the ability to work and walk for long time in harsh conditions
3. A person who has an ability to digest any kind of food without the manifestation of any harmful effect
4. A person who lives longer is considered to be healthy
5. A person who is physically fit (can lift a heavy load)

6. A person who is able to walk a long distance
7. A healthy person's body is not deformed
8. A healthy person is one who has red blood. The greater the red blood in the body greater the strength and the healthier is the person.
9. A healthy person is one who can resist and fight disease without resorting to any remedy
10. A healthy person is not lazy, nor does he sleep during the daytime
11. A healthy person enjoys a well-balanced harmony with hot or cold foods

Different informants defined disease (*nadrahi*) as:

1. A state of pain and other bodily discomforts which incapacitate the individuals' normal functioning
2. A state in which a person becomes incapable or unable to perform normally because of bodily disorder, pain and weakness
3. A state in which evil spirits take over one's body and soul
4. A state in which a person become melancholic
5. A state in which a person cannot perform sexual acts

The causes of diseases narrated by KA a tribal elder and a socio-political notable roughly represent the concept of disease causation among the Baloch:

> **"I am not a doctor nor am an educated person. What I know every Baloch knows. All illness has three possible causes. Ask any Mullah or a layperson, they know this. What I mean is that God creates all illness, and this (health, sickness, wealth and poverty) depends upon His mercy and will. One should not take this (Gods' mercy) for granted. The first cause of any ailment is God's revenge. Please do not say that God is cruel. No, He is not. It is a punishment, the punishment for our carelessness in**

piety and prayer, in forgetting His name, in neglecting to offer thanks. For example, the Koran tells us that the poor can become rich and the rich can become poor. When a man is poor, he asks God to give him wealth, but when he becomes rich, he forgets the Almighty, never giving Him thanks. Then God curses him, causing all his wealth to disappear and him to become sick physically and mentally. The second cause of any illness is due to putting aside traditions and values by a person... Examples are to do magical charms on somebody and to cheat others to become rich. People do practice adultery. People do not distribute alms and they do not sacrifice while they can afford it. It goes against God's decision. God will curse people who do this with its consequences... The third cause of the illnesses is taking no precautions for your health. If you remain dirty, eat dirty then you will definitely be ill eventually. Apart from this there are some diseases which are due to the evilness of jinn and jinn are everywhere and a simple or ordinary person can not fight the evil spirits".

Many Baloch use the term *beemari* for a specific disease and *nadrahi* for illnesses. Although, in the Balochi language, the word (*Dard o dour*) for pain also means discomfort and illness, most informants had difficulties explaining the meaning and demarcation of the concept of pain. The term pain is applied both for aching and deep pain. Many informants were of the view that pain is something coming from 'deep' involving both body and mind.

Classification of Illnesses Among the Baloch

Disease actiology is an important medical phenomenon of the Baloch, stemming from their cultural system. Based on

aetiology, illnesses were broadly categorized into two major groups of natural and supernatural diseases. Some of the informants gave a far less complete classification. For many illnesses opinion differed among informants as whether these are natural conditions or supernatural phenomena, however, it was general practice to categorize illnesses into natural or supernatural diseases, many illnesses were not exclusively classified into one or another category by many informants. Certain illnesses ambiguously belonged to both categories. A single cause could lead to different symptomatologies and the same symptomatology could be provided by different causes, hence making the categorization of some illnesses more complex. The melting of different categories was obvious in some informants' understanding of various natural or supernatural diseases especially among the religious practitioners. There are, however, precise names and adequate clinical descriptions for most illnesses in the knowledge of informants. While many informants did not employ an actual classification of particular illnesses, it is possible to synthesize a classification by listing illnesses under their attributed causes. The division of illnesses into two broad categories was ascertained from the interviews and general discussion among informants.

To apply a rational treatment the first duty of a folk healer among the Baloch is to diagnose the type of disease from which the patient is suffering. The first question to be settled is: is this disease due to excess of a humour or imbalance of humours or not? If one of the humours is found to be at fault by not being in perfect balance with others, then elimination of this imbalance is indicated. The next step is to administer the cure, which is specific for that humour. If on the other hand the disease is not connected with a humour then it is necessary to ascertain the other causes, which may include the possibility of a supernatural origin. If the disease was diagnosed as being of supernatural origins, a spiritual healer would decide the manner

of cure. Table 6 is a broad categorization of diseases ascertained through interviews and conversations with patients and healers and general population.

Natural illnesses (*kudrathi nadrahi*/ diseases of God)

The majority of the informants categorized the diseases, in which there is no evidence of any supernatural causation, as natural diseases of God. The term nature in the Balochi language and general conversation is synonymous with God. The Balochi word *Kudrath* used to mean nature is also used for a superior force or God. The diseases of God or "*Kudarati nadrahi*" (natural diseases) have some mechanical explanation and are devoid of spirit involvement. In this category, ailments are thought to be due to hot and cold imbalance, obstruction, poisoning, injuries or miscellaneous diseases like those connected with pregnancy and childbirth. The diseases associated with temperature variations and climatic and seasonal changes, and eating disorders were also cited as examples of natural diseases. The division of natural and supernatural may appeared to be confusing among the Baloch. It is believed that diseases having no connection with supernatural entities are the routine consequences of natural events or variations in natural environments. They believe that the natural diseases are part and parcel of the working of nature formulated by God. On the other hand, supernatural illnesses are those where one cannot find any natural explanation or cause and where entities that are above the comprehension of human beings are involved.

Table 6: Broad classifications of diseases among the Baloch

A. Natural Diseases	B. Supernatural Diseases (*jinn o jathui nadrahi*)
1. Ordinary Natural Diseases (*subok o aasanen nadrahi*)	1. Spirit oriented Supernatural Diseases
Bruises and sprains	Spirit possession
Nosebleeds	Gwath
Cuts and wounds	
Skin diseases	2. Human caused Supernatural Diseases
Chicken pox	Diseases due to sorcery
Malnutrition	Diseases due to breach of taboos
Headache	Diseases due to guilt and sin
Toothache	Diseases due to evil eye
Musculo-skeletal strains	Diseases due to cursing
2. Serious Natural Diseases (*gran o sangenen nadrahi*)	
Diseases of digestive system	
Liver diseases	
Heart diseases	
Inherited Diseases	
Slip of the heart	
Obstruction	
Injury	
Poisoning	
Parasites	
Diseases during pregnancy and child birth	

Sometimes it became very difficult for some informants to distinguish between a natural and a supernatural illness. For example, a sudden cold draft or chill may cause paralysis of the face and at the same time, it is thought to be due to the slap of jinn (spirit).

Ordinary natural diseases

Among natural diseases, a distinction was made between ordinary and serious diseases. Informants gave various causes for ordinary diseases such as:

- Worms (*kirm*) or dirt in water, food, or air.
- Environmental factors
- Accidental damage
- Disrupted functioning of the person

According to the majority of the informants if the afflicted person is able to continue to perform his/her routine duties the sickness is a "light sickness" which is expected to improve with time and little remedial action is taken. It is believed that these diseases do not require specialist treatment. Bruises, sprains, nosebleeds cuts and wounds come under this category as does pain in the bladder accompanied by difficulty in urinating, which is understood to be caused by falls or blows to the groin. Many skin diseases, and various allergic disorders, are understood as ordinary diseases caused by washing in unclean water. Other illnesses such as cough, chicken pox, headache, toothache and musculo-skeletal strains and slight injuries similarly have an ordinary aetiology. Informant ZG a herbalist/hakim explained the causative factors in the aetiology of ordinary diseases as follows:

> **"these simple abnormalities are caused by worms or dirt in water or food, from a sudden change in the weather, or through accidental damage, or due to disrupted functioning of the person (i.e. overwork, overtiredness, irregular or inadequate eating)".**

In every homestead, there was some knowledge of home remedies for headaches, stomach ache, minor sores, and fever. The remedies could include techniques such as hot soaks or cold applications and the use of medicinal plants. An elderly

woman of the household or neighbourhood usually treats ordinary natural diseases with home-prepared herbal remedies combined with biomedical drugs like aspirin, paracetamol or cough syrups bought from the local chemists. If suffering from headache a band is tied tightly around the head, and oil or analgesic cream or balm are rubbed on the temples, or sometimes an analgesic like aspirin or paracetamol is taken. In stomach ache, balm or cream are rubbed on the stomach by a family member. Musculo-skeletal strains and injuries are also treated with a family member's massage, and it is believed that colds and fevers can be removed from the body along with sweat if one wraps up warm. Similarly, excessive heat may be removed from the body with 'cold' herbal leaves applied to the temples or diet is taken which is believed to have cold qualities. Cuts and wounds are treated by applying leaves of different herbs to the cut (this keeps the wound clean, and the leaves contain a little anti-histamine which prevents inflammation).

Table 7: Treatment of some ordinary natural diseases

Ordinary disease	Treatment
Bee stings and small cuts	a) Tobacco is rubbed on the sting b) Spider web is rubbed if available c) Juice of Karag (Calotropis procera) leaves is rubbed on the sting or cut d) a concoction of Alikdar (Curcuma longa) and Izbotk (Psammogeton biternatum) is rubbed on the cut
Stomach-ache	a) massage is done with oil or balm b) a concoction of Gishtir (Periploca aphlla), Jozbwak (Myristica fragan) and Marmutk (Boucerosia aucheriana) are used as syrup c) Thin sand is roasted, and the affected areas are covered with this while it is still warm or

	hot
Sprains	a) Sprains are treated by massage with a cream or balm. b) Leaves of Gazz (Tamarix pallasii) are heated and attached to the sprained parts.
Headaches	a) A ribbon is tied around the forehead. b) Leaves of Mahari Alko (Launaea nudicaulis) are rubbed on the forehead. c) The forehead is rubbed with oil, cream, or a balm. d) The head covered with henna, for a few hours.
Coughs	a) Kash Kash (Papaver somniferum) boiled in milk or in tea is used as a cough suppressant, and in asthma. b) Chicken soup, cereal soup mixed with Siahen Pilpil (Piper nigrum). c) Ghee (processed butter) mixed with Siahen Pilpil (Piper nigrum).
Heat Rash	a) The patient is covered with the skin of a freshly killed sheep. b) The patient (mostly baby or a small child) is buried up to the neck in the content of an animal stomach for 4-8 hours. c) The patient is buried below the neck in the sands near a beach for 4-8 hours
Jaundice	The patient's ear lobe is scratched with a razor blade to let the dirty blood out.
Malaria	Leaves of a small herb Gurdir (Artemisia maritima) are boiled and taken as tea before breakfast for seven days

Herbalists, hakims, and the family healers were of the view that fevers, pneumonia, and upper respiratory ailments often began as an innocuous ordinary disease and progressed to a serious

disease because of inadequate treatment. The primary cause for a cold is believed to be a chill from the damp and cold of the winter. When a cold begins, it should be treated by avoiding all cold foods; if there is a fever, hot foods should be avoided as well. If proper precautions are not taken, a cold may progress. Fever is generally believed to be associated with the liver becoming excessively hot. In such a case, hot foods should be avoided and cold foods such as yoghurt or milk should be taken.

Serious natural illnesses

Digestive system disorders, diseases of the urinary system, bloody faeces, severe and intermittent abdominal ache, liver diseases and heart ailments were described as serious naturally occurring diseases. In recent years health education resulted in an increasing number of sicknesses being classified as serious natural diseases rather than ordinary ailments as was mentioned by the relatively younger and relatively educated informants interviewed. Diseases in this category also included diseases of pregnancy and child birth, organic breakdown or deterioration (e.g., tooth decay, heart failure, and senility), obstruction, injury (e.g., broken bones, bullet wounds, foreign bodies), malnutrition, parasites (e.g., worms), diseases of fear and fright (slip of the heart), slip of the navel, slip of the palate and inherited diseases. Many informants included tuberculosis, asthma, bronchitis, blindness, scabies and piles in the category of serious natural diseases.

Supernatural diseases

All other ailments, which apparently have no mechanical or physiological explanations, were generally categorized as supernatural illnesses or *Jinn o Jathui nadrahi* and such afflictions were believed to be brought about by the agency of some malevolent supernatural force. However, as already mentioned, for some of the illnesses there were both natural and

supernatural explanations. Specialists in treating slip of the heart condition said the same thing about slip of the heart. Some informants believed in inherited sin, so that the sickness - for example scabies or leprosy and certain bodily deformities - may be caused by sins committed by parents or ancestors of the sufferer. Many observed that illnesses during pregnancy and childbirth have strong supernatural connections as well.

The diseases of supernatural origin were further classified into diseases caused by spirit possession and those caused by human factors. In the first category are illnesses which are caused by the malignant supernatural forces and in which there is no contribution from either any fellow human being or the patient. The malignant supernatural forces or evil spirits were generally described and termed by informants as *Jinn/Deh/Shaitan*, having the same connotations. They are supposed to be supernatural entities with malevolent intentions to harm human kind by possessing their body and mind and they will be referred to in this study through out either as evil spirit or *jinn*. The illnesses in this category are simple spirit possession or the phenomenon of *Gwath*. In the second category are those illnesses, which are believed to be intentionally inflicted by other human beings (e.g. sorcery (*seher o mutt*) and evil eye (*nazar*) upon their fellows by unleashing the supernatural forces. God or angry spirits of parents may also inflict these illnesses as retribution for some wrongdoing (guilt, sin, breaking of taboos, etc) on the part of the patient or the patient's family. Knowledge about spirit possession and other supernatural occurrences seems to be fairly evenly distributed and shared across Baloch society, although informants had differing explanations.

Concepts of Body Physiology

The liver was considered by the informants as concerned with sentiments and emotions along with the heart and it can be

affected with excessive heat. The heart was mentioned as the centre of emotional life and essence of a person. Nearly all emotional problems experienced initially are perceived as heart problems. The stomach was mentioned as the centre of digestion and the creation of blood. The brain was considered as the centre of rationality and nervous disorders. The kidneys were believed to be connected to the liver, and their primary function is believed to be concerned with body stamina and strength. The function of the gall bladder and the spleen were not clearly distinguished by the majority of lay informants; however, herbalists and hakims thought these organs to be connected with digestion. Less importance was attached to other organs and the popular conception of their functioning was less distinct. The stomach with the help of water converts the food into liquid form. This liquid food is filtered and separated into blood and excreta in the intestines. The informants believed that for digestion enough water is required. No water, no digestion is the popular notion. Overeating, the wrong combination of foods, too hot or cold foods causes indigestion. The Baloch concept of respiration (*dam*) is equivalent to soul (*saah*) and life (*jan*). It is popularly believed that the soul is situated right below the sternum. The brain is the seat of thinking. Nerves (*spethen rug*) perform the motor or sensory functions. All good and bad thoughts are generated in the brain. Informants' perception of the circulatory system was vague. Many informants believed that blood is circulated in the body in veins (*khone rug*). Yellow coloured blood in some parts such as the eyes, nails and if seen on the skin is a sign of liver disease (jaundice). Pus, which is believed to be blood turned into yellowish green, is a sign of ill health. When a person's blood turns bluish (which is thought to be manifested in turning the skin blue) in colour, it is a signal of impending death. The informants' perception of blood was that blood appears at the surface at times of injury, illness, menstruation or childbirth. High blood pressure is thought to be due to too much blood. Anaemia is believed to be caused by thinning of the blood.

Furuncles, abscesses, and skin rashes are thought to be caused by excessive heat in the blood. Infectious diseases are caused by impurities in the blood. For the majority of informants, however, the inner structure of the body was a matter of mystery and speculation. Some informants equated the stomach with the whole abdominal cavity and in describing a pain in the stomach they may be referring to pain in virtually anywhere in the abdominal cavity.

Concepts of Preventive Measures

The methods of preventing illness linked in directly with what were regarded as the ultimate causes of illness under the Baloch model of causation of illness. Associated with humoral therapy was the prescription of detailed precautions to maintain the equilibrium of health. These measures include preventing chilling, keeping oneself covered, avoiding exposure to extreme weather conditions, avoiding cold water and foods which are classified as "too cool", "too hot" or considered as *baadi* and not getting caught in the rain. *Baadi* foods are those which cause excessive gas and wind production in the stomach and believed to be the cause of muscular ache, joint pain and other digestive disturbances. During epidemics of contagious diseases patients are usually isolated and only limited numbers of closely related individuals are allowed to visit. Informants viewed the possibility that water might have played some part in illness causation as very slight. One village elder told me, *'We never heard of anyone being harmed by water'*. However, people did believe that stagnant water was dangerous, whereas spring and rainwater were viewed as safe. They believed that cold water was always harmful. In terms of diet, they said that food should be eaten as soon as it was prepared. There are a number of restrictions imposed on a delivering mother. She is not to eat too cold foods because it is believed that if she consumes too cold foods, her blood would become cold and in turn her breast milk, which is a product of her blood, will also have that cold

which will get into the child's stomach and he will suffer from cold and cough. In a like manner, hot food may make her blood hot, subsequently her breast milk hot and this hot milk will have an adverse effect on the child's digestive system, and hence it will suffer from diarrhoea and dysentery. At childbirth, hot substances are rubbed into the abdomen of the delivering mother, "so that the contractions do not cool." The birth leaves a baby that is hot and must not eat hot foods, and a mother and her womb that are cold, and must be revived with a special hot diet, which may balance her coldness.

Appeasement of God and ancestral spirits by alms giving and animal sacrifice and safeguarding oneself against spirit attack by avoiding visits to the perceived abodes of evil spirits are important parts of Baloch preventive measures. The medicines themselves, taken by individuals in isolation, are not sufficient to conjure away misfortune or sickness from the human and social body. The Baloch sacrifice animals in the name of God to appease Him in order to be safe from His wrath. Therapeutic and preventive sacrifice among the Baloch is quite different from the routine Islamic sacrifices on Muslim holidays like Eid as they are considered as general not particular or individual sacrifice. Making vows for the sacrifice of a specific animal or a material sacrifice is quite popular among the Baloch in order to thwart an impending or perceived misfortune, ill health and death.

The preventive measures taken by the Baloch against supernatural illnesses include avoiding places associated with spirits particularly at night, and the wearing of amulets. The Baloch, particularly children, commonly wear magical amulets or talismans by famous sorcerers and religious functionaries to protect against sickness, spirit-attack, and other miseries. Certain amulets (*Theer Bund*) serve specifically to protect from enemy bullets. The places considered dangerous on account of the presence of spirits include rivers, springs, caves, the forest,

graveyards and any place that has been the site of former violent death. Washing or bathing in the dark constitutes a prime danger of spirit-attack. Resins such as *Gandako* (Peganum harmala) and *Sochoki* (Malcolmia bungae) are regularly burnt in houses, and are believed to repel evil spirits. Daily washing is also seen as essential to health. The Baloch usually wash once a day, in the morning. Hands are additionally rinsed in a bowl of water before eating, which is done with the fingers. Sufficient rest is deemed essential for good health. It comes as no surprise that musculo-skeletal problems with the back and legs are attributed to overwork.

Conclusion

What can be assessed regarding the perception of health and illness is that the state of ill health among the Baloch is not merely a malfunctioning of biological and psychological processes. It is a condition, which may include the disruption of man's harmonious relationship with family, community, spiritual, supernatural, natural and environmental forces and beings. The core health belief for most Baloch is that good health is achieved by balancing the spiritual, natural, physical, emotional, moral, and communal factors within one's life. This is a holistic health model; one based more on maintaining health proactively and at multiple levels, rather than a pathogenic model, which activates health care only in response to injury or illness.

Diseases in the Baloch medical system are mainly categorized on aetiological parameters. The Baloch usually broadly classify illnesses as supernatural illnesses caused by supernatural forces that are the invasion of human body by spirits or malevolent supernatural forces and natural illnesses caused by natural causes, which include hot and cold imbalance, germs, poisons and environmental and other causes.

Different types of causal explanations may be invoked at different points during the process of diagnosis and treatment, or may characteristically demand differing treatments. In most cases, the causality is sought in the relationship between the victim of illness and his surroundings. This relationship is culturally interpreted and since actiology is so inextricable from its socio-cultural context, explanations of the occurrence of illness are at the same time representations of the world as it is experienced and comprehended by the member of Baloch society. Images of supernatural illnesses may have been taken from the mythological/religious traditions of Baloch society. It appears that diseases that are beyond his comprehensions were thought to be inflicted by a supernatural force and is always beyond his control and the full comprehension of specific nature of forces is beyond his capabilities. In this sense, they are always in a vulnerable situation. There is a widespread belief that a sickness suffered by someone is a consequence of the sins they have committed. The saying "there is no sickness if there is no sin" is very popular and mentioned by many informants.

The concepts regarding the physiological functioning of different systems and organs within the human body were not clear. There was only a vague perception of the functioning of the brain, liver, heart and digestive systems. The preventative measures to ensure wellbeing among the Baloch are based on laws governing personal and social behaviour. These include measures of personal hygiene and sufficient rest; avoiding combination of certain foods; avoiding hot foods in cold conditions and cold food in hot conditions; avoiding exposure to extreme climatic conditions. Sacrifice and alms giving is another dimension of Baloch preventive and therapeutic measures regarding health and diseases. The preventive measures also include obeying ritual prescriptions and social taboos; maintenance of the social relationship in a perfect (Balochi) way; taking care not to abuse one's land or trespass on the territories of others; avoiding prohibited sacred sites or

approaching them without ritual protection; containing envy, violence or jealousy; employing counter spells and charms and amulets. Moreover, it is also important to observe the formalities and obligations of kinship; respect and honour the dead. Rituals of alms giving and animal sacrifice are media of transformation and communication from illness to health and from human and spirit worlds and are in effect like protective amulets. These measures are taken as a token of reciprocal giving between God, spirits and an individual or a community as a whole.

6. CONCEPTS OF NATURAL DISEASES AMONG THE BALOCH

Introduction

This chapter will argue that it is possible to discern a theoretical foundation of the understanding of natural diseases among the Baloch based on the balance of the four basic humours in the body. The excess of any of cardinal humours is widely based on hot and cold imbalance, wrong combination of foods, and environmental factors. The concept of these vital humours was not clear among many informants; however, herbalists and hakims deliberated in detail about the notion of humoral imbalance. The majority of the informants were in agreement that serious natural diseases are caused by hot and cold imbalance as extreme heat or extreme cold causes imbalance in the vital humours in the body. Informants with a strict religious background also mentioned sin and deviation from social norms as the cause of serious natural diseases inflicted by God while some of the informants stressed that the origin of all sickness is from the wrong food. This chapter is the description of concepts and the therapeutic measures regarding natural diseases among the Baloch.

Hot and Cold Concepts of Disease among the Baloch

Hot and cold concepts of disease are associated with the theory of humoral balance, which is thought to be the major cause of natural diseases in the medical systems of many societies. The Baloch concept of natural causes of diseases is largely confined to a hot (*garm*)/cold (*sarth*) dichotomy. The therapeutic manoeuvres and endeavours are centred on the restoration of humoral balance and this determines largely the

healing perception of family healers and herbalist and hakims among the Baloch.

Hot and cold imbalance

The vast majority of informants agreed that natural illnesses are largely caused by a shift in the balance of body humours, which is brought about by excess of hot, cold or wet and dryness. Family healers, herbalists, hakims and various other informants were convinced either in a clear or vague way that hot and cold dichotomy provides the basic structural principle of naturally occurring diseases. It was believed that mainly it is hot and cold imbalance, which manifests itself in the imbalance of body humours. Many informants believed that normally this balance changes from hour to hour and day to day, but if the balance is permanently disturbed, then the body becomes unhealthy followed by disease or diseases. Sometimes illnesses were also mentioned as hot and cold. Often an infection (often associated with a fever) is called a disease of heat, and a chronically painful joint is usually a disease of cold. They believed that there are hot (*garm*) and cold (*sarth*) foods and other environmental factors, whose imbalance in the body produces hot or cold illnesses. As blood was supposed to be damp and hot, excess of blood in circulation or dirty blood are believed to be a feature of hot illness while an excess of phlegm is considered a feature of cold illness as mucus was supposed to be damp and cold.

Hakims also associated the balance of body humours with the temperament of a person. People with a predominance of phlegm are inclined to be sluggish, dull, and impassive. Wet, however, is characteristic of youth and dry becomes more prominent with aging. A person with a preponderance of wet is likely to be proud, quick tempered, and generally given to anger. Those in whom dryness predominates are commonly believed to be moody, depressive, and suspicious. Overcoming

humoral imbalance is the goal of treatment, which is accomplished through adjusting the diet and administering herbal medicines. The main aim of treatment is to restore health not by repelling invaders but by re-establishing the humoral balance.

There was a general consensus among the informants that a barren woman has a "cold" body constitution. It is important to mention here that among the Baloch the female qualities are associated with "cold" and male qualities with "hot." As a consequence a sterile woman is believed to have an excessively "cold" body. Therapy therefore consists of efforts made to restore the equilibrium between the "hot" and "cold" humors in the woman's body. During her menstrual period (which helps in getting rid of the bad and poisonous blood), a woman is considered to be "hot."

The condition of being hot or cold is independent of variations in temperature. However, it is believed that temperature is an external condition which accentuates the intrinsic quality of an element.

Some of the ideas relating to the hot and cold concept expressed by informants are given below:

1. The heat or cold cause illness where it strikes and then travels across the body.
2. The excessive blood in hot illness and mucous discharges in cold illness are the indications of hot and cold imbalance.
3. Cold originates in the lungs and is associated with phlegm.
4. Cold slowly penetrates deeper into the body. While it is still in the skin and flesh, it causes coughs, colds, cramps, diarrhoea, and discharges, with acute symptoms such as fever and general malaise.

However, once it has reached the bones or deep organs, it causes deep pain, or paralysis, without acute symptoms.

5. While cold is still superficial, it can be treated with hot foods and medicines and leaves no permanent damage. Once it is deep, it is difficult to remove with hot medicines.
6. While cold moves downward and inward and lingers there, heat moves upward and outward and is soon dissipated as skin eruptions and head and eye disorders.
7. Teenagers and young adults are very hot and prone to hot illness; old, tired, or wounded persons have little heat and are prone to cold illness.
8. The hot humour (*Garmaish*) is centred in the liver and is associated with blood.
9. People with a predominance of hot humour tend to be active, hopeful, and courageous in disposition. Hot humour is more powerful in men than in women and is more powerful during youth than in old age.
10. People with a predominance of cold humour tend to be less active but more logical and thoughtful.
11. Some informants also classified facial paralysis (*Baad*) in the category of cold diseases. It was thought to be caused by the sudden entry of cold into the body of a warm person.
12. Arthritis and joint pains were considered cold diseases whereas constipation, diarrhoea, rashes and ulcers were perceived as hot diseases.
13. Over-heating was thought to result in miscarriages and skin rashes, and under-heating in bronchial asthma and cough.

MM, a village shopkeeper suffered from facial paralysis in 2002. He was sleeping in his home in a cold December night,

when some one called from outside. He recognised the voice of his cousin from the neighbouring village. He thought perhaps his cousin was in danger and in haste; he went outside without any proper clothing. He felt intense pain from the side of his face and subsequently the side of his face becomes paralysed. The village herbalist was convinced that being warm and going outside without sufficient clothing in a winter night, MM has been struck by a cold draft on the affected part[10]. Later Hakim ZG from the nearby town also seconded his diagnosis. According to him, the cold entered the body of MM and moved in the blood and deeply toward the bones, causing pain and destroying the flesh causing paralysis. He was taken to the District Headquarter Hospital, but returned to his village after remaining three days in the hospital. Back in the village, herbalist, DK treated him with the collaboration of Hakim ZG. Treatment comprised of quarantining of the patient for 40 days, giving hot foods, massaging and offering of special prayers by the *mullah* of the local mosque. MM partially recovered from his facial paralysis, which he attributes to the efforts of herbalist DK and hakim ZG.

The majority of the informants mentioned hot and cold imbalance as the cause of arthritis. DM, 70, a village farmer, suffering from arthritis for the last five years narrated the occurrence of his illness as follows:

> **"I was returning from the field. Before having lunch I decided to have a cold water bath and that very day in the evening I developed severe pain in the joints and had fever".**

[10] Facial paralysis is generally called *Baad* and sometime thought to be due to the slap of a *jinn* or an evil spirit.

Dietary factors in hot and cold diseases

There prevails a very strong belief among the informants that certain hot and/or cold foods if consumed in excess cause imbalance in the hot and cold qualities resulting in diseases. While there was general agreement among informants on what were hot and cold illnesses and each person could name at least a dozen food items as hot or cold, often no reason was given for a food's quality. Some were classified because their "origin" or "essence" was hot or cold, and many were learned in childhood as being hot or cold. Some of the informants gave reasons, which were related to the effect on the body in health and in hot and cold imbalance or illness, as well as in taste, growing and eating season, and nutritional value. The majority of vegetables were generally agreed to be cold. Cold foods included milk, beef, goat meat, citrus fruits, dates, vinegars, *doug* (milk made sour), small fish especially those found in fresh waters (*Kour-mai*), turnips, and yogurt. Hot foods included garlic, honey, most spices, potato, aubergines, beans, cheese, eggs, chicken, lamb meat, and spinach, tea, mango, almond, rice, curd, bananas, and certain fish. Asked about the effects of hot and cold foods, the majority of the informants believed that hot foods make the body feel warm, relaxed and full of energy. The blood rises to the head, giving it a feeling of throbbing fullness; the skin is flushed, and cramps and joint stiffness are relieved while cold foods make the body feel cold, stiff, and aching; the skin becomes pale and cold. Any food item that was sour was mentioned to be "cold" by many informants for example, vinegar, citrus fruit, and turnip. Too cold foods if consumed cause cold, cough, pneumonia. Consumption of hot foods was thought to be harmful for the stomach. Cold foods produce a cold, unpleasant sensation in the stomach, and sometimes cramps are associated with bodily cold and the feeling of malaise in common self-limiting illnesses.

Hot foods necessarily have a higher nutritive value. At the same time, they tend to cause the following symptoms in the human organism: more difficult digestion, an increase of blood pressure, and an increased feeling of heat. These effects are considered to be weak effects of the diaphoretic action. On the other hand, foods may be recognized as cold when they have a sweet, acidic or bitter taste. Moreover, they necessarily have a smaller nutritive value, and most of them are even considered to have no nutritive value at all. They also tend to cause the following symptoms in the human organism: easy digestion, reduction of blood pressure, and decreased sensation of heat, particularly in the abdomen. These effects are considered to be weak effects of the diuretic or purgative action.

Table 8: Some hot and cold foods

Hot foods	Cold foods
garlic	milk
honey	curd
spices	yogurt
chillies	*doug* (milk made sour)
potato	beef
aubergines	goat meat
beans	citrus fruits
cheese	dates
eggs	vinegars
lamb	fish found in the fresh waters (white fish)
chicken	the majority of vegetables
spinach	wheat
tea	rice
mango	bananas
almond	
fish found in sea water	

Wrong combination of foods

Informants mentioned the wrong combination of certain food items as causing various diseases. Many respondents stated that by eating fish and milk together, a person would get discolouration of the skin. At the same time, tea and curd taken together are believed to be the cause of stomach upset and vomiting. *Baadi* foods (foods producing wind or gases in the stomach) were generally considered among the hot foods and eating an excess of *baadi* food is believed to change the colour of the blood, skin, eyes, and nails of a person to yellow. Many diseases for example, liver diseases, haemorrhoids, joint pains and stomach acidity are thought to be due to *baadi* foods. The concept of *baadi* food related illnesses was found to be very common among informants. To some it meant problems like pain in the muscles and joints. To others it meant the presence or excessive accumulation of air in body organs such as the stomach (flatulence) and head (headache or behavioural problems). Certain fruits (watermelon and mangos) and vegetables (aubergine and long beans) are claimed to cause excessive (*baad*) wind in the body. Some mentioned onion and garlic as very helpful in dispelling wind from body organs. Digestibility provided an additional dimension to foods' classification by many informants: those that are difficult to digest were further classified as being "heavy" while those that are easy to digest were classified as "light". SU, 27 years, a farmer by profession, suffered from discolouration of the skin and allergy during summer of 2003. His mother treated him initially with home remedies. Then he went to a famous hakim/herbalist and was treated for a week with herbal remedies. The hakim diagnosed the cause of his ill health to be the accumulation of heat (*garmaish*) in the body due to a combination of wrong foods in his diet. He concluded from the signs, symptoms, and history of the ailment that SU must have had too many hot foods, which aggravated the heat element (*garmaish*) in his body, and therefore he got allergic reactions

and sores. He was prescribed by the Hakim a diet that included cold foods (milk products, white fish meat and vegetable) and the herbal medicine prescribed was supposed to be cold in nature.

Environmental factors

The ordinary informants vaguely described the concept of wet and dry components (of humoral medicine), while herbalists and hakims mentioned it only casually. Most foods were classified as either cold or hot and only some were mentioned as either wet or dry. Herbalists and hakims mentioned hotness as a definite cause of dryness (that is, if there is enough hotness, wet foods will be converted to dry) and excess cold can cause otherwise dry foods to produce the reaction of wet ones. According to herbalist DK, if a person is working in an extremely sunny, hot climate his blood is burnt up and most of the times such persons get sore eyes. Exposing oneself to too cold air is harmful and causes cold, cough and pneumonia. Similarly, if one is caught in the rain, he is likely to get some kind of ailment. Informants (who included lay and specialists such as herbalists, hakims and religious healers) recognized that disease and illness caused by hot and cold imbalance may come from "bad" air (*Goorich* and *Jhal Gwath* were specifically mentioned) involving seasonal changes in weather and wind patterns. *Goorich* is the harsh Siberian wind, which in winter plays havoc in many parts of Balochistan. Temperatures usually fall below zero when Goorich is blowing in full force. *Jhal Gwath* is the summer wind coming from the Arabian Desert or from the great Dasht e Lut desert, which separates Balochistan from Persia proper. Some times *Jhal Gwath* is accompanied with whirlwinds and tornados and carries with it burning hot sand particles. The Baloch regard both, *Goorich* and *Jhal Gwath* as dry and bad winds. Speedy winds blowing from one place to another may carry along disease-causing bacteria (*jaraseem*). *Goorich* (cold air) is associated with flu, cough and

hay fever and other respiratory diseases while *Jhal Gwath* (hot air) is associated with eye infections, boils, skin rashes and many other bacterial diseases. The winds from the Indian Ocean (*sargwath* and *zirgwath*) are believed to have life giving or health components. It is perhaps because the much-waited rains accompany *sargwath* and *zirgwath* in the major parts of Balochistan. The herbalists and hakims were in agreement that the hot humour affects the body most readily in summer while the cold humour is most affective in the winter. Cold foods are more fully digested in the summer and hot foods more fully digested in the winter. Usually a positive value was attached to heat and summer, and a negative value to cold and winter.

Manifestations of cold and heat

Arthritis, rheumatism, neuralgias, sciatica, migraine, tremor, wasting, paralysis, and respiratory diseases were generally believed to be caused by cold conditions. The "clinical" manifestations mentioned are aversion to cold, white complexion, pale tongue, slow or faint pulse, spontaneous sweating with cold limbs; fatigued spirit; no thirst or favouring hot drinks when thirsty; pain in the abdomen and uninhibited stool and urine. Heat conditions included diarrhoea, haemorrhoids, dysentery, headache, jaundice, allergic conditions, cardiac disorders and some mood disturbances, tuberculosis and malaria. The "clinical" manifestations include the feeling of heat, thirst, agitation, and red tongue, and rapid pulse, aversion to heat, night sweating, and insomnia. "Wet" conditions mentioned are those where the change in temperature is accompanied by an apparently abnormal amount of fluid being present e.g., sputum, phlegm, nasal and sinus discharge, urine, or loose stools. Symptoms include nasal congestion, sinus congestion, "runny noses", productive coughs, diarrhoea, and urinary frequency. In "dry" conditions, the temperature changes, either associated with a sensation of 'dry cold' or 'dry

hot' with a subjective feeling of being "hot", with flushed face, dry skin, and possibly delirium.

RN suffered from a very severe headache in February 2004. It was drizzling while he was working in the fields. He felt a cold and developed an unbearable headache, which lasted for seven days. He was convinced that his head was exposed to the cold air and had become wet. The cold air entered his wet head through the ears and nostrils and resided in the forehead, causing headache. He did not undergo any special treatment or medication, although he was bedridden for a week. His treatment consisted of drinking a lot of tea, head massage by his daughter and some homemade herbal remedies mixed in chicken or lentil soup.

Therapeutic Approaches

Treatment is not the same for everyone although he or she may be suffering from the same illness. Therapy is approached in the light of the patient's age and unique personal balance, the season of the year, and whether the foods and medicines are heavy or light in the stomach. Extreme care is called for in the treatment since balance is essential to health; any imbalance brought about by therapeutic measures is believed to be very dangerous. Family healers, hakims and herbalists agreed that overcoming humoral excess by achieving a balance (*meezan*) is the goal of treatment, which is accomplished through avoiding contributions to the excessive humour and augmenting its opposite. Excess heat is treated by eliminating foods that contribute to heat and by encouraging cold with herbs and appropriate foods. What is caused by cold is treated with hot diet and hot medication. The therapeutic regimens of diets, massage, oral medication and prayers represent a wide-spectrum approach. This approach works externally and internally to manage both the symptoms and the causes of natural disorders.

Hakims usually check the patient's pulse at the wrist to detect internal imbalances, and they discuss the particulars of the patient's complaints. Interactions typically cover symptoms and their onset and duration as well as personal habits, diet, and problems related to digestion, constipation, and urination. They may select specific foods and medications that will best match a patient's particular set of symptoms such as the intensity of pain or the presence or absence of constipation or indigestion. Commonly prohibited items are cold, '*baadi*', sour, hard-to-digest, and constipating foods. Hakim HH, for instance, told me that he advises patients with joint problems (and other wind ailments) to avoid rice and lentils, the rice because it produces constipation and the lentils because they generate wind. Some times, he also prohibits consumption of fried vegetables, yogurt, and tea. He usually tells patients to consume wheat instead of rice and to avoid bananas, aubergines and potatoes, which are considered hard to digest, and yogurt, which is considered cold and sour.

Massage (*moshth o mosh*) is the most common form of home healing and is typically used to relieve musculo-skeletal aches and pains caused by overwork. Massage is thought to cool the body, and is hence indicated in fever and pain. It is also said to be effective in removing bad winds (that move around the body) which cause stomach ache, headache, and other body pains. During the massage, oil or cream is rubbed onto the patient's affected parts. To relieve stomach pain the healer sits behind the patient with fingers pressing deeply into the patient's navel; still pressing deeply, the hands are drawn apart towards the patient's sides. Just above the hip, the healer's thumbs pinch the sides against their fingers until the pressure is suddenly released with a flick of the hands. The belly is massaged deeply with clockwise circular movements of the hand. Headaches are relieved with a similar sequence of increasing pressure suddenly relieved with a flick at the temples and above the eyebrows. At

particularly tender points, the healer will blow gently as her/his hands touch the spot in order to increase the cooling effect of the massage. Sprains, contusions or injuries that are more serious caused by falls, blows, collisions and compressions are managed with massage and manipulation using a variety of oils, ointments, and poultices and bandaging.

The majority of family healers can also set a slipped navel. According to SI, an elderly woman of a the nomadic settlement who is the sole healer, midwife and massage specialist of the whole settlement, the dislocation of the navel, which can move upwards or downwards or sideways from its normal position, causes the abdominal pain. She narrated the symptoms of a slipped navel as follows:

> **"The symptoms of dislocation of navel include diarrhoea, pain in the umbilical region and excessive gases in the stomach. It may be caused due to lifting of a heavy weight or slippage. Slipped navel, may also result from sudden movements on an overfull stomach".**

She has been treating this ailment by either massaging, cupping of the umbilicus, or exertion of pressure behind the left knee.

Branding (*daag*) is another popular therapeutic measure. It is burning of the affected part of the body by iron nails of various sizes and descriptions depending upon the nature of the affliction. Cases of chronic pain, arthritis, sciatica, sprains, chronic cases of flu or sinus infections, unspecified chronic abdominal pains and enlargement of the spleen are treated by branding. There are specialists in branding called *Daago*.

Excessive heat causes accumulation of 'bad blood' in the body and the ritual ceremony of cupping (discussed in the next chapter) is employed to draw the bad blood from the interior of body or diffuse it on the surface.

Chronic cases (like, arthritis, bronchitis, asthma, rash) considered to be caused by cold excess are sometimes treated with *Sael,* that is wearing the skin of a freshly slaughtered lamb which is thought to be very hot. Internal injuries caused by falling from a horse, camel, a tree or buildings are also treated by wearing the skin of a freshly slaughtered lamb. Cases of chronic fatigue, fever, chronic dysentery, jaundice and muscle pains, which are considered to be caused by excessive heat in the body, are treated with wearing the skin of a freshly slaughtered goat (which is considered cold). Many people with such illnesses also bury their body (below the shoulders) in the beach sand for hours (beach sand is considered cold in effect).

In the majority of cases, religious or spiritual means are also employed side by side with the above-mentioned remedies. The religious measures taken are mostly influenced by Islamic medical traditions[11]. In the case of a serious illness, the local religious leader is asked to pray for the recovery of the patient and to beg to God for the forgiveness of the patient. Specially prayed upon *Taweez* and *bunds*[12] are tied to the arms and

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[11] The Islamic religious traditions for the treatment of diseases are based on the notion that 'All that is revealed in the Koran is curative' The Koran is supposed to cure physical diseases if used for that purpose just as it cures error, ignorance and doubt. It is supposed to guide a man lost in amazement and it cures the body by removing sickness from it

[12] *Taweez* is in general use throughout the Islamic world. It is a kind of amulet or charm bearing an inscription from the Koran. Some spiritual healers who are not firmly connected with Islamic religious tenets usually add some mantras to it. This is a preventive as well as palliative remedy against many diseases including evil eye, sorcery, fright and spirit possession. It is usually put into a piece of cloth and tied around the neck of the person or around the arm. Sometimes the healer asks the patient to wash the *Taweez* in a glass of water and drink it. *Taweez* are supposed to be useful in putting off effects of the evil eye on properties and precious domestic animals.

Bund is a thread cord. A religious healer while praying upon a cord for a specific ailment makes several knots to it. Bunds along with *Taweez* are

around the neck of the patient. *Dam o Chouf*[13], which is blowing the breath towards a patient by a healer while reciting Koranic verses or Mantras, is a commonly employed procedure along with other therapeutic procedures. In the case of a serious illness, the head of the family or the patient, usually, vows for the sacrifice of some animal either in the village or at the shrine of a saint or at any place which is thought to be sacred according to local legends. In many cases, many families observe daily almsgiving (usually at sunset or sunrise) during the course of a critical illness of a family member. The procedures of Prayers[14], *Taweez o Bund* and *Dum o Chouf* are important ingredients in the complex therapeutic procedures regarding natural diseases. The performers of these rituals are mainly religious healers. They include the local priests or religious functionaries whose source of supernatural power is derived from both oral or written Koranic texts and instructions. Enlargement of the spleen with accompanying pain is common in some parts of Balochistan, probably due to the endemic nature of malaria. Enlargement of the spleen is treated by either obtaining a *Taweez* from a religious healer, or the enlarged spleen is "tied down" by a spiritual healer. This is done by

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usually worn around the neck, arms, or waist of a patient. For a *Taweez* and Bund it is not necessary to bring the patient to the healer, any person can summarize the symptom of the disease to healers and he or she make a *Taweez* or a bund according to the specification or intensity of the symptoms.

[13] *Dam o Chouf*: Dam means reciting of the Koranic verses and *chouf* is the blowing towards the patient or object after reciting the Koranic verses. In *Dam o Chouf* the healer blows his breath towards the patient after reciting the verses. If the patient is not nearby then the healer usually recite and blows into a glass of water, on some fruit, herbal medicine or any food particle and these are taken by relatives of the patient and later consumed by the patient.

[14] Special prayers are requested by the patient's family and performed by a religious functionary for a particular disease or ailment. These special prayers usually consist of Koranic verses and are performed by a *Mullah or Aalim* after or before the routine and mandatory five times a day Islamic prayers.

inserting several thorns from a date palm into a fresh aubergine after ritualistic prayers. This aubergine is then hung in the patient's room. It is believed that as the aubergine reduces in size after slowly being dried, the enlarged spleen of the patient also began to reduce in size. Another measure for treating enlarged spleen is branding the skin of the abdomen over the enlarged spleen.

Herbal Remedies

The remedies used frequently at home include herbs and plants that were easily available. Elaborate preparation for making home remedies (pounding, grinding, mixing, and cooking) are carried out by the folk healers in their home or clinics. A herbalist prepares medicines from various plant parts such as root, shoot, bark, leaf, flower, seed, and fruit. The herbalists and masseurs develop and select a variety of ointments for massaging. Almost all of them use mustard oil. Some use pain-relieving ointments available at town chemists. Some masseurs and herbalists buy analgesic creams from the local pharmacy and mix them with their own herbal potions for massaging and for treating dislocations and sprains. The majority of the medicines used by hakims draw their ingredients from a pool of anti-rheumatic plants, hot spices, and other substances. Their therapeutic compounds mainly contain digestives to stimulate "digestive fire" in the stomach; carminatives to relieve "gas"; purifiers to "cleanse the blood" and diaphoretics and laxatives to flush "accumulated wastes" from the systems. The logic of these oral medications directly reflects humoral understandings of the physiology of disorders and shapes their diagnosis and treatment of most disease.

Herbal remedies are the basic pillars in Baloch folk medical practices. Family healers, herbalists and hakims use a variety of herbs in their concoctions and mixtures. Hakims and herbalists also use animal products in their medications but the basic

ingredients consist of herbal products. The majority of herbs are wild and collected from the jungle and mountains. Farmers also grow some in the fields on a commercial basis. Herbalists personally collect herbs but many herbs are also available in town shops.

Table 9 is a summary of the medicinal plants used by folk healers in Balochistan. During the 18th and 19th century, Hooker (1875), Duthie (1898) and Burkill (1909), carried out some botanical research in Balochistan. The botanical names of the plants shown in table 9 are taken from their work and from Turchetta (1989). Some botanical names were added courtesy of Mr. Yar Jan, Forest Officer in the District of Kech.

Table 9: Some medicinal plants used in Baloch folk medicine

Balochi names	Botanical names	Uses in Baloch medicine
Akar/Majhandari	Sesbania aculeata	Used as cure in wounds and roots are used as emetic in snake bite
Alikdar	Curcuma longa: Zinziberaceae	Powder and used as antiseptic
Amli	Tamarindus indica	Used as a beverage as a cooling agent
Anar danag	Punica granatum	Dried seeds are taken in stomach upsets like nausea and vomiting
Asad	Blepharis sindica	Solution is used in ear ache

Bari-i-tang	Plantago major	Decoction is use in cough and as purgative
Chahart Mahak	Forskohlea tenacissima	Taken in cough and leaves are rubbed on forehead in headache
Charma	Trichodesma africum	Used in chronic cough, tuberculosis
Chimkani/Chuntur	Cassia fistula	Seeds used as purgative
Danichk	Plantiago amplexicaulis	Used as a cooling agent in bathing and taken with water or milk in dysentery
Darien Pilpil	Berberis vulgaris	Powder used as anti-vomiting, decongestant
Gajar	Artemisia scoporia	Mixed with Ghee and used in case of ear ache
Gandako/Ispandan	Peganum harmala	Burned as incense to drive away evil spirits. Seeds eaten in indigestion
Gazz	Tamarix pallasii	Pasted on the affected parts as analgesic and anti-inflammatory agent in sprains
Gidarwar	Abutilon muticum	Taken as a cure in piles
Gishtir/khurbah/Hum	Periploca aphylla	A mixture with water is taken in stomach ache

Gohind/Sarang	Tribulus terrestris	Decoction is made and used in gonorrhoea
Gokezoba	Trichodesma indicum	A solution is used in fever
Gugar	Commiphora pubescens	Gum is used in stomach ache. Leaves used as local anti-inflammatory agent
Gurdir	Artemisia persica maritima	Used in malaria and jaundice. Kept in water for 12 water and a glass of water is usually taken early in the morning for a week
Gwangi	Grewia populifolia	A decoction of it is used in pneumonia
Gwanik	Vitex agnuss castus	A hot bath with leaves in cold conditions
Gwanjak	Junifer excelsa: coniferae	Thrown on fire to frighten evil spirits and used as antihistamine
Hanartirk/Daduni	Dononaea viscosa	Antiseptic and anti-inflammatory, applied as a paste to reduce swellings
Hing	Ferula foetida	Used as antiseptic, insecticide. Used as a fumigate in slip of the heart

		cases to frighten the evil spirit or the spirit of fear
Hishark	Rhazya stricta	Powdered and used in toothache, eye infections, and snake bite.
Isbothk	Psammogeton biternatum	As a soothing agent in allergies and burns, throat pain and stomach ache
Jamun/Hinidan	Eugenia jambolana	Bark mixed with oil and used in burns
Josbwak	Myristica fragans	Taken as a solution in stomach ache and bone pains
Kabbad/Kator/ Karuch	Salvadora olloides	Considered to be a sacred tree. Used in cough and as a purgative
Kalpora	Teucrium stocksianum	Taken in chest pain/ hyperacidity
Karag	Calotropis procera	Juice and leaves are put on insect bites, cuts and wounds
Kash Kash	Papaver somniferum	Taken in tea or milk as cough suppressant. Opium is also used in painful conditions during injuries.
Kaspind/Nilthak	Cassia obovata	Sore eyes

Kato/Khot	Olea cuspidata	Gonorrhoea and eye infections
Katok	Mullogo hirta	as antiseptic in boils and wounds, taken to alleviate pains in the extremities
Khardanichk	Plantiago ovata	Taken with water or milk in dysentery
Kirap	Caparis spinoza	Used in snake bite and rheumatism
Koibang	Peganum harmala: rutaceae	Smoked or mixed with milk in asthma and bronchitis
Kolmur/Naro	Inula grantioides	Smoked as bronchodilator in asthma
Lular/Wahu	Trianthema pentandra	Bladder pain and in snake bite
Mahari Alko/Shatirag	Launaea nudicaulis	Rubbed on the forehead in fever and headache
Mak	Vigna catiang	Taken to kill worms in stomach
Marmutk	Boucerosia aucheriana	Taken for stomach ache
Mashnawaro	Statice cabulica	Mixture is used in stomach ache
Mateto	Salvia cabulica	Cold conditions and lung infections
Maur	Salvia aegyptiaca	Eye infections
Mjsar/Zika	Pluchea	Anti-inflammatory

	pinnatifida	agent and anti-septic
Murpad	Ricinus communis	As antiseptic ointment, for sores and boils
Obat Kandari/Charchuta	Achyranthes aspera	In cough and rheumatism
Paner Bad/Kapoi	Withania coagulans	Boiled in water and taken in colicky pain/tooth ache
Parpuk/Kushkeck/Lahiru	Tacuma undulata	Used as a balm in fever and joint pains
Pil e Gosh	Crambe cordifolia	Used as an ointment in the cure of itching
Piunphuli	Anthemis gayana	Taken as antacid in hyperacidity
Purchink	Ziziphora clinopodioides	Taken as a beverage in hot conditions. Decoction is used in dysentery and typhus fever
Raz	Foeniculum vulgare	Mixed with Ghee or milk in stomach ache
Righat	Suaeda monoica	Used in poultice for wounds and cuts as antiseptic
Rush	Symbrum sopha	Taken in fever
Saring	Heliotropium strigosum	Compound used for pain in the extremities

Shampustir	Sophora griffithi	Ointment in sore eyes, rubbed on the forehead in headache and solution used as anti-lice
Shinz	Alhagi camelorum	Used in a bath in hot conditions, or in case of abscesses and swellings
Shipanko	Cleome brachycarda	Used in bath to ameliorate heat conditions
Shir-Gonah/Khirwal	Euphorbia granulata	Solution taken to purify dirty blood
Shirish/	Melia azedrachta	Boiled in water and taken for intestinal worms
Shurdo/Karkawa/Dama	Fagonia arabica	Used as anti-inflammatory agent in skin conditions, and fever
Siahen Alenag	Cajanus: leguminosae	Pulverized and used for stomach ache
Siahen-pilpil	Piper nigrum: piperaceae	Decoction used for cough
Simsok	Nepeta glumerulum	Compound is pasted on chest in Pneumonia
Sirk/Tum	Allium sativum	Grilled and put into ear for ear

		ache and taken for blood pressure
Tusso	Gaillonia aucher	Taken with milk in sore throat, scurvy
Zamur (Afband)	Cocculus villosus	Decoction is use for cough, spermatorrhoea, and sore eye
Zanjabil	Zingiber officinale	Taken with milk as antacid
Zarch	Berberis lycium	Leaves are made a paste and rubbed on the body surface in jaundice
Zordar	Pavonia odorata	Taken as a cure in rheumatism

Conclusion

Baloch concepts of natural diseases are mainly centred on the hot and cold dichotomy. There prevails a very strong belief among the Baloch that certain hot and/or cold foods if consumed in excess cause disease or bodily imbalance. Informants also mentioned wrong combination of certain food items as causing various diseases. Various ecological factors are supposed to be responsible for hot and cold diseases which have many clinical manifestations in the body functioning.

As natural diseases are thought to be due to imbalance of vital body humours, the whole therapeutic manoeuvres and endeavours appeared to be centred on the restoration of humoral balance. Treatment is not the same for everyone even though he or she may be suffering from the same illness. However, generally, treatment approaches by folk healers among the Baloch in a case of natural disease include herbal medications,

dietary restrictions, manual manipulation of the body (massaging and cupping, covering with freshly slaughtered goat or sheep skins), and prayers and offerings of animal sacrifices. Herbal remedies are the basic pillars in Baloch folk medical practices. Family healers, herbalists and hakims use a variety of herbs in their concoctions, and mixtures. Prayers and animal sacrifices are linked with the perception that links diseases and misfortune with the wrath of God. The restrictions in diet and the use of different herbal medications are intended to work together in restoring the body's balance through what might be thought of as an augmentation and reduction strategy. The manual manipulations of massage, cupping, and branding are also ways to restore the balance of humours caused by the precipitating agents like excessive heat or cold.

Baloch humoral traditions may share numerous features with prevailing Ayurvedic, Galenic and Islamic medical concepts but they may also have their own local contexts and interpretations. Good's (1977) description of humoral medicine in a Turkish speaking community in Iran in many respects portrayed the Baloch humoral system. There are many similarities in Arab concepts (see Greenwood, 1992) of humoral imbalance with the prevailing Baloch perception especially those concerned with hot and cold food. There are some similarities between Baloch humoral beliefs and those described by Tedlock (1987) for the Quiche Maya and for various other Latin American communities. These include both having a classification of plants and foods according to being "hot" and "cold". The difference is that although the Baloch mention wet and dry components of humoral medicine, they have no clear ideas about the wet and dry part of the concept. Overall, it can be concluded that although there are some peculiar Baloch perceptions and practices regarding humoral theory, they are near to those of a number of other Muslim or Central Asian medical traditions.

7. THE FOLK HEALERS AMONG THE BALOCH

Introduction

The folk healers are the essential ingredient of folk medical systems. The folk healers among the Baloch include family healers, herbalists, hakims, midwives, masseurs, bonesetters, poison and foreign body extractors and spiritual healers. These folk healers diagnose and treat a myriad of illnesses using a variety of techniques. Qualifications for being a healer vary considerably. In some cases, no formal training may be required for the practitioners. In others, a long apprenticeship is required. This chapter describes the folk healers and their healing techniques.

Table 10: The Baloch folk healers

Healer	Area of expertise	Modus operandi
1. **Family healers**	Treatment of ordinary problems like headache, stomach ache, sprains, minor sores, cuts and wounds, skin infections, chicken pox, measles, flu, cough, eye infections, rheumatism and fever, extraction of	Use home remedies, massaging, and *theeriench*

	foreign bodies	
2. **Herbalists/Hakims**	All kind of diseases of natural origin	Herbal therapy, massage, letting the dirty blood, *theereinch*
3. **Cupping specialists (Gwalithis)**	Serious natural diseases	Drawing out of dirty blood with dry or wet cupping methods
4. **Traditional midwife(Baluk)**	Pregnancy and delivery and many related ailments.	Use massage and herbal medicines
5. **Bone setters (Nal Bandok)**	Sprains, chronic pains, dislocation of joints and broken bones	Massaging, branding and bone setting
6. **Priests and religious functionaries**	Natural diseases, possession by evil spirits, countering evil eye, forestalling impending miseries and ill health (all-rounder)	Experts in healing by the use of Koranic verses for natural and supernatural illnesses. They exorcise evil spirits in a ritual and treat other ailment by *taweez o bund* or special prayers
7. **Pir**	All-rounder, can treat any kind of ailment	By the virtue of their association with famous saints. They give *taweez, bunds*, amulets for treatment
8. **Gwathi e**	Expert in diagnosis	Use ritual of

Moth/Shey	and exorcism of *Gwath* spirits	*Gwathi e Laeb* for exorcising *Gwath* spirits
9. **Diviners (Saher/Jathu)**	Sorcery, evil eye, lost property	Through divination or with the help of their incarnated spirits in a ritual ceremony
10. **Mia/Damgir**	Neutralize snake and scorpion poisons	By chanting mantras and by manual extraction

Family Healers

The elderly women in a Baloch household are often specialists in the knowledge and techniques of popular treatments. They have some knowledge of home remedies for a number of problems as listed in the table 10. In some settlements, an elderly female of one household acts by default as the sole herbalist, masseur and traditional midwife (*Baluk*) for the whole settlement. These women collect different wild herbs from the fields or surrounding jungle. Medicinal herbs are also acquired from the wandering herbalists who trade raw herbal medicines. These women healers transfer their expertise to their offspring or daughters-in-law. The remedies used frequently at home (see table 7, chapter 6) could include herbs and plants that are easily available. Elaborate preparation for making home remedies (pounding, grinding, mixing, and cooking) are also carried out by these elderly women. They often specialize in certain diseases for which they have specific treatments. Elderly women are also expert in extracting foreign bodies or fish bones and thorns from the body. The majority of traditional midwives (*Baluk*) would also have knowledge of giving herbal medicine and massage.

Herbalists (*Tabib*)

In practice, the herbalists working among the Baloch, besides administering medicinal herbs also use many animal extracts for treating their patients but the foundation of their knowledge is concerned with herbal therapy. A herbalist prepares medicines from various plant parts such as root, shoot, bark, leaf, flower, seed, or fruit. The patient is also advised on diet. The herbalist makes a detailed enquiry of the type of sickness or suffering from the patient. The colour of the eyes and skin is checked. In the case of fever, the patient's body is felt to check for the temperature. The herbalist also enquires from the patient what type of food he or she consumed during the illness. Generally, all herbalists are also expert masseurs. Use of mustard oil is common among the herbalist. Many of them also use pain-relieving ointments available at town chemists. In summary a herbalist performs either one of the following or a combination of some of these practices:

- Herbal therapy
- Massage
- Blood letting

HO, 75, a part time fisherman, has been practicing herbal medicine since he was fifteen. He learnt his healing practice from his uncle. He was selected by his uncle from several nephews and nieces and taught the healing practice because of his meritorious services to his uncle and because he was obedient, serviceable, and hardworking, and willing to learn the training in herbal medicine. He told me that he deals mainly with physical illnesses and claimed that over the years had healed people with such skin diseases as 'cancerous rashes' (*shoumak*), boils, scabies and many other allergic conditions. Thus, most of his practice has been in the field of dermatology. His healing practice involves applying herbs to the affected part of the body over a period. Most of the time herbs used for

healing skin diseases are ordinary herbs available easily in the area or in the town shops. He sometimes refers patients who do not respond to his healing practices after a long period, to another healer. HO explained that 'an ordinary rash or swelling should not take more than three weeks to heal so if after three weeks of treatment the rash is getting worse, then the patient may be asked to see a doctor. He had also dealt with ailments which include falling into coma (hypoglycaemia), asthma, jaundice, dysentery and whooping cough.

Some of the herbalists had first experimented with massaging as well as herbal medicines on their own injuries, extending their treatment to peers and neighbours, and attracting a wider clientele in search of a cure for sprains and dislocations as word spread. GB, 55, a part-time herbalist and masseur, claimed that she was a self-taught healer, although God's blessings may have been involved in her healing potential. She told how she fell very ill with some stomach ailment and had to be admitted to hospital when she was just married. She remained ill for three years and was admitted many times to the district hospital, saw many spiritual healers but was eventually cured by a woman herbalist who massaged her and prescribed and administered herbal medicine. In this process, she discovered the benefits, technique, and knowledge of treatment by massage and herbal medication. She used her newly acquired techniques initially on her family members and then on other people and gradually became known for her healing abilities. She was now able to recognise the potential of many herbs and trees for the treatment of many diseases. She told me:

> **"By touching the body of the patient I can diagnose the illness. By placing my hands on the back and the shoulders of a person I come to know whether that person has a stomach or heart complaint or is suffering from some other ailment".**

She claimed that almost 90% of her patients were cured through a combination of her massage and herbs. Some of her clients came to her after being disappointed with the treatment provided at the government hospitals.

MW is a 60-year-old seller of herbal medicine and amulets. She is also a masseur. She belongs to a *Luri* family. *Luris* are seen as Gypsy[15] in origin but they are now integrated into Baloch society as artisans, goldsmith, carpenters, and musicians. They repair iron and other tools and produce pots, pans and various other utensils. Many *Luris* are affiliated with different Baloch families, clans and tribes in a traditional patron-client relationship.

Being a healer is not the family trade of MW as she belongs to a family of goldsmiths. She had not learned this trade through proper apprenticeship but she was working as a helper with a traditional midwife (Baluk) who also practiced herbal medicine and spiritual healing. She proudly told me:

> **"It is only a gift from God that I am treating his creatures. I cured people who have gone to doctors in big cities without finding a cure".**

She primarily sells herbal medicines that are specifically requested by customers for specific diseases and specifically treats diseases among women. She travels from one village to the other practicing her techniques. Patients usually come to her personally, but sometimes a relative of a patient will come in, describe the patient's symptoms and ask for her recommendation. She may mix a traditional remedy for the ailment or prescribe an amulet. For serious diseases, she recognizes the importance of modern medicine and advises

[15]The *Luris* among the Baloch largely fit the description of *Ghorbati* or *Kowli* as attached gypsy tribes in southern Persia studied by Barth (1964).

some patients to go to a nearby hospital; however, she also firmly believes in the value of her herbal remedies and amulets.

The herbalists and masseurs select and use a variety of ointments in massaging practices. Masseur and herbalist, MW, buys analgesic creams from the local pharmacy and mixes them with her own herbal potions for massaging and for treating dislocations and sprains. She feels the affected area with both hands, applies the ointment, and binds the affected area with a crepe bandage.

Hakims

Hakim is a term used in Central Asia and India for a medical practitioner who uses traditional remedies. Almost all hakims practicing in Balochistan are non-Baloch; the majority of them belong to the Punjab and Sindh provinces of Pakistan, although some are from Afghanistan or Iran. The majority of them are based in townships, although some of them carry out annual trips to far-flung areas. During these trips, they usually camp in a settlement, stay there for a week or so and treat patients from the surrounding settlements. They claim to master the healing techniques by attending famous ayurvedic or unani schools of medicine from Iran or India. Their therapeutic compounds mainly contain digestives to stimulate digestive fire in the stomach; carminatives to relieve gas; purifiers to cleanse the blood; and diaphoretics and laxatives to flush accumulated wastes from the system.

Hakims put a lot of emphasis on taking the patient's pulse. According to AD who studied as an apprentice to an Indian hakim in Karachi trained in ayurvedic traditional medicine:

> **"The pulse provides three vital diagnostic facts: whether the force of the blood is strong or weak; whether blood flow is normal, fast, or slow, and whether the blood vessel itself is normal, thick, or**

thin. A fast pulse and a thick feeling vessel indicate excess heat, since this condition is understood to involve too much blood, while a slow pulse and a thin vessel result from insufficient blood and indicate an excess of cold. A weak pulse and a thick vessel show too much dry. Excess wet, which causes additional fluid in the blood, produces a fast pulse and a thin vessel".

Herbalists and hakims in Balochistan operate within their own respective localities but their contacts, exchange of information and movement between different regions organize them informally into a network. They sometimes refer their clients to each other if one thinks that he or she themselves will be unable to cure the illness. The main difference between the herbalists' treatment of patients and that of the hakim is that former is less elaborate, less bureaucratic and less sophisticated in methods. The herbalists' diagnoses are based solely on what the patients report and how they look. The hakims, however, always begin diagnosis by examination. The hakims often use purgatives in diseases of the stomach and bowel, but only occasionally in others. The hakims are nominally educated and many hakims have clinics in towns while herbalists usually practice in their homes in rural settings.

Cupping Specialists (*Khon Janok/ Gwalathis*)

Khon Janok/Gwalathis, (cupping specialists) are specialists in the treatment of letting dirty blood from the body of a patient. Informants identified at least a dozen cupping specialist in Kech district alone. The majority of them are said to inherit this technique from their family traditions. Almost none of the cupping specialists in this district were educated in any sense. The majority of herbalists are also practicing cupping specialists. In some settlements, some bonesetters also practice cupping. HI, 65, practices cupping alongside herbal medicine

and traditional midwifery. Performing *Gwalath* or cupping is her speciality, which she learnt from her grandmother. She does not ask for any fee but receives handsome remuneration for her services. She believes that by dry cupping many symptoms of pain and fatigue will immediately be "evaporated in air".

Traditional Midwives (*Baluk*)

The *Baluk* (traditional midwife) is the central figure during pregnancy and delivery among the Baloch. In almost all Baloch settlements, except towns and the capital city deliveries take place at home, carried out by a traditional midwife. The *baluk* among the Baloch perform a variety of functions. The duties of a *baluk* are to give advice and medical aid to the expectant mother, to assist in delivering the baby and to treat illnesses that might befall the new mother and infant. She has a vast traditional knowledge of childbirth techniques and the cultural behaviour expected during pregnancy and childbirth. She is also a masseur and dietician knowing the proper diet for the mother and baby. Through massage of the pregnant woman, the *baluk* ascertains the position of the baby. If the baby does not turn naturally to present headfirst prior to labour the *baluk* is able to turn the baby by direct manipulation. Some of the *baluks* play a greater part in general gynaecological work. They boast their knowledge of herbal medicines to treat infertility, and to prevent miscarriages. Although their knowledge of herbal medicine is not that extensive, they do have knowledge of some medicinal plants for use during pregnancy and childbirth and for ailments like urinary disorders, and miscarriage. The office of a *baluk* is not exactly hereditary, but in most cases mothers tend to teach their daughters or daughters-in-law the art of attending to a delivery.

BR, age 60, has been practising traditional midwifery for more than 30 years. Her mother- in-law was a *baluk* and she learned

the technique from her. She is well known as an expert midwife and claims to have delivered almost 90% of the babies in the rural areas of her district. Sometimes, she is taken to the hospitals to accompany the patients having gynaecological or obstetrical problems. Another *baluk*, MBB, maintains that, although she has inherited the initial capacity from her maternal grandmother (herself a famous *baluk*), it is God that delivers or heals and she is merely a medium. Like others, she also claims that she can guess a patient's illness by just looking at her face. She uses massaging for curing women's ailments such as abdominal pain and uterus dislocation and for other pregnancy and childbirth disorders. According to her, because women carry out the heavy domestic work their womb or uterus becomes distended and shifts from its normal position thus causing discomfort. She pulls it back to the normal position by massage. For massaging, she uses mustard oil and sometimes pharmacy balms and ointments. She also gives herbal medicines, which are prepared by mixing various roots and leaves. Normally the medicine is prescribed for one to two weeks, but in serious cases, she recommends up to two months medication. There is no fixed fee for a *baluk*. Fees are negotiated according to the wealth of the family and the happiness caused by the birth of a new member of the family. Most midwives say they are paid more for a boy than for a girl and more for a first delivery than for later ones.

Bone-setters (*Nal bandok/Hadd bandok/Chalko*)

Bone setting is practiced on a large number of Baloch people by traditional healers. Its technique depends on the manipulative reduction of broken bones, external fixation with splints (*Nal*) or with a functional brace, which provides limited immobilization of a fracture site and mobilization of other joints. A bonesetter is one who has a sound knowledge of the location of various nerves, veins, and bones in the human body.

He or she mends fractures and manages swellings, sprains, joint pains, etc. Bonesetters may use various herbal medicines, manual manipulations and sometimes (in case of persisting pain) even branding the affected part by burning it with hot red iron nails. Informants mentioned many instances where bone setting by *nal bandok* has been accompanied by several complications, some of them serious. This is to be expected because many healers are ignorant of anatomy and modern techniques of the craft. Their shortcomings are particularly exposed when they try setting compound fractures, spinal cord injuries, and difficult fractures such as hip joints. Therapeutic measures among Baloch bonesetters in case of a joint pain, sprain, dislocation and fracture can be summarized as follows:

- Massaging: The bonesetter is an expert at healing swellings/complaints of body ache using massage techniques. He makes use of different types of oils and cream and recommends herbal applications for swelling and body aches.
- Hot Medication Therapy: This involves putting hot water bottles or roasted sand bags around the swelling or painful joints.
- Branding (*Daag*): as mentioned earlier in the previous chapter Branding or *Daag* appeared to be the most popular form of therapy in chronic states of pain like severe stomach ache, pain in the gall bladder, rheumatism, sciatica, joint pains, chronic infections of sinuses and even in the cirrhosis of the liver. The bonesetter usually heats red an iron nail and gently touches it on painful parts of the body. The size of the nail depends upon the location of the pain, the age of the patient and the severity of the pain. An expert in branding is called *Daago* (Brandsman).
- Bone setting: Its technique depends on the manipulative reduction of broken bones, external fixation with splints (*Nal*) or with a functional brace, which provides limited immobilization of a fracture site and mobilization of

other joints. As opposed to the medical treatment, the duration of immobilization of the fracture is short in traditional bone setting. In traditional bone setting, total immobilization is not considered necessary and mobilization takes place much earlier: after some weeks, depending on the fracture, the patient is supposed to start using the fractured bone again. The average period of the clinical union of broken bones has been observed to be significantly shorter compared with the fractures dealt with in hospitals. Fractures that are treated by bonesetters are usually uncomplicated arm and leg fractures. Bonesetters also deal with compound fractures, collarbone fractures and pelvic fractures, but people usually prefer to take such complicated fractures to the hospital. If a bonesetter is not confident of his ability to fix a major fracture, he usually refers such cases to a hospital. However, many fractures are initially brought to the hospital but later on taken to a bonesetter; leg fractures in particular are thought to cause problems in the hospital.

Bonesetter CH, 75, had learned the trade from his village bonesetter. In his own words:

> **"When I was a teenager, I worked for the village bonesetter / herbalist. I was being sent all the time to bring herbs from the bush for the use in his bone setting and herbal medical practices. I grew to know the medicine and before he died, he actually blessed the art and handed it over to me. Since then I have been very successful".**

He sets the bone according to the routine used by other bonesetters. After setting the bone, sticks are used to support the dislocated or fractured bone, which is tied with cloth. Once the fracture has been reduced, a mixture of medicinal herbs (usually latex of the Acacia Arabica tree) is applied to it. No anaesthetic

is used during the bone setting procedure. For sprains and dislocations, he uses sand that had been roasted on a fire as a kind of anaesthesia. He has no fixed price for his bone settings and sometimes he does it without any reward.

MJ, 45, is a well-known bonesetter. He inherited this trade from generations of his family. He is thought to be a master in mending fractures and a well-reputed *Daago* (Brandsman). There is much variation in the price charged by him for his services, depending on the socio-economic conditions of the patient. He observes, investigates and palpates the swelling or fracture, touches various parts of the body and the nerves to gather information about the seriousness of the fracture after obtaining from the patient a detailed history of the accident. He then reduces the fracture and immobilizes it. A child of eight years old was brought to him on the day I was in his village for his interview. He had a fracture of the leg (tibia) which was treated as follows:

MJ examined the patient by touching the fractured point on the leg, and observed the depression. He continued to feel whether the two ends of the bone were in one line in order to see whether they were twisted or dislocated. He pulled the leg and relocated the bone. Then he put a mixture of herbs (latex of the trees, Acacia Arabica and Madhuca Indica) on the site of fracture and on top of that he put a piece of white cloth. He immobilized the fracture by wooden splints in sets of four, firmly tied around the site of the fracture with date palm fronds. No anaesthetic was used during the bone setting procedure. During all this procedure, his elder brother and the bonesetter kept the boy engaged in conversation. The boy looked distressed throughout but it looked like the pain was not unbearable for him. I was later told that the result was satisfactory and after about three weeks, the child was able to walk again with out any support.

Mia or Damgir (Extractors of Snake and Scorpion Poison)

Mia or Damgir are another group of hereditary healers specialized in extraction of snake and scorpion poisons. Extraction of poison from snake or scorpion bite is an important part of Baloch folk healing. Cases of snakebites and scorpion stings are of daily occurrence especially during the summer months. Several kinds of snakes can be found in abundance in Balochistan but the rattlesnake and viper are supposed to be lethal. *Mias* are among the various Gypsy tribes like *Luris* and *Doms* found in Balochistan. The majority of them still prefer a commercial nomadic way of life travelling from one place to other or from one Baloch tribe to another to exploit the discontinuous economic opportunities. *Mias'* only speciality is in the field of snakebite and scorpion poisoning although many among them also practice divination and palmistry. They are originally from central and western India. As a mystical element is always attached with snakes, it is a taboo for a Baloch to physically harm any *Mia* or deny him or her material needs. They are considered as the people of God, and wherever they go their boarding and lodging is free.

Mia is a specialized healer, having a vast knowledge about the behaviour of different species of snakes and scorpions and cures ritually by mantras, which he chants besides many other therapeutic procedures. This group of healers can also protect a person from the effect of snake poisoning in advance. The procedure is called "*Jan e Bandag*" (tying of the body) and is very popular. The *Mia* selects a special day for the occasion. The person and *Mia* both should be pure at the time of *Jan e Bandag* i.e., they should take a bath. The person should sit in front of the *Mia* who holds his right hand in his own right hand. He then asks the person to recite the *Kalama* (the oath of believing in Allah as the only God and Mohammad as his only legitimate prophet). He then asks the maiden name of patient's mother. He then begins reciting some Koranic verses. After the

Koranic verses, he chants three mantras in sequence. After each mantra, he repeats the naming of the person's name and his/her mother's name while holding his or her hand firmly in his hand. After the chanting of three mantras, he makes a hypothetical boundary around the person's body by rotating his arms around the body. The ritual usually lasts for half and hour.

Among the Baloch this group of healers is considered hereditary i.e. it is passed on from generation to generation but within the particular community. No member of another community other than a *Mia* can be a healer of this category. To be master in this technique needs rigorous training from a parent or *Ustad* (teacher).

ZM began his career as a poison extractor when he was 18 years old. As a preliminary part of the training, he was taught by his father mantras (chants) to reduce and/or neutralize the poisonous effects of scorpions and snakes. The knowledge of various herbs that are used for scorpion stings and snakebites, and the ritual healing associated with the curing of such cases were also part of his training. *Mia* ZM mentioned two reasons for taking up this profession; it had been their family tradition and he had not been trained in any other technique to support his family. ZM told me that he usually uses three methods in the diagnosis and assessing the severity of snakebite or scorpion sting. 1) He observes the colour of the bitten portion of the body; 2) he notes the pattern of the sting or bite to ascertain the species of scorpion and snake; and 3) he notes the temperature of the body by touching the body of the affected person to ascertain the seriousness of the case.

Mia ZM incorporates several methods in his therapeutic efforts. Usually, he slaps the first informant or patient who asks for his help in a case of snakebite or scorpion stings. No credible explanation is associated with slapping. ZM mentioned that it is the part of the therapy in his family for generations. He quoted

his grandfather that the slapping diffuses the malevolent part of snakebite. Herbal therapy is usually used with the mystical element to treat his patients. He also chants mantras (*Zaher Dam*[16]) and give *Zahar Bund*[17]. Thus slapping of the first informant or patient initiate the foundation of a psychological treatment procedure and chants take care of the fear and anxiety of the patient giving him psychological relief while herbal remedies give him physical relief. Amazingly, the majority of the informants were in the opinion that slapping is the most effective method in the treatment of poisoning by snake and scorpions.

Mia MM, related to *Mia* ZM, is very popular for the treatment of snakebite. He immediately asks for a hen in a case of snakebite. He places the live hen's anus on the site of the snakebite. The logic is that the contraction of the anus will suck the poison out. While he is dealing with the hen, he chants Mantras (*Zaher Dam*). If a chicken is not available, he sucks the bitten part and spits. He also uses medicinal herbs to cure patients of scorpion stings and snakebites. In a case of snakebite which is delayed for a long time, *Mia* MM administers herbs or medicines to initiate vomiting in the patient. The logic here is that something comes in (poison) and it has to some how go out, thus, when a patient vomits it is believed that the poison also is vomited out.

The importance of *Mia* may be due to the presence of a variety of snakes in Balochistan and the unavailability of immediate medical assistance in case of snakebite in the remote areas.

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[16] *Zaher Dam* is the specific mantra for snakebite. It is firmly believed that *Zaher Dam* is the eventual anti snake venom if chanted by an expert *Mia*.
[17] *Zaher Bund* are protective as well as palliative charms to thwart the effects of snake poisons and scorpion bites

Extractors of Foreign Bodies

Fish is an important part of Baloch diet especially in southern Balochistan, and people especially children often have fish bones stuck in their throat. The healer strokes the neck of the patient gently in the downward direction, meanwhile invoking the name of some saint or God. After this the patient is given either something to drink, such as water or tea, or some solid food to eat, to make sure that the bone has slipped down. Farmers and camel men are also vulnerable to being pierced by thorns, nails or sharp wooden particles. For any object which an extractor is unable to extract for the moment, he usually gives an amulet called *Kuntag Gusha*. It is put around the neck of the patient and it is believed that it will take care of pain and within a week, the foreign object will automatically be ejected by the power of *Kuntag Gusha*. BU was an expert extractor (*Buch Kash*) of foreign bodies from the eyes of the patients. She usually extracts particles of sand, seeds, fish scales, and small pieces of stone from the eyes of patients. She holds one end of her scarf between her teeth and put the other twisted end of the scarf to manipulate it in to the eye between eyeball and lids. As this is considered a gift or power inherited and bestowed by God, she charges no fees for her services and every service is taken for granted by the patients as well. The majority of my informants from whose eyes the articles were extracted by BU, and with whom I was able to talk, said that their eyes are now 'lighter and brighter'.

Spiritual Healers

The religious healers among the Baloch can safely be termed as all-rounders as not only do they treat spiritual or diseases of supernatural origin but also they have been "gifted by God" to treat any kind of ailment or misfortune. The healers in this

schema include the priests or religious functionaries and professional, specialized or freelance exorcists.

Priests and religious functionaries

These healers include semi-literate *mullahs* of local mosques as well as highly educated *Moulanas* and *Aalims*. Highly educated in their context means the person is well versed in the Koran and Hadith and in Islamic religious terminologies. The healers in this category also include *Sayyeds*, the descendants from the family of the Prophet Mohammed who have inherited their healing powers from him. The healers in this category exploit the power of the words, letters, and numerology of the Koran to prevent and treat illnesses of spirit possession. They humbly describe themselves as channels of power from God and the messenger of God (Mohammad) in healing others. They can treat a long list of ailments, but their speciality is believed to be very effective in cases of spirit possession. These healers base their treatment on *Baraka* (holiness, blessing), which is at the same time a social and moral attribute and a mystical and physical force. *Baraka* in their worldview lies at the positive pole against the notion of harm/misfortune to which the evil spirits belong. It requires fulfilment of certain spiritual and legal characteristics on the part of the healer for an effective treatment to take place. These include personal strength in body and mind, moral virtuousness in Muslim and traditional terms and the correct method of seeking refuge in God's power. If the possessing spirit is strong and the exorcist is weak, it could harm him. A detailed account of concept and practice of exorcism is included in chapter 10.

The specialized spiritual healers

The specialized spiritual healers among the Baloch usually base their ability on mixing the non-Islamic religious/mythological rituals and mantras with some of the Islamic tenets. Religious

and specialized spiritual healers differ in their techniques and modus operandi in exorcising the spirit as specialized spiritual healers include mantras and many ritual performances, which are claimed to be un-Islamic by orthodox Muslim healers. A strong influence of East African perceptions and practices of supernatural illnesses cannot be ruled out among the Baloch, as there is a significant and now culturally assimilated population of East African descent in Balochistan. These healers prepare talismans, write curative prayers, and heal with their breath or organize healing rituals in which Koranic verses and non-Islamic mantras are recited to expel the evil spirit from the patient. They can also forestall or repulse the misfortune of people, buildings, and enterprises counteract the evil eye and sorcery and can treat any illness; but their special abilities concern supernaturally caused illnesses and spirit exorcism. These healers may employ different kinds of treatment depending upon the situation. Generally, treatment consists of suggesting some herbal medicine or food articles for the treatment of certain ailments after praying upon them. The healers may prescribe some Taweez or amulet for that purpose. The other way is to employ healing rites, or they may combine magico-ritualistic and herbal therapy. The specialist spiritual healers are only drawn into healing when the disease or sickness is spiritual and involves contacting some spirits on behalf of the sick individual or finding out who is the cause of one's illness and what can be done to punish, appease, or pacify the source so that the sick individual may regain normalcy.
This group of healers includes:

Pirs

A group of specialist spiritual healer is called *Pirs* who do not perform any formal or routine religious duty but officiate at the shrines of saints and are members of religious brotherhoods founded by *Sufi* saints. The majority of these healers are proud of their attachment to the *Sufi* mystic *Ghous-e-Azam* of 12th

century Baghdad. The followers of *Ghous-e-Azam* are called *Rifai* in western India and *Dhikri* in East African Muslim communities (Giles, 1989; Pfleiderer, 1988). They are visited by a number of sick people to obtain healing from their prayers or food, breath, or by attending healing ceremonies of spirit exorcisms. Among the Baloch, people seeking healing for a variety of ailments also visit the graves (shrines) of many saints. In Baloch populated areas of Balochistan there is no shrine of any famous *pirs* and people usually travel to Sindh to visit the shrines of famous *pirs* to seek health and happiness.

Gwathi e Moth/ Sheink/ Shey

Another group of specialist spiritual healers among the Baloch are *Shey* and *Gwathi e Moth/Sheink*. They are not formal religious functionaries and are not concerned with mosque and other religious affairs. This group of healers is drawn from different strata of society; however, the majority of them came from the working or middle class members of the society. They diagnose and treat the diseases caused by spirit possession by divination in special rituals. This group of healers claims to have power to incarnate other spirits, services of which they utilize in their diagnostic and treatment procedures.

These specialized spiritual healers can be from either sex and can treat patients from either sex. *Sheink/ Gwathi e Moth* may incarnate one or more spirits permanently or temporarily during the trance in a healing ritual. They may have inherited the potential of exorcism or may have learned it from other *Sheink* or *Gwathi e Moths*. As a rule, they have been aware of their special abilities from childhood. The majority of these healers will explain their powers on rational grounds. They speak of transmitting currents and energies, or employing God's own healing power. They may also have some knowledge of herbal medicine. Healing abilities are said not to work on oneself or one's own family, so healers when sick are obliged to be treated

by another healer, and they regularly seek medical help from other healers or from hospitals and clinics.

GR is 60 years old and practices spiritual healing. He was familiar with spirits from the very beginning as his father who was a diviner himself gave him to the care of a famous *Gwathi e Moth* for apprenticeship. He is a family person having five children. He is involved in a small business concerning fish transportation from Baloch coastal towns to Karachi, the main port in Pakistan. He also receives a substantial income from his activities as a *Gwathi e Moth*. GR claims to be able to incarnate three spirits from the Caucasian Mountains: Among the three, he claims that one is female and two are male. On diagnosis during a *Gwathi e Laeb* the nearest spirit available is asked to come during the trance to assist him in the diagnosis as well as treatment of *Gwath*.

Diviners/sorcerers/Saher/Jathu

Another category of spiritual healers covers a continuum of activities from the recovery of lost objects and the treatment of sickness through second sight and divination. They include diviners and sorcerers (*jathu/saher*) (the terms *jathu* and *saher* are used in Balochi for sorcerers). They may belong to either sex. These diviners/ sorcerers are mainly reputed to have abilities in reversing the black magic from other sorcerers and casting spells to cause illnesses and miseries to their target subjects. For the purposes of healing, divination can tell the cause of the illness, and the herbal treatment that will cure it. The diviners may sometimes use a mirror, a glass or dish of water or a thumbnail of a child for this purpose or simply the leaves of a palm tree. *Saher* or *jathu* are among the class of fearful healers who not only treat different ailments and miseries believed to be caused by sorcery but can also cause illnesses and miseries to their target subjects. The majority of them claim to be in command of one or more incarnated spirits.

The diviner, in a way, is a mouthpiece for spirits, which speak through the diviner. The diviner's spirits usually make demands upon the patient or patient's family.

Procedures for neutralizing a spell of *Seher* (sorcery) typically include spells that address or command the incarnated spirits to name and undo the job of the perpetrator sorcerer. To cast the spell, items belonging to or representative of the victim are brought to the sorcerer. The items are usually an article of clothing, hair or nails, excreta, earth over which the person has recently walked upon, or a doll symbolizing the victim.

UD is one of the reputed sorcerers. He had studied divination, beginning at about 20 years of age. UD did not believe that there is any connection between his divination and Koranic teachings. He uses prominent non-Islamic ritual paraphernalia during which his incarnated spirits give him information regarding the cause of any mishap to the patient. He asks for specific instructions from his incarnated spirits for the treatment or countering the rival spirits. People also consult him about things other than healing. He uses his divination to answer questions such as to find objects or livestock that have been lost or stolen, and to discover who it is that has done some evil action. Some times, he is also consulted about the future, rains and harvests, countering an evil eye, or to inquire about the course of an impending tragedy and how to deal with it. He may use a mirror, a glass or dish of water, palm tree leaves or trance in the diagnosis and treatment of sorcery oriented or other mis-happenings.

Seher (sorcery) is always conscious and voluntary, and is taught. To obtain this knowledge many sorcerers travel to distant places to learn from teachers with various religious and mystical backgrounds. I interviewed two male sorcerers who were well known for controlling evil spirits and performing sorcery. Despite the fact that many viewed them as arrogant and

dangerous, they were both very active healers and widely sought after for different happenings of misfortunes. These sorcery-oriented practitioners use complex formulations of 'black magic' in their ceremonies. One of the sorcerers told me:

> **"I was interested in sorcery when I was a child, and went to different countries (Gulf States, India and Afghanistan) to seek evil knowledge for 14 years. Now I have control over three spirits (jinn). I know all kinds of sorcery, so I give all kinds of good and bad amulets (Taweez) and I take out not only Gwath but sorcery too".**

To acquire evil knowledge one must undertake training sessions called *chilla* under the guidance of a master in the art of controlling the spirits. Usually these *chilla* are performed in lonely places such as forests, mountains, graveyards, or by rivers or the ocean. *Chilla* means 40 in Balochi and these sessions for trainee sorcerers are called *chilla* because they continue without any break for forty days. Once trained, these sorcerers acquire control over evil spirits and the knowledge of how to use them for diagnosis and treatment purposes or inflicting miseries to other people. It is a dangerous process, and if a practitioner fails to perform the *chilla* correctly, he or she may fall under the influence of evil spirits and may suffer or his family members will suffer with misfortunes and even death. Sorcerers are supposed to perform their first act of sorcery on one of their own close relatives before generalizing the practice. Sorcerer UD told me that in order to be perfect in sorcery, you need to sacrifice blood which must be the blood of your dear one. He explained that sorcerers must cast the first spell of their newly acquired technique on a person who is near or dear to him. Sorcerers also employ astrological methods or *Rammal*[18]

[18] *Rammal* was once a powerful and popular numerological practice to diagnose diseases and to tell a person's fortune in central Asia. It was practised by religious leaders of the Zoroastrian religion and involved the number 16.

to diagnose an illness or the type of sorcery afflicting a patient. The ill effects of sorcery will not necessarily be felt only by the 'offender', but may also be felt by their family and descendants. Sorcerers are also believed to cause impotence and infertility using black spells.

ZR, age 65, is a female diviner healer having a family consisting of her husband and four daughters. She can read the Koran and can write little Koranic verses or mantras. Her husband works on their ancestral farm with a small income from date farming. She had been practicing spiritual medicine for about 32 years. She did not serve an apprenticeship, having learned her art from a vision:

> **"My father and grandfather were the disciples of Gou-e-Azam whose healing powers come from their association with this highest of Muslim saints. I was born with divination in my blood".**

After reciting Koranic verses and some mantras she usually goes into a trance and a vision will tell her the diagnosis and treatment of the ailment. Sometimes, she just touches the painful parts with her hands and the pain goes away. People come and ask her to treat the effects of evil eye. She also gives *Taweez* to prevent the health and physical and mental energy from being spoiled by the effect of the evil eye. She can visualize the procedure of a theft, and can locate a lost object or animal by seeing through a glass of water.

She told me:

> **"I started to practice several years after I got married. I gave birth first to three male children, they all died in infancy, and I became frustrated. My brother took me to the Mullah, and then to a Sheink both diagnosed a spirit possession for my ailment and for the death of my children. At that time, there were no medical doctor nearby and Karachi was inaccessible for us for financial**

reasons. The Sheink, after going into a trance advised me to slaughter four lambs one after every month to placate the spirit to leave my body. The Mullah prayed on some herbal medicines and some food items for me to be eaten on early mornings for seven days. I bore three other daughters. I was very much in need of a son to care for us in our old age, to carry on my husband's family, and to give us a shoulder towards our journey to the grave. At some stage of my ailment, I got a vision in my dream and presumed from the vision that I should practice spiritual healings and it might give me a son. I began memorizing by heart the holy verses of the Koran. I also memorized some of the mantras used by my father and grandfather to heal or diagnose different spiritual ailments. Unfortunately there was no son for me but I have treated a lot of women and men for different ailments and this is quite a consolation for me".

ZR provides preventive amulets (*Taweez*) to protect pregnant mothers and children from the evil eye. If a woman's children die in infancy, she diagnoses it to be caused by the malevolent spirit '*om e subhan*'. The treatment of this kind of spirit as described by her is as follows:

'She gives the mother a *Taweez*, which is called gore-band or 'grave tie'. The *Taweez* is written on a large piece of paper with a hole in the middle. The mother should keep it in a small packet tied around her waist during pregnancy. When she is three months pregnant, she should buy a chicken and feed it with grains kept in the front portion of her traditional shirt. Right after the birth of the baby, the chicken should be killed and some of its blood taken and mixed with the blood of birth. The part of her skirt, which was used for feeding the chicken, is cut off and is used to cover the baby. The *Taweez* is removed from her waist and the baby is passed through the hole in its

centre. The part of her skirt along with the mixed blood is folded into the *Taweez* paper and is buried in the graveyard. This buries the spirit in the grave. In addition, the family should distribute alms, sacrifice a goat, and distribute the meat among the poors.

Payment to spiritual healers is a complex and ambiguous business among the Baloch. A "true" healer does not fix a price for the services; the reward is up to the patient. This places the relationship between patient and healer on the opposite of material basis of conventional medical practitioners; however, before beginning treatment, healers frequently stipulate various "prerequisites" that must be met. These prerequisites are generally conceived of as items necessary for the healer to perform the healing ritual and include food items, clothing, animals and other materials relevant to the diagnosis and treatment rituals of particular ailments. These remain the property of the healer after they have served their purpose during the treatment procedures. The patient's family in most of the cases will generally present them with some money or material as an expression of thanks.

The traditional healers are traditionally oriented Baloch, sharing with their traditionally oriented clients a common language, values, and illness ideology. The common language and knowledge of illness facilitated understanding of the degree of sufferings experienced by the patient, whether the suffering was of a psychological or physiological nature. The shared elements also extended to agreement on the main functions of the traditional healer. Any ritual to overwhelm or exorcise the possessing spirit can fail, and healer, patient, and his or her family recognise this. Although in principle, the reputation of a healer depends upon success, if that did not occur, there was always an explanation (such as the patient or someone else is having "bad thoughts" (*Shirk*) either about the healer or the healing process. Concerning the folk healers, one theme underlies all beliefs

about the effectiveness of their diagnosis and therapies. This is in the idea that the ability to cure by these healers is a gift from God.

Conclusion

The folk and alternative system of health care emphasizes the social, psychological and spiritual factors, which bring about illness. A folk healer is often a person chosen from the community, who shares the same experiences, the same language and the same socioeconomic status and is highly accessible to the people. They use their gift of healing to tell whether an illness is provoked from nature or supernatural. The majority of healers deal with the dual elements of "natural" and "supernatural" illnesses. Their concept of healing has been shaped by past and present religious beliefs; symbols and rituals; health practices of the surrounding cultures; sorcery; native herbal lore and health practices; and to some extent modern scientific medicine. They may specialize in only one type of skill, or they may combine several in their practice but a majority of them work on material and spiritual levels at the same time as dealing with certain types of illnesses. Sharing the same worldview with their patients, expectation of relief from the patient, a familiar environment and the close relationship between healer and patient are among the main characteristics, which aid folk healers in their healing roles. However, the ability of a healer is not accepted unquestioningly. Trust in a healer is based on prior positive experience of his powers and on continued proof of his abilities.

8. PERCEPTIONS AND MANAGEMENT OF SOME NATURAL CONDITIONS

Introduction

This section is the description of perceptions, beliefs, and practices about pregnancy and childbirth, concept of bad or dirty blood and its management and the phenomenon of slip of the heart among the Baloch. Pregnancy and birth derive their traditional importance as rites of passage into womanhood in Baloch society. There are certain restrictions and obligations to be followed by a woman in her pregnancy to protect her child and herself from the harmful effects of natural and supernatural forces. The role of a traditional midwife is pivotal in these situations. According to the Baloch understanding of the body, the heart is treated as the subject of emotional experience and a symbol of the true essence of the person. Slip of the heart is a common happening among the Baloch in which the heart is believed to be dislocated from its original place due to a traumatic or frightful happening. A detailed description of the phenomenon of slip of the heart among the Baloch is also included in the section.

Beliefs and Practices during Pregnancy and Childbirth

A Baloch woman achieves perfection and a new status in the eyes of her family members and community when she delivers her first child. Childlessness is an irreparable humiliation for which there is no source of comfort in Baloch social life. Infertility is supposed to result from human causes or to be inherited or from spiritual or supernatural causes. Generally, childbirth is believed to be a natural process; however, pregnancy and childbirth have their own traditional norms and

values and women try their utmost to behave according to prescribed codes during pregnancy and childbirth.

Pregnancy

Baloch women usually wait three months after missing their menstrual period to confirm pregnancy. Some women count the months by watching the moon; after they have missed their period for three consecutive months, they believe the pregnancy has taken place. Other signs of pregnancy as mentioned by women and traditional midwives (*baluk*) are frequent urination; the face of the pregnant woman becomes "bright"; they begin to like and dislike certain foods; and they vomit in the morning. Length of gestation was mentioned as nine months; however, some mentioned 9 months and 9 days and 9 hours. After the confirmation of pregnancy, usually women seek advice from the elderly women of the family, an elderly woman of the neighbourhood or an available traditional midwife (*baluk*). The extended family and community exert a strong influence on health practices related to pregnancy and childbirth. Female relatives tend to play a significantly supportive role throughout pregnancy and into the postnatal period.

During pregnancy, the woman must observe certain taboos and regulations to protect herself and the unborn child. These include:

- Avoidance of certain foods, which are thought to be either too hot or too cold or contain *baadi* elements (the elements in food believed to cause the production of excessive heat and gases in the body). It is believed that pregnancy generates a state of hotness; the pregnant women must eat cold food to balance this. However, hot foods may be beneficial in the last stages of pregnancy or during delivery to facilitate the expulsion of the placenta.

- The craving for certain foods or other items during early pregnancy (*nepagani*) is to be dealt with cautiously. It is thought by many that failure to satisfy the cravings may lead to injury to the baby, including malformation of body organs.
- A pregnant woman should avoid eating and drinking at a funeral or other public ceremony to avoid evil spirits and contagious infections.
- Women should avoid seeing disfigured (ugly) persons or persons with epilepsy and some kind of psychological or physical problems during pregnancy because of a fear that the child will resemble them once it is born.
- The pregnant woman usually should avoid interaction with a barren woman during her pregnancy, as she is believed to have an evil influence over the mother and child.
- During the solar/lunar eclipses, pregnant women must not look at the eclipse in the belief that the child may be born with cleft lips or other major deformities (*mahgiri*). Religious intellectual MAH described the belief of the Baloch regarding the solar or lunar eclipse as the remnants of the belief system of the Zoroastrian religion where the sun God was the Creator and Sustainer of life. Ancient Baloch believed that during an eclipse, God is supposed to be in trouble and so the entire life in the universe is in trouble.

Childbirth

Informants described the physiological process of giving birth partly in humoral terms, using the hot/cold distinction. Generally, they believe that the mother is hot before the birth and cold afterwards. The cold condition of the mother who has just given birth was associated with weakness and vulnerability, and is countered through physical heating and through a diet of hot foods. At childbirth, hot substances are rubbed into the

abdomen, "so that the contractions do not cool." The birth leaves a baby hot and must not be given hot foods, and a mother and her womb cold, and must be revived with a special hot diet. After the first delivery, different varieties of food are given to the mother. It is believed that in later deliveries these foods will not cause problem to the mother or her milk. Cold foods like vegetables and fruits are avoided lest they clot the uterine blood and impede the flow, causing it to go backwards into the body and cause nervousness or insanity. Solid foods are also avoided, as they are believed to cause thickening of the breast milk, which is difficult for the baby to digest and is believed to cause digestive disorders. A significant number of Baloch mothers do not breast-feed the newborn for 3 days and colostrum is squeezed out for 3-5 days. Colostrum is considered to be spoilt, since it is thick in nature it cannot be digested by the baby and may cause loose motions.

Many informants viewed childbirth as a natural process. However, it was mentioned that the pregnant woman would have complications during pregnancy and the delivery. Complications were divided into 'smaller problems' like pain, when a delivery is simply delayed, or 'complicated' in which contractions died down during labour. They stressed that childbirth does require appropriate treatment of mother and child in terms of ritual procedures, diet and other physical regimes e.g. massage, and post-partum heating. Any bleeding in pregnancy was considered abnormal. Some bleeding was an expected and accepted part of childbirth and the post-partum period, but women and traditional midwives made a subtle distinction between any normal bleeding and heavy postpartum bleeding. Miscarriage and ante-partum haemorrhage were associated with weakness of the mother. Severe postpartum bleeding was also associated with a retained placenta; however, the severity of the condition was evaluated based on duration of the retention of the placenta rather than assessment of blood loss. Upon delivery of the placenta, the perceived seriousness of

the situation seemed to decrease. Neither bleeding in the antepartum nor postpartum periods seemed to cause alarm until the appearance of delirium or loss of consciousness. The majority of the women and *baluks* (traditional midwives) believed that such serious conditions were attributed to a malevolent spirit (*jinn*). This concept was a major factor explaining why complications around obstetric bleeding did not usually lead to immediate action by women and their families to go to a hospital. Instead, they prefer to go to a religious healer for a *Taweez* or amulet. Another perception is the "openness and tying" of the pregnant women body. It was believed that during pregnancy a woman's body is closed, while birth is the opening of the body. Among the Baloch, the symbolic practice of untying any knot at the place where a birth is taking place is widespread. It is an important part of rituals during a delivery and birth rites. The baluk and attending women also untie any knot on their body clothing and open their hair if there is any difficulty or delay in delivery.

The process of giving birth is not considered solely a private affair. Once in labour, women who are closely related family members generally surround the woman. The family *baluk* will probably attend her. The *baluk* (traditional midwife) usually squats on the foot of the bed and offers her opinion; some also perform internal examinations to assess cervical dilation, but none possesses special equipment to aid or monitor the delivery. Indeed, the labouring woman's female relatives especially the mother-in-law and other older women share judgement with the *baluk* on the management of the labour. Once the baby is born, the *baluk* delivers the placenta, massaging the woman's abdomen or pulling from inside if this is at all delayed. Then she cuts and ties the umbilical cord. Next she moulds the baby's nose, 'opens' its throat and anus (baby's apertures are supposed to be closed at birth and they have to be manually opened by *baluk* to facilitate the discharge of accumulated material in the body during the pregnancy).

Ideas of shame, honour and propriety are of considerable importance for female behaviour among women during childbirth. Shame means that a woman should deliver in silence, to avoid attracting attention; she gives birth fully clothed, usually lying under a quilt, in dim light. An exaggeration of pain during delivery is considered irrational. Women expressed their opinions that to cry is to be weak, as everybody knows that childbirth is painful. Crying during the process means shaming oneself and the others who are present on the occasion.

The placenta and umbilical cord have important symbolic meanings. The placenta is believed to be the 'companion of the newborn' that died during the delivery. Therefore, the placenta is buried with respect usually near the eastern corner of the house. A Baloch is supposed to be loyal to the place of his/her birth. In this context the umbilical cord has an important symbolic importance in Baloch culture. Its burial site (which is decided by family elders) is very important for the newborn. A Baloch give high respect and reverence to the burial site of the placenta or umbilical cord throughout life. In the majority of families, it is a tradition to transfer the right of ownership of the land to the baby where his/her cord is buried.

Informants universally expressed their beliefs that the first 40 days (*Chill*) are crucial for the health of mother and child. The 40-day period following birth, which is considered as the time of vulnerability for mother and child and a time of complete rest to recuperate from childbirth is a practice universally found in all countries of the Middle East and North Africa, (see Obermeyer, (2000)). During this period, the mother and child are both vulnerable to attack by evil spirits. The baby is perceived to be more vulnerable and weak to the effect of the evil eye and hence needs special care to protect it. In order to ward off the evil eye, it is necessary to protect the baby from particular individuals who are able to cast the evil eye. An

article made of iron is always kept with the mother and baby during the first 40 days to ward off the attacks of evil spirits. The new mother is considered impure until she has taken a purifying bath 40 days after delivery. The new mother is believed to need heat and is very vulnerable to the cold. Women who have just given birth are covered with blankets and must carefully avoid any cold air. Exposure to wind and water is avoided for 14 days lest these forces will enter the body and cause "wind related illnesses' such as chronic joint pain, body ache, headache, dyspepsia and abdominal pain in later life. The seventh day after birth marks the end of the first phase of the postpartum period, during which the woman has been confined to her room. On that day, usually some animal sacrifice is brought about in the name of God in order to safeguard the health of mother and child.

Letting the Bad Blood (Concept of Dirty Blood)

The basic perception of cupping is the drawing out of accumulated bad blood in the body caused by imbalance of one of the vital humours in the body. The assumption shown by informants was that thick or highly concentrated blood is dirty blood. Its flow becomes sluggish in certain parts of the body, causing pain and discomfort. Family healers, traditional midwives, herbalists and hakims mostly shared these ideas. The concentrated blood was associated with high blood pressure and with hardened blood vessels and a variety of other diseases such as severe headache and jaundice. Although the majority of the informants closely linked dirty blood with imbalance of humours, the causes of dirty blood were more obscure among them. Some informants linked it with excessive heat from eating hot foods, which produces heat in the liver and skin. It was widely believed that if one's skin breaks out in pimples, if boils develop, or if one's face turns dark, then the blood of the person is definitely bad or dirty. According to herbalist AY, dirty blood may also be caused by a "dirty wind". He told me

that wind causes the blood to circulate. However, at certain times, the blood vessels become restricted or stopped up, and stiffness and pain result in that area. He linked symptoms of dirty blood among women with menstrual blood, which according to him was essentially dirty blood. Dirty wind is also said to be the cause of the peculiar symptoms associated with what is called *Gwath* (literally meaning wind) which is fully discussed in chapter 10. It seizes various parts of the body, so that one moment you have an eye ache, another moment a headache, another moment a chest ache. Informants told me that letting of bad blood is essential as this blood weakens the resistance of a person to other illnesses.

Cupping (*Khon janag or Gwalath*)

This is the procedure employed by cupping specialists to allow the oozing out of dirty blood from the body surface. The theoretical base of cupping, among the informants was to let the bad blood come out to the surface or out of the body. Although there are two kinds of cupping practiced among these healers (wet and dry), the practice of dry cupping in which bleeding may be not necessary is most prevalent among Baloch healers. In dry cupping, the dirty blood from the interior of the body is supposed to be brought to the surface and in this way, the dangerous effects of dirty blood are diffused. Certain main principles are common between wet and dry cupping. In the first stage of treatment, a vacuum is created and it sucks skin up into the cup. The aim of the vacuum is to draw blood from inside the flesh to the surface. After that the skin is broken, to cause bleeding. Cupping procedures may last many hours. It is done with glass cups. One of the healers told me that in the past, their ancestors used specially prepared cow horns[19] for wet

[19] The cupping specialist used to press the open end of the horn against the skin, and then suck through a tiny hole at the other end to produce suction. This is held for five or ten seconds, then the horn is pulled off with a scraping motion. The suction may produce a dark bruise mark.

cupping but they do not use them any longer. The bleeding mechanism in a cupping procedure is based on the abstraction of so-called "dirty blood". The therapeutic action of the cupping starts soon after treatment, and it was mentioned by informants to last for many months. Patients who were treated by cupping thought that it gives a feeling of lightness. Dry cupping leads to sweating and softening of the muscles and is used to draw the dirty infectious blood to the surface. Bloodletting methods consist of making small wounds, incisions or scarification on the surface of the skin causing to bleed only slightly and a very small quantity of very dark and concentrated blood is let.

Cupping is practiced for a variety of conditions associated with aches and pains. Letting of blood by a razor cut on the back of the ear lobe is also in vogue in cases of jaundice. Sufferers who went through the cupping procedure, herbalists, hakims and the cupping specialists universally believe that cupping is effective in headache, neck, and back pain and in liver diseases where blood becomes dirty. It can give positive outcomes in hypertension. It is also considered effective in upper respiratory tract infections and other respiratory diseases such as chronic bronchitis. Cupping specialist HI told me:

> **"Cupping is especially useful for chest colds when one's back feels stiff or one's "spirit feels cold".**

Cupping coupled with razor cutting to bleed may be performed on the back, the joints, back of the neck, or at the site of the pain. Most often cupping is applied to the back several times. Cupping is also performed in a case of slipped navel. DB, 38, a housewife suffering from recurrent pain episodes told me:

> **"I have a *baad* (ailment thought to be produced by wind or gaseous material in the body) which causes pains in various parts of my body. It goes around various parts of my body, and one part aches, then another, then another. This may be due to accumulation of some dirty blood in my body. The**

accumulation of this dirty blood may be due to the *baadi* foods consumed when I was staying with my relatives in Karachi a few months before. I have been trying different medications from doctors and hakims. I have been taking massages for many weeks but these were not helpful. Many of my family members want me to participate in a Gwathi e Laeb20 but one of my friends went through the same ordeal and the cupping has improved her condition a lot. She has advised me to go for cupping.....although I am scared of the cupping procedure, nevertheless, I will try it".

Observing a cupping procedure

I observed a cupping procedure performed by *Gwalithi* (a cupping specialist) HI on patient SH. A brief description of this observation is given below.

SH, 43, was suffering from backache for the last three months. After trying doctors, herbalists and at least two hakims, he came to the cupping specialist HI. The cupping was performed at the residence of the healer. At the time of the cupping, some women and male members of the patient's family and healers were also present in the room talking on various subjects including diseases and their treatments. At the start of procedure, the patient was asked to lie face down on the floor of room. The healer palpated and rubbed the back of his body with her right palm and pressed her thumb to different spots on the back of patient. She identified a place for cupping and put a pre-prepared poultice (it was an ointment like substance made from

[20] *Laeb* in the Balochi language means play. Gwathi e Laeb is the ritual ceremony for the diagnosis and treatment of Gwath, a culture bound syndrome among the Baloch and is fully discussed in chapter 11.

some pounded herbal leaves mixed with liquid animal fat) on a piece of cotton at the identified place on the left side of the vertebral column just above the tip of the scapula. She held a big glass cup in her left hand and with her right hand; she set the poultice on fire. Immediately after, she put the glass cup on the body placing the burning poultice exactly in the middle of the glass lips. The fire extinguished but the skin began to swell. After about two minutes or so the cup was removed with a twisting movement and small wounds were made with a razor blade on the raised skin surface, (she told me that before the arrival of razor blade in her area, she used a special knife for this purpose). A small amount of dark blood oozed out from the cuts. The bleeding stopped spontaneously and the back of the patient was cleaned with soap by the healer. The procedure was repeated again after 20 minutes but this time on the opposite shoulder. She told me that the number of repetition as well as their location depended on the type and severity of disease and the age and physical condition of the patient. Usually this is repeated two or three times per session.

Slip of the Heart (*Dil e Kapag*)

As was mentioned in chapter 6, according to Baloch understanding of the body, the heart is treated as the site of emotional experience and a symbol of the true essence of the person. Hearts are the site of emotion and supra-rational decision-making (love, hatred, fear, fight or fright). Slip of the heart (*Dil e Kapag*) or falling of the heart is an illness category among the Baloch believed to be caused by a frightening event. In this case, the heart is believed to be displaced from its normal place and hides beneath the lungs. Treatment includes prayers and lifting of the heart by an expert in a therapeutic procedure called "*Theereinch*". Many family healers, herbalists and traditional midwives (*baluk*) perform this procedure. Slip of heart is common among all sections and age groups.

Aetiology of slip of the heart

Belief in the dangers of shock is common among the Baloch. The Baloch believe that if a person is frightened suddenly or startled he is liable to fall ill. Avoiding breaking bad news to people suddenlyis meant to avoid giving the person a shock. Various fears, such as fear of the dead were also cited as the probable cause of slip of the heart. Nearly all informants were unanimous in believing that slip of the heart is related to fright or fear of some kind. Fright is believed to invade the body by either physical or social events or spirits. It is commonly said that the fear caused the "liver or heart to burst" to express the severity of an illness. Sufferers and healers variously described the symptoms of slip of the heart. Symptoms of this frightening illness may include frequent shaking and trembling; bad dreams; paleness; lack of appetite; muscle/body ache; cold sweat; fear of strange people; chest pain; palpitation; vomiting and faintness. Slip of the heart if untreated is also believed to deform the mouth or eyes, or lead to paralysis and madness in the end.

The underlying causes of each case of the slip of the heart illness mentioned were deaths, quarrels, fights, family illness, delivery, miscarriage and fright. These causes clearly indicate a wide set of feelings and social situations associated with slip of the heart. In addition, many of these conditions associated with slip of the heart are more common and more severe in lower class families.

Mullah BK, who is a religious healer but performs the ritual of lifting of the heart (*Theeriench*) as well, told me:

> **"The sudden shattering or the slow insidious loss of the heart can happen to anyone at one time or another. Sometimes the heart is slipped out of its place for a time by a jolt, a loud sound, an accident, etc. An unexpected event or unexpected abuse from**

loved ones may also cause slipping of the heart. Under traumatic circumstances the heart breaks away from its normal location and stays stuck beneath the lungs, causing the person's health to suffer".

GN, 55, is a bright and perceptive woman and extremely knowledgeable in traditional medical lore. She has practiced cupping for more than two decades. She also prepares brides for weddings and provides other traditional services to support her family of five. She occasionally "presses the tonsils" and squeezes the pus out of infected tonsils of children (this illness is termed popularly as slip of the palate). She also performs ritual ceremonies to dispel the malevolent effects of evil eye. She thinks that slip of the heart is a routine matter and it is curable if the sufferer believes in it:

"It will not work on educated patients as they don't believe in their heart in the perceptions and procedures regarding slip of the heart".

Treating slip of the heart

The general health seeking behaviour in a case of slip of the heart includes illnesses to be treated by prayer or to be treated by an expert in lifting the heart manually. Sometimes both prayers and manual lifting of the heart are employed simultaneously. As the informants perceived it, the cures are primarily aimed at driving the fright out of the body. It is brought about either spiritually or physically (by manual treatment of *Theeriench* as described below). If a spirit is thought to be responsible for the fright and ultimately slip of the heart, stringent items are given to the patient (usually a strong stringent *Hing* (Ferula foetida) is fumigated into the nasal cavity of patients). This is said to startle the spirit, compelling it to leave the patient's body. Spiritual treatments include the

chanting of Koranic verses/mantras and tying a *Taweez* to bring back the heart to its normal place and functioning. The most effective therapeutic measure in a case of slip of the heart is the manual procedure called "*Theeriench*".

Theereinch

HU, 30, is a farmer in a rural settlement. One morning in December 2004, he went to his mother's bedroom to enquire why she was not up for her routine morning ablutions. When he pulled away the blanket, she saw the dead body of his mother with a deformed face. His mother had died several hours before and rigor mortis had set in. Three weeks after the death of his mother, HU began shaking involuntarily on occasions. Later he complained of pain all over his body. He became moody and fearful of going outside his house during the night. He went to the District Headquarter Hospital and regularly took the tablets which the hospital psychiatrist prescribed for him. He also visited a nearby village to seek cure from a female spiritual healer. She diagnosed some spiritual invasion. The healer gave him three *Taweez*; one for washing in a glass of water for drinking, one for tying round the right arm and one for putting around the neck. When there was no improvement in his condition, the mother in-law of HU took him to KA, who was residing in another district, and was their far relative and an expert in lifting of the heart (*Theeriench*). The family reached this decision as the village herbalist, *mullah* of the village mosque and his family friends and relatives were convinced that his heart had slipped while he looked at the dead face of his mother. I was able to attend the *theeriench* ceremony by chance.

It did not look like a therapeutic session at first glance. His family members, and some of the members of the healer's family surrounded the patient and were drinking tea and making jokes about the patient that his heart might not be recovered as it has already slipped from below the lungs to under the

stomach (HU was a huge person with a large protuberant abdomen). The patient was non-responsive but was listening intently. KA was asking and pleading in lighter vein that they should not tease her patient and that God willing his heart would be placed in its proper place.

A fire was burning and in a pot, a piece of lead was being melted. Some other pieces of lead were by the fireside. The patient was made to lie near the fire face up. KA sat between the patient and the fire. One of his friends sat between him and the fire covering the view of the fire and KA from the patient. Others, including us, were sitting on a carpet some ten feet away from the patient and healer. KA began palpating the chest and upper abdominal region for a while chanting some Koranic verses. The people were still talking apparently not caring what was going on nearby. The healer put a big silver bowl half filled with water on the right side of HU's chest. One of the attendants, sitting on the opposite side of the healer, held the cup firmly with both of his hands while it was pressed against the chest of patient. The lead piece was now converted into liquid. The other attendant actively engaged HU in conversation. KA suddenly took the liquid lead from the fire and poured it in to the silver bowl. There was a jolting sound and another attendant immediately put a tin lid over the bowl. The patient and many of us were jolted by the sudden sound produced when melting lead was poured in to the water bowl. The patient was convulsing and he was made to sit and given some drink. The lead was solidified in the water in a branched manner. The healer told me that the branches of the lead could ascertain the intensity of the illness. She pulled out the lead from the water pot, looked at it and announced that it was not a serious case as there were only five small branches.

The healer KA told me that she would repeat this procedure three times that day and would observe the patient for the next three days. If there were no improvement then she would repeat

the procedures for another two days. She was confident that his heart would regain its function and place if not with that day's manipulation then surely with the later ones. After examination of the patient's chest and upper part of the abdomen and doing some massaging manoeuvres, she told me that his heart was already moved from the present place. She invited me to notice it by myself as I was supposed to be a doctor. I thanked her and we went out. Next month when I was again in the same area for another interview with a *Gwathi e Moth*, I asked about the fate of HU. He told me that by the grace of God, KA was able to position HU's heart in the proper place with only three *Theeriench* and he was hundred percent fine now.

Slip of the heart and other heart related problems were mentioned as closely related to the proper positioning or functioning of the heart. The heart thus provides an idiom for expressing emotion in the Balochi language. In addition to this, the functioning of the heart and its physical activity is believed to be directly and adversely affected by stress and dysphoric affect—surprise, fear, anger and general anxiety.

Conclusion

Among the Baloch, pregnancy and childbirth are associated with culturally based ceremonies and rituals. Beliefs and practices during pregnancy and childbirth involve many cultural understandings among the Baloch. Childbirth is a special occasion and observations of cultural values are an important part of this occasion. Motherhood is recognised as a socially powerful role. The observation of certain taboos during pregnancy and childbirth is common among many societies of Middle East and Central Asia. The Baloch behaviour regarding observation of these taboos or traditions has certainly been influenced by the neighbouring beliefs and traditions. In a general perspective of humoral medical beliefs, the general

belief that hot foods are harmful and cold food are beneficial during pregnancy is understandable.

Cupping is a general treatment method among the Baloch. Similar practices are also widespread among other societies. Different communities of the world have practiced cupping very broadly for centuries and folk healers in different parts of the world are still practicing it(Haller, 1973; The Academy of Traditional Chinese Medicine, 1975; Epstein, 1980; Stoeckle and Carter, 1980; Vasiklampi and Hanninen, 1982). Vaskilampi and Hanninen (1982) considered cupping treatment as a social interaction process. A long lasting therapeutic session creates close physical and social interaction between the healer and the client. Physiological effects of cupping might be based on stimulation or relaxation of the body through bleeding. Socio-cultural effects are related to symbols. The prevailing perception about cupping among the Baloch gives a clear, simple and concrete explanation of aetiology and healing. Illness is perceived to be the "bad substance in the blood and when it is drawn out then illness leaves the person also". The informal atmosphere during cupping, and fear of the treatment procedure might have their own psychological effects.

An important aspect of slip of the heart that deserves attention is its relationship with other folk illnesses that contain a similar theme of distress. 'Nervios' and '*Susto*' in Latin America (see Rubel et al. 1984; Low, 1985; Simons, 1985; Baer and Penzell, 1993; Rebhun, 1993,1999; Weller et al, 2002; Guarnaccia et al, 2003) are generally translated as anxiety or nervousness, although they cover a broad range of mental health-related problems, from depression to schizophrenia. It is difficult to determine a core set of characteristics that distinguish slip of the heart from '*Susto*' or '*Nervios*'. *Susto* is thought to be caused by a frightening event involving another person, an animal, or a situation. Commonly reported symptoms of *ataque de nervios* as described in the Glossary of Culture-bound syndromes in

DSM-IV include uncontrollable shouting, attacks of crying, trembling . . . and verbal or physical aggression. Dissociative experiences, seizure-like or fainting episodes, and suicidal gestures are prominent in some *ataques* but absent in others. A general feature of an *ataque de nervios*,is a sense of being out of control. *Ataques de nervios* frequently occur as a direct result of a stressful event relating to the family (e.g., news of the death of a close relative, a separation or divorce, conflicts with a spouse or children, or witnessing an accident involving a family member). People may experience amnesia for what occurred during the *ataque de nervios*, but they otherwise return rapidly to their usual level of functioning. Like '*Susto*' or '*ataques de nervios*', in slip of the heart, symptoms are extremely variable and may occur months after the supposedly precipitating event, although slip of heart has been given a more physical presentation. Good (1977) stressed that the meaning of an illness term is generated socially as it is used by individuals to articulate their experiences of conflict and stress, thus becoming linked to typical syndromes of stress in the society. It has been suggested that the majority of known culture-bound syndromes are based on phenomena of fright. Frightening illnesses have been observed in many other communities e.g. *Fija* in Yemen (Swagman, 1989), *Lanti* among Bisayan Filipinos (Hart, 1985), *Magolaya* among the Huli (Frankel, 1985), *Dhutu* in India (Bottero, 1991). In many societies of South America, the distress caused by a sudden or unexpected event is believed to dislodge "an immaterial substance, an essence" (Rubel et al.1984: 8; Baer and Penzell 1993) from the body and cause the "victim" to become ill at some point in the future (days, months or even years later).

Among the Baloch, it may be argued that the concepts for the functioning of the heart are drawn primarily from the long traditions of Islamic and Galenic paradigms. As observed by Greenwood, (1984) according to Galenic paradigm, the heart is considered to be a central physiological organ related to innate

heat, nutrition, and the distribution of the blood, and an organ of emotional functioning. Galen believed that anger and grief might cause heart pain because they lead to excessive heat, and that fear and fright may cause the heart to leap and to register an irregular pulse. This perception was maintained in Islamic medicine, where both emotional and physiological functions, only loosely differentiated, continued to be assigned to the heart. Although the physiological perceptions of the heart among the Baloch only loosely link the heart to blood, they emphasize the centrality of the heart to life and focus attention on normal heart functioning.

Slip of the heart is a complex image that brings together a collection of symptoms, signs and meanings. Based on the analysis of sign and symptoms it can be assumed that slip of the heart may be a manifestation of some distressing nervous condition. Inchoate feelings and anxieties are given meaningful form, and a personally diffuse and upsetting situation is constructed in a manner that defines a new orderliness with new implications for relationships and action. To characterize a slip of the heart syndrome involves identifying the social characteristics of people who suffer from it. Social structural factors identify who is at risk for the syndrome.

There was a strong correlation between slip of the heart and specific social experiences and types of disadvantage. Slip of the heart episodes are provoked by threats to the subject's local social world, such as the family. These threats usually come from losses of family members or family relationships or from occurrences that potentially threaten valued relationships, such as divorce or conflicts with children. A frequent experience that has explosive force is the death of a family member, particularly if it is unexpected. Slip of the heart is a cultural idiom that expresses suffering and signifies a plea for help. Slip of the heart primarily may be a self-labelled illness. It may become an idiom for expressing certain stresses in the life of a Baloch. The

idiom may mask the underlying problems it represents. It may allow an expression of distress in an unalterable situation; or it may be used purposively to manipulate a social situation. It may not be a disease entity in the real world, which the term points to; however, it appears to be linked to the social complexes rooted in Baloch society.

9. SPIRIT POSSESSION ILLNESSES

Introduction

The most important and universally agreed upon among the supernatural illnesses was possession or invasion of the body by a malignant supernatural force. Spirit possession illnesses are those ailments which are supposedly caused by malignant supernatural forces and in which there is no contribution either from any fellow human being or from the patient. The malignant supernatural forces were generally described as evil spirits (*jinn*) and the sufferer is usually known to be possessed by an evil spirit. In this section, informants' views on different aspects of spirit possession are mentioned and two case studies of spirit possession are discussed in detail. The narratives of the patient KD and his family members are the main source in the composition of the first case. In the second case, the researcher observed the procedures of exorcism personally. The phenomenon of *Gwath*, which is also a spirit possession illness, is described in the following chapter.

Aspects of Spirit Possession

Informants termed evil spirits variously as *Jinn/Deh/Shaitan* having the same connotations as the supernatural entities with malevolent intentions to harm human kind by possessing their body and mind and they will be referred to in this study throughout either as evil spirit or *jinn*.

Informants universally believed that the evil spirits might penetrate and control animate or inanimate objects in order to harm or to mislead. I have been told of numerous cases of houses or trees possessed by spirits. A large body of custom

relates to their avoidance, propitiation, and avoidance of places and circumstances where they are likely to be encountered. The notion of spirits interacting with the living is deeply embedded in Balochi language. Many phrases are part of mainstream language of the Baloch, which are indicative of some kind of supernatural entities. "Fear the darkness, you may be possessed by a spirit in the darkness but an already possessed should not fear the darkness". "What's got into you" "What possessed you to...," "It's the work of the devil," or "Satan misguided me", or "He was struck like a slap of Demon", or ."Someone was looking over you," are a part of everyday vocabulary in Baloch society. Although the ability to see spirits is confined to those with a special ability to see them, during many social gatherings, many participants narrated stories of claiming to see or encountered a spirit.

A summary of the causes of spirit possession ascertained from the interviews with religious, specialised spiritual healers and other informants is given below.

1. The occasional possession of man by the *jinn* may be due to sensual desires on the part of the jinn...or even love, just as it may be among humans.
2. Possession sometimes also occurs as a result of horseplay, jest or plain evil on the part of the *jinn*, just as evil and mischief occurs among humans for similar reasons.
3. Possession is most often a result of the spirit/*jinn* being angry because some wrong has been done to them.

Spiritual healer Mullah AD enumerated the predisposing factors in any spirit possession case as follows:

- Being isolated and unprotected by the regular daily prayers
- Entering the toilet without fortifying prayers because the toilets are among the dwelling places

of the *jinn*

- Causing damage or hurt to a *jinn's* family
- Going without making fortifying prayers to areas of the jinn, like graveyards, thick jungles, deserts, mountaintops, riversides, isolated beaches and mountain springs
- Morally weak and non-practising Muslims are more vulnerable to spirit possession then practising Muslims with strong integrity

Asked why jinns possess human beings sometimes without any provocation, Mullah BK explained:

> **"Allah has created the jinn to live in isolated areas, deserts, refuse dumps, graveyards and animal dens. Jinn eat faeces, bones, and all the rubbish stuff. The jinn are definitely on a level below humans, because of Allah's favours, which He gives to whomsoever He wishes. Consequently, jinn accompany humans in order to enjoy some of those favours with which Allah has honoured them. They try to partake of the good food, drink, clothes, sex and sleep. This good life tempts the jinn into attacking humans". On the other hand, Moulauna AB contended that usually these are infidel jinns who enter a Muslim body. "By the grace of God I was able to convert one of the infidels into Islam. The conditions of the jinn are like that of humans. Some are Muslims and others are not. Some are righteous and others are not".**

Spiritual healer *Sayyed* BB specified five predisposing factors for spirit possession:

1) Extreme fear
2) Extreme anger
3) Extreme jealousy
4) Devotion to lust

5) Love of demons for humans.

Diagnostic symptoms of spirit possession

The ex-sufferers from spirit possession mentioned the beginning of a possession episode as a sudden sense of fear, goose bumps or the hair standing up on the back of neck or a feeling of a slap or a blow causing localized pain. In the initial stages of possession, the sufferer will feel a sense of disorientation with his or her surroundings and a will to rehabilitate himself but will be unable to re-orientate. Sleep is constantly disturbed, there may be intense nightmarish dreams and there may be constant headaches. They also mentioned intensification of negative emotions such as fear and hate. The other reported symptom is a continued sense of fear from people especially from strangers and unfamiliar faces and places. They mentioned that they were also aware of lowering of their body functions. Many possessed persons mentioned that they were in partial control of the mind, speech and some body movements during their possessive illness.

Informants believed that people who had been well and then hear "voices" must have been hearing the voices of a spirit that has entered the body by pushing out his own spirit. Possession was also explained as periodic acts; unusual outbursts of violence are understood as the comings and going of a spirit. An occasional torrent of blasphemy from the mouth of someone who is otherwise pious was also mentioned as an example of possession.

The relatives or friends of patients reported observation of much abnormal behaviour from patients. For instance, sometimes sufferers began talking to themselves aloud. Some time they claimed to hear spirit voices. Isolation tendencies might be present. Patient spoke out of turn in social gatherings and what

was said was not related to the prevailing conversation. Patient showed agitation by swearing and cursing. Such patients frequently expressed thoughts of suicide. Bizarre movements of the head, arms and fingers, choking projectile vomiting, mild spasms, and contortions along with grotesque vocalization were among the prominent features of possession observed by relatives and friends. They mentioned that these features did not happen all the time. Overall patients behaved in a confused way and they did not concentrate on normal life activities. Relatives of possessed patient also mentioned some associated clinical symptoms during the peak of the possession outburst. The physical and emotional symptoms of spirit possession mentioned by informants included fever, shivering, chest pains, difficulty in breathing and congestion, headache, swollen limbs and joints, boils, partial paralysis, fainting and trance, listlessness, semi consciousness, sleeplessness, violent behaviour, fear and menstrual pains.

One of the sufferer of spirit possession described how she felt when she was possessed:

> **"I felt as though an ant is crawling on my feet and then up my legs. This continued until it occupied my whole body".**

Another ex-sufferer narrated his experience of possession as feeling as if a sharp arrow pierced his stomach. Then it seemed to enter the throat. Another sufferer told me that he experienced a very severe headache, which temporarily caused a complete loss of consciousness, and then it happened that a kind of haze descended on the remainder of the body.

Religious healers mentioned that diagnosis of spirit possession involves the tracing of the events causing the onset of possession. These include the history of sudden fear or fright, time and place of unusual frightening or unsettling experiences in dreams and in the course of a patient's everyday activity. The

unsettling incidents, which lead the healer to suspect spiritual malevolence, are seeing unrecognizable figures usually in the night; smelling a foul stench; being startled inexplicably by objects in their path; being surprised by an animal unexpectedly crossing the path, being trod upon, or being attacked by an animal unexpectedly. Sayyed BB, a religious healer and exorcist explained how he diagnoses a case of possession:

> **"I first ask the patients some questions. I ask if they experience states of depression, headaches, and continual repetitive movements in their body parts or disturbing dreams. If that is the case, I asked them to spend the night at my house, and I ask them to inform me the moment when such a condition comes. After being informed by the patient or the attendant, I recite Koranic verses and blow my breath over them. Usually I find them shaking or breathing strangely. I continue reciting until the spirit in the patient starts communicating with me. I ask it why it came, and it reveals the reason".**

Although many informants believed the cold and hot imbalance in the body as the cause of one-sided facial paralysis, some religious healers in their interviews attributed the one-sided paralysis of the face to the attack of a spirit (*Deh e shahmat* or the slap of a spirit). The slap of a spirit is usually said to be caused by accidentally harming a spirit, through such actions as pouring water on ashes, or urinating on the ground where some spirits may be residing.

Possession was not defined by any one set of symptoms among the subject population of the research study. Many cases were reported where possession was partial, affecting only certain parts of the body, although the majority of the cases were of complete possession, affecting the whole body, sometimes resulting in convulsive disorders like epilepsy and hystero-

epilepsy. Mullah AD described the types of possession as follows:

> **"Sometimes the jinn take complete control over the human mind, and the human does not remember anything that occurs during that period of his possession. At other times the human retains control and is only overcome by the jinn for short intervals".**

Pattern of occurrence among the Baloch

Knowledge about spirit possession and other supernatural occurrences seems to be fairly evenly distributed and shared across Baloch society, although there appeared among informants no single explanation. It was observed that disputes over family responsibilities, infertility and lack of a male child, and death of a family member are the most common socio-cultural factors to possession, although many other kinds of stressful situation may also trigger incidents of possession. The fear of an illicit sexual affair being discovered may also trigger an incident of possession (this kind of relationship is tantamount to adultery and usually bears the certain death penalty among the Baloch). Sudden changes in the economic context have also been known to occasion possession episodes. It was observed that women are more susceptible to spirit possession, Gwath and other supernatural afflictions. The majority of informants including religious and spiritual healers insisted that women had a propensity to suffer from possessive illnesses. They claimed that women are weaker than men; they are more impure than men, that they come into greater contact with impurity, and that they evince a greater attachment to matters of the everyday world, so they are vulnerable. The medical specialist in the region on the other hand gave another version regarding the greater number of women afflicted by supernatural diseases. The psychiatrist Dr. DT estimated that the majority of women in Balochistan are suffering from one or

other kind of psychological illness. He mentioned the causes of suffering as restricted freedom to move around, lack of access to family financial resources, lack of entertainment, and the most important are disputes between husband and wife, the wife and husbands' family members or disappointing performances by children. What could be assumed is that three categories of women are likely to have the highest risk of supernatural disease occurrences i.e. women whose husbands are practicing polygamy; the women having no male children; and infertile women. No informant mentioned spirit possession of children below the age of 16. Patients included all strata of the society but middle or lower middle class women and men were the main sufferers.

Exorcism

The basic conceptual framework in the treatment of possession illnesses among Baloch spiritual healer is based on the notion of an alien entity in the body and mind of the patient and in many ways, it is universal among the Muslims. Expelling or exorcising the alien is the aim of treatment by spiritual healers. After the diagnosis of a spirit possession illness, the healing rituals are usually performed by the healer in the patient's house (but some healing rituals are also held in the healer's house) in front of a restricted audience comprising the close members of the family and family friends of the patient. The majority of the exorcists from the religious school of healing mentioned the same methodology (sometimes in altered sequences) in dealing with spirit possession as expressed by Moulana AM, a reputed religious personality and exorcist in Balochistan, in four treatment sessions:

- **The first of these sessions is the "purification of the heart" ("tatheer al-qalb"). The idea being that the faith of the person whom I am to treat must be clear and pure. There**

should not be in his faith any paganism, evil, disbelief, hypocrisy or falsity. Reciting Koranic verses to a defiled heart is comparable to planting a seed in infertile ground. It will not grow, because the ground was not prepared for cultivation.

- The second session is the "purification of the psyche" ("tazkiyah an-nafs"). The treatments are aimed at the first four elements. The soul (nafs) is a combination of cravings (shahwah), instincts (ghareezah), emotions ('aatifah) and inclinations (naz'ah). Therefore, we purify the sick patient's psyche. If he smokes, drinks, gambles, lusts after women or is corrupt in any way, we purify it so that the psyche can help the heart. I also try to purify the psyche of other sicknesses, like anger, hatred, malice, jealousy, conceit, pride, arrogance, intemperance, greed and stinginess. After this treatment, the psyche does not whisper to itself and it will block the whisperings of the devils.
- The third session concentrates on "cleaning the mind" ("tanqiyah al-'aql"). I advise those who can to read the Koran and authentic books of hadith and to illiterates I ask for the concentration on their daily prayers.
- The fourth and final session will involve the "removing of spirit" ("takhlees ar-rooh"). It consists of removing the evil spirit from its hold on the human spirit in a proper ritual ceremony and may involve physical violence against the evil spirit.

Almost all religious healers mentioned that they would resort to physical violence against the spirit on many occasions. According to SH, a religious healer and exorcist:

> **"Some jinn will only leave if they are beaten. Continuous recitation is sufficient to make some of them communicate, yet others will only communicate if I grasp the neck here (i.e., on the jugular veins). Then they reveal the reason for their possession of the human".**

Mullah BK mentioned:

> **"He would beat the patient with a stick until the jinn seeks permission to leave through the eyes or the head of the patient. I tell them no, leave from here, and they depart from where they are commanded. The leaving of jinn from the body is manifested when the arm or the leg of the patient will begin to shake, sometimes moderately, and sometimes, violently, until the movement gradually subsides, indicating that the jinn has left".**

10.3 Case Study 1: KD's Possession

KD was a *Saarban*[21] (camel man) married with five children. He was trading fish and dates from the coast to the Keech district on his fleet of six camels with the help of his nephew and eldest son. He was a nomadic herdsman but the drought of the last few years forced him to abandon his ancestral profession and he became a *Saarban*. I met him in Gwadur. The story of his

[21] A *Saarban* is the person who uses one or more camels for the specific purpose of transporting goods from one place to another. Camels were the main mode of transportation in Balochistan before the 1960s and still in many parts of Balochistan, along with trucks and pickups, one can observe lines of camels transporting various goods from one area to other.

possession is put together with the help of the narratives from KD, his sons and nephew.

A cat crossing his path while he was going from his village towards a coastal town caused his illness as he believed and this was later confirmed by the spiritual healer. This was just after midnight and he was dozing on the leading camel. His nephew was lagging some two kilometres behind with the other two camels. He was jolted by the sudden stop of his camel. In the twilight of stars, he saw a cat-like animal which crossed the pathway and disappeared in a flicker of a second (cats are not supposed to be found in this area). His hair rose, he began to shiver violently, his head began aching and he developed nausea. His camel became out of control, seemed not to recognise his master, and ignored his commands to set down. The camel refused to go farther and to turn back. His nephew arrived at the scene and controlled the camel with much effort; he found that his uncle was not in his senses. His nephew took him to the District Headquarter Hospital in Gwadur. A doctor diagnosed him as a case of cerebral malaria (malaria is endemic in the area). They remained with a family friend for a week and after completion of anti-malaria injections, he was given some tranquillisers. Although with the help of his nephew and some rest at the coastal village KD was able to complete the journey back to his village, symptoms like headaches and dizziness, non-responsiveness and some times aggressive behaviour towards his family members persisted. On the advice of a local schoolteacher, he was sent to a private clinic in Turbat where a psychiatrist used to visit from Karachi every fortnight. The psychiatrist gave him anxiolytic tablets and asked him to come back the following month. The shivering and high temperature was no longer there but the other symptoms persisted. KD showed signs of disorientation and sometimes, he used signs and words as if he was tending an imaginary herd of sheep.

He remained with the symptoms for nearly two years, with infrequent visits to the psychiatrist. Family friends including the local *mullah* of the mosque diagnosed KD's case finally to be a case of spirit possession, the cat being the manifestation of the ghost or spirit. They took him to an exorcist *mullah* AM, some 70 miles in the neighbouring district. The specialist *mullah* confirmed the spirit possession by opening the pages of the Koran in a ritualistic manner. He proclaimed after going into a state of trance that the camel of KD accidentally injured the child of passing jinn. His case was a simple case as no major damage was caused to the spirit. The ritual of exorcism lasted for three days and mainly consisted of reciting Koranic verses early in the morning. During the procedure, attempts were made to convince the spirit that it was an accident and not a deliberate act on behalf of KD and the spirit finally consented to leave the body. His son sacrificed a camel, an ox and three lambs as instructed by the healer, and distributed the meat among the villagers. KD regained some of his composure and began normal physical and mental functioning.

His eldest son abandoned the camels and went to Gwadur (the major coastal town in Southern Balochistan) to work on the fishing boats. He later brought all his family to Gwadur. At the time of my visit, they were living in a suburb of Gwadur. KD and his wife were tending 20 sheep, which their eldest son bought for them. KD and his wife were hopeful that 'God willing' their small herd would grow to be a complete herd in the near future. He was now feeling much better and according to his son and nephew, he was the same man as he was when they were out in the fields with their herds before the drought. Nevertheless, they did not think of the ailment of KD as a case of malaria or due to any stressful mental condition.

The background history of KD's case may shed some light on his possession illness. The drought was the harshest for many decades. Many agro-pastoralists and nomads lost their herds

with consequent diminished prosperity for many of them. KD was compelled to be a camel man in order to sustain his family. On the other hand the majority of his other relatives and friends were still holding on to their herds and cattle breeding activities as they were economically better off at the time of the drought and somehow managed to save some part of their herds and other cattle. They were able to build upon on what was saved. It is difficult to determine the affliction caused by this reversal of fortune with certainty on his physical and mental states; however, it was clear that his family had come upon difficult times. He was observing an unexpected and sudden reversal in his usual prosperity, wealth, and respect in the community (agro-pastoralism and cattle breeding are considered to be among the noble jobs by the Baloch).

10.4 Case Study 2: KM's Possession

KM is 35-year-old living with his uncle's family since he was 10 years old. He is semi-literate; the family is a subsistence farming family. KM works with his three cousins and uncle on their 20 acres of *Karez*[22] land. During the summer of 2001, he began developing abnormal behaviour, which with the passage of time became worse. The symptoms included backache, isolation tendencies, aggressive behaviour, and loss of interest in farming or other family affairs.

At the age of 10 KM was orphaned when his parents died in a cholera outbreak. His uncle took charge of his family affairs, which now consisted of his two elder sisters. After some years, his sisters were married to his cousins. As KM grew up, he worked for his uncle. His uncle provided his family with everything and treated him and his sisters on equal footing with

[22] A *Karez* is an underground water channel. An average *karez* can provide agricultural water for 200-300 acres of land. In Balochistan, *Karez* are jointly owned and run by many families in a cooperative way.

his own family members and for that, he was obliged to work in the fields more hours and with more dedication than his cousins did. His uncle had three daughters and in his heart KM was confident that as his sisters were taken as the wives of his cousins, in return as it is traditional among many families, he would be given the eldest daughter of his uncle as wife, to whom he had developed a liking. This did not materialize as 5 years previously his uncle gave his eldest daughter to the son of a nearby villager who happened to be the close friend of KM's eldest cousin. The social values did not allowed KM to protest openly. KM could not think of angering his uncle, as he was very much obliged to him for taking his orphaned sisters as his daughters-in-laws. However, his attitude towards the family members changed immediately and he became especially hostile to his eldest cousin. After some days, the symptoms of backache appeared and other symptoms followed. The complaints about backache restricted him for some times to remain in bed and his interests in the farming and other family matters became negligible with the passage of time.

His uncle sent him to a bonesetter in the nearby village who diagnosed him with sciatica (*spathen rug*). The bonesetter branded (*Daag*) [23] lower areas of his spinal column with a red-hot iron nail. For some weeks, he became better but symptoms appeared again and over the period, his back condition worsened and he was unable to perform his normal functions. This was accompanied with frightening and strange experiences at night. He had terrifying dreams. Sometimes he felt difficulty in breathing. His body would shake uncontrollably as if some external force was shaking him. His attitude towards his cousins became very hostile sometimes especially with the eldest one. He avoided the company of others. His uncle and cousin took

[23] *Daag* is the Branding or labelling of the affected parts of the body with a red-hot iron nail is a very popular remedy for a variety of illnesses accompanied with chronic pain. It is also used in some orthopaedic conditions.

him to a private clinic in Punjgur. The doctor there gave him some painkillers (Brufen) and some tranquilizers (diazepam). The treatment did not produce any desirable effect. On an *Eid*[24] occasion when all the family members and close friends came to his uncle's house, the condition of KM was discussed fully and it was decided that the symptoms were clearly indicative of spirit possession and it was decided that *Shey* SH (a known and popular exorcist and a local leader of a religious party) should be consulted.

The *Shey* confirmed that the symptoms were indicative of a spirit possession. He asked for a lamb to be sacrificed and wrote a *Taweez* to be tied around the forehead of the patient. He said to the uncle that if no progress was observed within one week, he should bring him back so that he could perform the ritual of proper diagnosis of the possession and exorcism. As no progress was observed KM was brought back to the *Shey* again; the *Shey* after recitation of some Koranic verses went into a trance and spoke apparently with someone invisible to the audience. After coming back to his normal state, the *Shey* announced that a female spirit from Zabul has possessed KM[25]. The female spirit and her family was going to perform Hajj[26] and were staying the night near the fields of his uncle where in the early morning she saw him coming towards the field and she fell in love with him. The *Shey* announced that as the spirit was a Muslim he was optimistic of convincing her to leave KM's body during a simple healing ritual. Next morning the healing ritual began, during which the *Shey* spoke to the spirit through KM (although the patient was speaking it was believed that it was the spirit possessing his body, which was speaking). After

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[24] *Eid* are two Muslim holy occasions and days of celebrations among Muslims. One is after the end of their fasting month of Ramadan and the other is the marking of the end of the annual Hajj pilgrimage in Mecca.

[25] There are two separate regions called Zabul. One is situated in southern Afghanistan and other is situated in the north east of Iran.

[26] Hajj is the annual Muslim pilgrimage to Mecca in Saudi Arabia.

the recitation of Koranic verses and exchanging of strong words between the healer and spirit the *Shey* declared that the spirit was not as lenient as it was thought earlier and a full ritual would be performed the following week and continue until the possession was repulsed.

I had earlier requested *Shey* SH that I may be allowed to attend one of his exorcising sessions if it occurred during my fieldwork. He had promised me that he would inform me when there was a case. I was informed by the *Shey* about the date of the healing ritual. I believe that he postponed the ritual for a week just to enable me to participate in it.

Observing the exorcism

The patient was stretched on floor of the room, a family friend and two of his cousins were sitting on his sides. The male members of the family and some close family friends and all others among us were sitting at a distance in the room. The *Shey* was positioned on the right side of the patient near the lower part of the patient's body. He began the process by reciting some verses from the Koran and extended his breath into a bowl of water. He sprinkled some of the water with his fingers towards the face of the patient. The patient cried and shook violently. Then he addressed the spirit in a mixture of Farsi (Persian) and Balochi languages[27] that she has broken the law of Allah and His prophet, whom He sent to both worlds—that of men and jinn. He told her that at the day of judgement the evidence would be brought against her. He informed the spirit that the patient has done nothing to harm her. He asked the spirit to leave the body of KM and never return to him. The spirit (supposedly) replied in the patient's voice but in a strange

[27] When after the ritual ceremony I asked the *Shey* why he used the Farsi language while KM could not understand this language, he replied: It was not KM I was dealing with, it was the spirit who possessed his body. The spirit was from Zabul where they speak Farsi (*Dari*).

tone that she would not leave him as she planned to marry him. The *Shey* at this point informed the spirit that Allah would not allow marriage between *jinn* (spirit) and an *uns* (human). The patient (or spirit in the patient's body) stopped responding further.

After a ten minutes postponement, the Shey repeatedly asked the spirit to leave and in response, (the spirit within) the patient began to convulse violently and used some abusive language towards the *Shey* and sometimes words which could not be understood were uttered. The attendants forced him to the floor. The spirit (within the body of the patient) continued to threaten the attendants and the *Shey* with dire consequences. The *Shey* began to recite the verses of the Koran in a louder voice, in the intervals used scolding, threatening language, and invoked the curse of Allah.

There was another small interval in the procedure then the Shey began the recitation of Koranic verses of *Sura al-Faatihah* and *Aayah al-Kursee*. These verses from the Koran are supposed to be the most potent and effective instruments in the prevention and expulsion of supernatural possessions according to Muslim religious healers. He was repeatedly asking the spirit to leave. ("In the name of Allah I order you to leave the body of KM"). The patient or spirit in the patient was now showing extremely violent behaviour and was using very provocative and abusive language against the *Shey* and his family members. The *Shey* seemed to be tired of all this exercise and seemed to be provoked by the language used against him and his family. He declared that this spirit would not leave without the infliction of physical hurt and that the session would resume after lunch.

After lunch and the afternoon prayers, the process started again. During the lunch period, the *Shey* prayed over some dates and asked the patient to eat them. After the lunch the *Shey* began reciting verses of the Koran, (this time with a stick in his hand),

the patient suddenly pushed the half chewed dates from his mouth in a projectile vomiting towards the face of the *Shey*, spoiling his beard and the collar of his shirt. The *Shey* asked to tie the patient. A string was tied around the thumbs and toes separately. He took the stick and beat the patient on the thighs and arms. The patient (or the spirit) screamed and yelled that she was not going to leave and that beating would do nothing. During the beating, the spirit cried out, "I love him." The *Shey* said, "He does not love you." The spirit said, "I want to make *Hajj* with his company." The *Shey* replied, "He does not want to make *Hajj* with you." At this stage, the *Shey* and the patient both looked very much exhausted. After some minutes, the recitation and asking to leave the body of the victim began and with the refusal from the spirit, the beating started this time more violently. He began reciting over him until the spirit screamed and said, "I swear by Allah that I will leave." he said, "No. I will burn you with the Koran, the words of Almighty Allah. I will not let you go. You have become imprisoned by Allah and then by me." After a while a weak voice from the body came. It said, "I will leave him in your honour." The *Shey* replied, "No, do so in obedience to Allah and His Messenger." It said, "Then I will leave him." The spirit promised repeatedly to leave and never to return. At that point, someone untied the fingers of the patient on the instructions from the *Shey*.

KM shook violently and sat up, looked left and right and recited the *Kalama e Shahada*[28]. Apparently, there was no indication of having a thorough beating recently on the face or from the gestures of KM. When I asked him later 'did you feel any pain', his reply was that he did not feel anything and that he was not aware of any beating on his body. The *Shey* informed the people who were present that the spirit has gone and it left through the

[28] Recitation of *Kalama e Shahada* or the words of evidence is one of the basic tenets of Islam. It means; there is no God except Allah and Mohammed is his true messenger. It is the first and necessary steps towards the adoption of the Muslim faith.

toe of the patient's right foot. However, he warned that she could come back, and he strongly suggested to the uncle, and other family members to arrange immediately a marriage for KM as if he remained single the spirit may again take him over for she was in love with him. He also asked for the slaughter of a lamb and distribution of its meat among the poor of the village. When I was returning to the university, I was told that every thing was now fine with KM. All the family members showed much caring towards him and his antagonism towards his eldest cousin evaporated. His uncle on the advice of the shey SH and with the consent of his sons gave his second daughter in marriage to KM.

Conclusion

Spirit possession events can descend out of nowhere, and can explain sudden changes in the behaviour of a person. A person with no physical ailments but who one day begins to act irrationally is believed to be possessed. Similarly, possession can be used to explain what medicine usually defines as neurologic—epilepsy, ties, movement disorders in general—events where to the naive observer it would appear that the unfortunate victim is being forced to do something against his or her will.

Socio-cultural factors appear to be among the determining factors in spirit possession cases described above in the chapter. In KD's case, the drought was the harshest for many decades; many agro-pastoralists and nomads lost their herds with the consequent diminished prosperity for many of them. KD was compelled to be a camel man in order to sustain his family. On the other hand, the majority of his other relatives and friends were still holding on to their herds and cattle breeding activities as they were economically better off at the time of drought and somehow managed to save some part of their herds and other cattle. They were able to build on what was saved. It is difficult to determine the affliction caused by this reversal of fortune

with certainty on KDs' physical and mental states; however, it was clear that his family had come upon difficult times. He was observing unexpectedly and suddenly a reversal in their usual prosperity, wealth, and respect in the community.

KM was in his 30s and unmarried (the most immediate social stressor in a Baloch social perspective) and there was no hope of his getting married soon as his cousin was married to another person and he had nothing to buy himself a wife as he had been working for his uncle without any fixed salary. The situation was hopeless for KM. This situation immediately changed after KM's condition aggravated. All the family members showed much caring towards him and the antagonism of his eldest cousin evaporated during the course of his illness. His uncle on the advice of the *Shey* and with the consent of his sons gave his second daughter in marriage to KM. KM regained not only his health but his social and family status also. Clinically KM may have been a case of DSM-IV, a dissociation reaction to the mental and physical trauma suffered by him throughout his life [death of his parents, inability to care for his sisters, loss of cousin as his would be wife, and extreme physical hardship in the farming job].

It is indicative from most of the symptoms in a majority of the patient that possession or other supernatural illnesses are connected with recognized disorders in the social relationships of patients and in the relationships of others in the patient's social context. A wide array of social problems may be addressed through the treatment of supernatural illnesses and this is consistent the way in which they are explained and understood.

Spirits are able to attack people and posses them because it is believed that they have been given "permission" to do so by the Almighty. The relationship between the patient's mind or "self" and the attack of the spirit is not clear. It appears at first

glance that the exorcism of the spirit could be done without the cooperation or even the consciousness of the patient, exorcists tend to describe their cures in terms of the patient "feeling happy" or "believing" that the spirits have gone. The exorcists emphasize that the patient should stay awake and attentive throughout the entire ritual. The patient during the ritual often becomes "possessed" and goes into a trance in which he behaves like the spirit which is "residing" in him, shouting, shaking, and defiantly demanding his own way. During these episodes the patient unleashes a great deal of aggression, and the fact that he is so far out of conscious control is a demonstration, within the meaning of the ritual, that evil forces do actually possess him. Thus the exorcist must deal with a situation in which the locus of the patient's "self" is ambiguous or uncertain; the exorcist is responsible for controlling the defiant demon/patient, and for returning, the patient's self to him at the end of the ritual.

10. THE PHENOMENON OF GWATH

Introduction

The phenomenon of *Gwath* is a spirit possession illness, which is peculiar in the way in which it is diagnosed and treated. The word *Gwath* means air or wind in the Balochi language; it is used metaphorically for anything without a solid structure. *Gwathi e Moth* is the category of spiritual healers who diagnose and exorcise the *Gwath* spirit; they incorporate not only pre-Islamic rituals in their healing methods but also music and dancing in the ritual ceremony or *Laeb*, which the religious healers think un-Islamic. This chapter is the description of the *Gwath* phenomenon among the Baloch and a detailed account of the observation of an exorcising ceremony of a *Gwath* spirit.

Symptoms of *Gwath*

Informants described the major symptoms of a person afflicted by *Gwath* as headache, dizziness, fatigue, weakness, and abdominal pain. These were accompanied by many other symptoms like sadness, worry, suspicion, disbelief, and a sense of a genuine fear to a hypothetical situation, causing him or her bad feelings and illness.

Gwathi e Moth SN when asked about the symptoms of *Gwath* said that the *Gwathi* (the term *Gwathi* is used for a person afflicted by *Gwath* spirit) looks pale, and feels sick within the heart. Her/his heart is weak and full of fear. One of the sufferers of Gwath observed during the interview:

'The Gwath makes people do things such as dancing, taking off their clothes, crying, and even committing suicide. If a person with Gwath goes near *Sochoki* [Malcolmia bungae, used as incense] the person may enter into a state of trance or ecstasy'.

Another sufferer reflected:

"Gwath is just like a wind, shadow, thought, or a feeling, it does not have a solid body but affects the heart and thought processes."

The women are most afflicted by *Gwath* but there are also many cases where *Gwath* afflicted men. The informants on *Gwath* quoted the usual stereotypical reason for the greater number of women affected by *Gwath* as women being polluted by menstruation blood and the *Gwath* is attracted to dirty things. When asked why *Gwath* afflicted women in a greater number than men, SN explained (SN is one of the three reputed female *Gwathi e Moth* presently practicing in southern Balochistan):

"Gwath is a bad spirit in the air. The Gwath will attack if one is dirty or polluted, menstruating, or has not taken a bath after intercourse. If a woman is pregnant, the Gwath will not only attack her, it will get her child too."

Gwathi e Moth AF contended that the reason that more women suffered from *Gwath* is that they are stubborn, jealous, or very ambitious for social status and prestige in their family or community and have strong desires for such things as gold and clothes. This affects their hearts and weakens them, he said. They are also physically weak and can easily be attacked by bad spirits.

Table 11: Some terminologies related to the phenomenon of *Gwath*

Terminologies	Meanings
Gwath	The illness of possession by Gwath spirit
Gwathi	The person afflicted with Gwath
Gwathi e Moth/ Sheink/shey	The spiritual healers dealing with the diagnosis and treatment of Gwath. Gwathi e Moth is also called a Sheink in some areas of Balochistan
Gwathi e Laeb	The ceremony or ritual to diagnose or exorcise the Gwath Spirit
Pur	The state of trance or ecstasy during Gwathi e Laeb. Pur is used specifically in a Gwathi e Laeb and other possessive illnesses among the Baloch. In general usage Pur is any state of not being within normal social and psychological limits.
Saaz	Saaz is the music used in the Gwathi e Laeb. The nature of the music is usually determined by the nature and intensity of Gwath possession and by the suggestions of incarnated spirits of Gwathi e Moth
Soroz	Soroz is an ancient and traditional Balochi musical instrument resembling the violin but the sounds are quite different
Tamboora	A three string musical instrument

In recent years, the frequency of *Gwath* afflicting individuals among the Baloch has dropped considerably comparing it to the

figures before the 1970s, as was mentioned by different *Gwathi e Moth* and other informants; however, *Gwath* is still considered as a normally occurring illness in the south of Balochistan. The medical practitioners and the local psychiatrist in the three districts of my fieldwork cited several causes of *Gwath* affliction among women:

- social and economic deprivation
- related to family stresses
- there is a menopausal connection
- a manipulative tool in interpersonal relations among women
- a means to express socially inexpressible or unacceptable emotions
- a folk model of anxiety and depression

Possession by a *Gwath* spirit has the same pattern as other supernatural diseases. It was reported among both sexes but women of the age of 25 to 50 years were reported to be more vulnerable to a *Gwath* possession.

The *Gwathi e Moth*

Specialist healers called *Gwathi e Moth* diagnose and treat the Gwath. They are sometimes also called *Shey/Sheink*. They claim to have some sort of knowledge that enables them to gain power over *Gwath* and other evil spirits. These healers not only make contact with the spirit world, they also have the power to make some spirits incarnated. These incarnated spirits are the primary means by which they diagnose and treat their patients. *Gwathi e Moth* are the followers of spiritual teachers who guide them in the world of spirits, though later they develop their own skills through self-training. The specialist in this category of spiritual healers is supposed to be a medium able to make contact with the world of spirits, especially in a trance. Spirit voices speak directly or indirectly through the medium, and materialization of a disembodied spirit may take place through

them. In this process, they sometimes control the spirit for their healing purposes. The diagnostic rituals performed by a *Gwathi e Moth/Sheink* to diagnose the cause of illness consist of getting into trance.

AF is a seventy-year-old man who has been practicing exorcism of the *Gwath* spirit for many decades. He is usually referred to as Sheink AF. He obtained knowledge of *Gwath* from his grandmother, who was a famous traditional midwife and a *Gwathi e Moth*. He is protected and supported by three different saints in his endeavours against *Gwath* and other evil spirits. He said that these saints also protect him from being harmed by the evil spirits. His slave spirit (incarnated) is only one, male, and is from Zanzibar in Tanzania. When in a trance he understands his incarnated spirit's language. When asked about his technique of healing he replied that he would first have to diagnose the illness through his incarnated spirit (*jinn*) and then find the treatment. He would ask the patient a few questions such as, does your heart fear? Do you see strange dreams telling you that you will die? Do you have phobias or suspicious thoughts in your heart? If the answers are in the affirmative, then he has to do some astrological calculations, which help him in designing a proper treatment ritual or *Laeb*. If his spiritual knowledge were powerful enough to control the *Gwath* spirit possessing the patient, it would reveal its identity. This would enable him to determine the proper music and sacrificial food during the healing ceremony.

Gwathi e Laeb

Gwathi e Laeb is the ritual ceremony performed by *Gwathi e Moth* to diagnose and heal the ailment caused by the possession by the *Gwath* spirit. The word Laeb means the game or a play in the Balochi language. The Laeb ceremony is used to confirm the diagnoses of the illness, with the help of incarnated spirits of *Gwathi e Moth* who also suggest the treatment for the ailment.

For the *Laeb* itself, the *Gwath e Moth* arranges for music and food while all the expenses are paid by the patient's family. There are many types of *Laeb*, each with its own special features. Each type of *Laeb* must be performed for a specified number of days, a certain type of music must accompany it, and certain types of food must be served during it. The feast usually includes sweets, fruits, meat and rice, which is cooked during the ceremony and distributed at the end of it to the participants. Some spirits demand a big feast before leaving the patient, while others only ask for few kilos of sweets. A *Laeb* lasts from some hours to seven days, and its duration determines the type and quantity of the food that is provided. The *Gwath* spirit's share of the food is usually thrown into a corner outside the house or into the ocean.

High pitched ecstatic music and rhythmic drumming in the background is used during the ceremony of *Gwathi e Laeb*. In the early phase of the ceremony, the *Gwathi e Moth* tries to ascertain the identity of the *Gwath* spirit by questioning the possessed (the spirit of *Gwath* is supposed to communicate with the healers or others through the possessed). Alternatively, the spirit may be cajoled or provoked to reveal itself. The *Gwath e Moth* uses his/her special language to communicate with and expose the possessing spirit. When the spirit reveals itself and starts to speak, the reason for possessing the targeted individual will come out into the open. The spirit often requests items such as gold or clothing as gifts, or else demands relating to jealousy or envy may be made. Sometimes a warning of impending danger or of failure to fulfil social obligations may be given. Many cases have been reported in which the spirit asks women to leave their husbands or refrain from sexual relations. Sometimes demands may be related to health and illness but most of the requests point to psychological or social stress. If these demands are appropriate, a *Gwathi e Moth* agrees to fulfil the spirit's requests. In this way, the spirit can only be

convinced to vacate the body of the 'victim' after being promised that grievances are going to be heeded.

Observing a *Laeb*

TH, 30, is a housewife, married for the last 10 years. Her husband is a small shopkeeper. Many of their family members are also live in the neighbouring Sultanate of Oman. She has no children and has never been pregnant. After two years of married life and having failed to produce any child, her mother in law consulted a traditional midwife (*baluk*). The midwife treated her with different herbal remedies and massaging for two years. After being disappointed by the traditional midwife, she began visiting a Lady Health Visitor (LHV) at the Rural Health Centre. After some months of treatment by the LHV with no positive results, she arranged to go to Karachi where she underwent treatment by a gynaecologist for more than one year. At least two minor procedures (cleansing operations according to the traditional midwife), were performed by a gynaecologist on her body. The infertility was still there. Slowly TH began to develop abnormal behavioural signs. She began to avoid family members. Some times, she was agitated. She complained of sinking heart, burning heart, frightening dreams and dizziness. Her mother in law took her to the known religious figure of the area. He gave some *Taweez* to be washed and the water drunk for three consecutive mornings and a cord (*Bund*) which had been prayed upon to be worn around the neck of the patient.

These procedures went on for several years along with the visits to the LHV and Karachi gynaecologist. Last year one of her relatives from the Sultanate of Oman visited their home. She suggested that TH should be treated by a *Gwathi e Moth* for her ailment and infertility, and that the healers in Oman in a

ceremony called *Ramsa* are successfully treating such cases[29]. Her mother in law agreed and she with another woman went to meet a *Gwathi e Moth*, SN, reputed in the area for her healing potential through *Gwathi e Laeb*. She belonged to a family of *Gwathi e Moth*.

I had requested the village head[30] (*Kahoda*) of SN to inform me and arrange for my observation (including the permission from the patient's family and *Gwathi e Moth*) of a *Laeb* ceremony whenever it was held. He sent a person to inform me that a *Laeb* was being performed and that I would observe it in March 2005. I went one day earlier to the proposed beginning of the Laeb and managed an informal interview with SN with the help of *Kahoda*. She told me that the *Gwath* spirit possessing TH been identified as Zahran and belonged to Khorasan in North Eastern Iran and the spirit possessed her while she was in her bathroom. She told me that perhaps this *Laeb* might continue for more than three days and as initial days were for the preparation of the patient, she suggested that I should join the ceremony on the final day.

The patient and her family members were already in the village residing with one of their relatives and the *Laeb* was being held in that house. I was told that the patient was isolated in a room for three days and nights. She was given a bath of different

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[29] *Ramsa* is a healing ritual performed to repel or placate the *Zar* spirit and somewhat similar to *Gwathi e Laeb* in that it also uses music for healing but it is different in the sense that it is for females only. It was a routine therapeutic affair in Sultanate of Oman until few years ago [Sameer et al, 2001; Messing, 1959; Kennedy, 1978].

[30] In southern Balochistan, the ancient tribal institutions are non-existent, although people identify themselves with their tribes. There are no formal tribal chief and there is no particular geographical area for a particular tribe. The settlements and villages usually consist of people from different tribal origins. *Kahoda* is equivalent to *Mouthabar* or *Takkary* elsewhere in Balochistan who are responsible for the administration of a large section of the tribe.

herbs and a massage every night for the preparation of the Laeb ceremony. During the *Laeb* and the preparatory period she must wear white clothes. Every night a mixture of incense was burned in her room. She was not allowed to have visitors. These procedures purified the patient, and by the fourth night she was ready for the *Laeb*. During the ceremony an extra two yards of white cloth were tied around her waist. She was also given a protective ring by the healer.

When we arrived on the site of the ceremony on the fourth night, two musicians were playing *Soroz and tumbura* (the traditional Balochi musical instruments). The two drummers were sitting ready behind the string musicians but were not playing their drums for the moment. There were several women and some children sitting in one corner of the large courtyard. On the other corner half a dozen men were sitting. A huge fire was burning in the centre of the courtyard. A shovel had been put on the burning charcoals near the fire and incense was burning in a small clay pot. The patient was dressed in white, and she was sitting on a mattress covered with a white sheet. Her head was on her knees. The healer, the *Gwathi e Moth,* was also dressed in white. She was standing in front of the musicians, rolling her head back and forth. Some women were cooking rice and meat on another open fire. The smells of incense smoke and cooking meat and rice, combined with the sound of *Soroz* music created a mystical atmosphere. The healer asked the musicians to change the music to a high pitch. Now she began singing some religious and some folk lore loudly, absorbing herself in the music. She tied a long white cloth around her waist and started moving her body faster back and forth and shaking her head to the music.

Now the drummers joined the musical concert. Occasionally the healer would sit down and then stand up again, swinging her body with the rhythm of the music. Soon she was at a high point of ecstasy or trance or she became *Pur*, as it is said in Balochi.

She was speaking apparently with no visible entity in a mixture of Balochi, Arabic, Persian and Urdu languages and in between chanting some intelligible mantras. *Kahoda*, the village head told me: "she is now talking with her incarnated spirits about the ailment and treatment of the patient". Some of the women and one man asked her to present their symptoms to her incarnated spirits for diagnosis. Some were saying, 'Ask the spirit what is wrong with me, my body is hurting all the time!' Another wanted to find out why her feet were burning. She answered some and ignored some others; 'Nothing is wrong. You are all right. You don't need treatment,' she answered one of the middle-aged women.

After a few minutes, she slowed her movements and came out of the trance. The music also stopped. She announced the confirmation of the earlier diagnosis that the *Gwath* spirit possessing the patient is a male spirit named as Zahran and is responsible for the patient's infertility and other symptoms.

The patient was now lying on the mattress. The healer went to check the rice. 'It is almost cooked; we should start the treatment' she announced. She then pushed the steel head of the shovel further into the fire, and the musicians started playing again. Some one brought a large plate and a bottle of mustard oil, and she put some mustard oil in the plate and put it on the ground. She knelt in front of the musicians, moving her head slowly with the rhythm of music. Soon after, she stood up and started a rhythmic dance. She was singing at the same time, and again she brought herself in to a state of trance. The patient was now sitting, and she put her right hand on the patient's shoulder and started moving her body back and forth, until the patient herself started moving. The patient was now moving her body faster and faster, moving her head and upper body sideways, back and forth; after a while, she fell, perhaps in exhaustion and the other women took her and laid her on the mattress.

The *Gwathi e Moth* walked to the fire. By this time, the shovel was red hot, and she picked it up by gripping its handle in her right hand and brought it near the patient. She asked two women to hold a large piece of cloth around her like a screen. She coated her left hand with mustard oil shouting, *'Ya Ghous-e-Azam!* She rubbed her right palm against her left, coating it with oil, and hit the red-hot shovelhead with her palm. Flame and smoke rose from the burning oil on her palm, and she quickly rubbed her palm on the patient's abdomen and back (This was to transfer the healing current to her and for restoring her fertility; *Kahoda*, the village head told me. We were unable to see it through the screen and *Kahoda* was conveying all the procedures going on behind the screen to me). She repeated this action three times, and then put the shovelhead on the burning coals.

The healer again started dancing to the music. A few minutes later she held the patient by her arm and accompanied her towards the fire; together, they made three circles around the fire. At the end of the third circle, she took the shovelhead out of the fire, circled it three times over her head and put it back in the fire. She led the patient back to her place and both sat on the mattress. She put her left palm over the patient's head and with the right palm massaged her stomach. The music became louder and the *Gwathi e Moth* stood up and started dancing again. The patient sat quietly, her head on her knees. The healer came near her, put her hand on her shoulder, and made her move back and forth. This time she was clapping her hands while singing. She came back in front of the musicians, moving her body back and forth. The musicians were playing the music louder and louder. The patient went into a trance and she started moving her body. She was moving her upper body back and forth furiously. After a while, she fell, and the musicians stopped playing.

The *Gwathi e Moth* went to the rice pot, stood there a while, and then started praying, her face towards the sky. She prayed three

times and blew over the rice. Then she took out some rice, put it on a large plate, placed the cooked goat's head on top, and brought it to the patient. They both started eating. She tried to feed the patient but she ate reluctantly. Now the musicians were playing a slower tune. The men and women were now talking and laughing; everyone was relaxed. The healer began to distribute the rice among the audience. By 3:30 a.m., eating was finished. 'Give me the bones!' demanded the *Gwathi e Moth*. Everyone gave her their leftover bones, which she placed in a yellow cloth and held over the head of the patient. She asked the musicians to play the music. Three other women came up and held the other corners of the cloth, which held the bones. The *Gwathi e Moth* was singing. This time the musicians and some of the participant men and women were also singing. This was called the 'skull's play (*Kopar e Laeb*). The healer was drawing the cloth back and forth over the patient's head, and singing along with the others. After a few minutes, she put her hand on the patient's shoulder and started moving her as before. Two women got into a trance, stood up, took the patient's hand in theirs, and tried to make her stand up too. The women pulled her up and she started dancing. Now there were three women dancing in a circle. The music was becoming louder and louder. The majority of those present now gently swayed their bodies, clapped their hands and nodded their heads .The rhythm quickened. It looked as if the patient and others were "hypnotized" through a combination of the rhythmic beat of the drums and instrumental music, the mesmerising actions of the *Gwathi e Moth*, the repetitive motion of dancing, and perhaps by the increased level of hormonal secretions from their brains.

The healer held the patient's hand and they were both dancing...faster and faster...moving their bodies back and forth, and shouting, '*Ya Haq! Ya Haq*!'[31] In a crescendo of

[31]Ya Haq mean 'O Truth' and 'Truth' symbolizing God or any Supreme Being. In Balochistan and other parts of the Middle East, spiritual healers

excitement, that had the healer and the patient pouring with sweat, the healer made convulsive rhythmic movements directed at the patient. A few other women also got ecstatic and joined the group. They danced furiously for about a quarter of an hour. The patient fell on the ground, exhausted, while other women were still moving their upper bodies in an unbalanced way. The music then became slower and finally stopped. 'Good, it is over,' announce the *Gwathi e Moth*; 'the *Gwath* spirit has gone for the good. She will be OK now'. The healer took the bones outside the yard for throwing into the sea (this is for the consumption of the *Gwath* spirit, explained *Kahoda*). This was the end of the ceremony. It was five in the morning, when everyone finally got up to leave.

Conclusion

Apparently, TH's possession was mainly instigated by the stigma of being barren. As it has been mentioned earlier childlessness is an irreparable humiliation for which there is no source of comfort in traditional Baloch life, and even if it is the husband at fault, the wife is not excused in the eyes of the family and society. Among the Baloch the infertility is supposed to result from human, spiritual or supernatural causes or is inherited. Infertility is among the reasons, which lead to separation of families, and to divorce an infertile wife bears no moral or social consequences for the husband. When a wife fails to deliver a child after two years or so, it becomes a major illness and psychological problem not only for the wife but also for the whole family. Pressures mount if a woman fails to conceive within a reasonable amount of time after her marriage. The dreaded possibility of being barren is a nightmarish specter for a woman who has not borne a child...the mark of her success as a

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and sorcerers usually say this while they are entering a trance state or about to be Pur.

person is her living, thriving children. A barren woman is often the object of public and private gossip, scorn and pity. Descriptions of this *Gwath* illness may compare it favourably with several depressive or anxiety disorders in a biomedical point of view.

There is a lot of symbolism and mysticism involved in ritualistic healing of the *Gwath* spirit. The special role of spirits in healing reflects their exceptional role as coping mechanisms, utilizing universal aspects of symbolic healing. This involves placing the patient's circumstances within the broader context of cultural mythology and ritually manipulating these relationships to transform emotionally the patient's self and emotions. Ritual manipulations of unconscious psychological and physiological structures enable the healers to evoke cognitive and emotional responses that cause physiological changes. The 'eviction of the spirit' in a *Gwathi e Laeb* occurs when the possessed dances with emotional excitement and starts to tremble and convulse. Then, the patient falls to the ground in frenzy, followed by 'collapse', 'trance' and a period of sleep. Once awakened, the possessed is 'invaded by a new personality'. The patient usually remembers nothing of what was said and done during the healing ceremony.

The healing effects in a *Gwathi e Laeb* are brought about with the involvement of ecstasy, spirit relationships and community involvement. Ecstasy or a state of trance is manifested by visionary experiences and communicating with incarnated spirits by the *Gwathi e Moth*. The *Gwathi e Moth's* relationship with his or her incarnated spirit/s is pivotal, as they are supposedly the tools in the diagnosis and treatment of *Gwath*. Involvement of the community in the ritual ceremony of *Gwathi e Laeb* provides a mechanism for social coordination and eliciting the opioid and immune systems, elucidating important social, psychosocial, and psychophysiological effects. Group singing in the *Laeb* may provide an emotional communication

system that promotes social well-being, empathy, and social and cognitive integration. The ceremony of *Gwathi e Laeb* provides an occasion for a person to set aside the social inhibitions by dancing in the open, which is otherwise unthinkable in the Baloch society. The demands of the *Gwath* spirit and its characteristics may reflect the dynamics of the social and interpersonal relations of a Baloch person. The belief in affliction by the *Gwath* spirit among the Baloch constitutes a symbolic system of perceptual, behavioural and personality complexes and the *Gwathi e Moth* in the ritual healing practices during a *Gwathi e Laeb* manipulates these complexes and produce healing by restructuring and integrating these unconscious dynamics. Clinically, in some cases the symptoms of Gwath may resemble that of an altered state of consciousness.

The phenomenon of Gwath further provides that the root of all suffering is craving, or attachment to the things of the world. Bad spirits, with their desire, are clearly gross manifestation of craving, and thus are particularly suited to be representations of Gwath. Some of the manifestations of Gwath clearly indicate that the patient is also temporarily manifesting excessive craving. The promised craved items by the healer, the food and the music can be the trade off between the bad spirit and the Gwathi moth for giving up the patient's body in return. The Gwathi Moth thus deals on several levels with the forces of craving and greed which underlie illness itself. Different kind of food for different types of Gwath illness can be explained in this context.

Gwathi e Laeb and exorcism by a religious healer are ritual ceremonies to expel the intruding malevolent spirit from the body of the patient; however, they differ in many respects. Spiritual healers of a religious background perform exorcism while only specialised spiritual healers or *Gwathi e Moth* performs the *Laeb*. In an exorcism, only a selected number of

close relatives are allowed while the *Laeb* is open to the whole community. Only Koranic verses are recited in excorism while in *Gwathi e Laeb* there is no or a little inclusion of Koranic verses. For *Laeb* the patient and the healer are properly prepared and dressed while such is not the case in an exorcism ritual. The food items are arranged according to the nature of *Gwath* affliction, and food is prepared, and distributed in a particular way. In exorcism, there are no special arrangements for food. Music, dancing and singing are very important in *Laeb* while such things are unthinkable in an exorcism which is performed within Islamic religious parameters.

11. BELIEF IN SORCERY, BREACH OF SOCIAL TABOOS, AND THE EVIL EYE

Introduction

Some supernatural ailments are believed to be intentionally inflicted by other human beings upon their fellows by unleashing supernatural forces. These include the practices of sorcery and affliction of the evil eye. There is a widespread belief in sorcery among the Baloch, which is believed to be a mysterious and perverted negative power. Many diseases or afflictions are thought to be due to it. God or the spirits of parents as retribution to some wrongdoing (guilt, sin, breaking of taboos, etc) on the part of the patient or the patient's family inflict many other illnesses upon human beings. In this chapter the beliefs that are prevalent among the Baloch regarding sorcery and the evil eye, ill effects caused by the breach of social and religious taboos, the breach of vows and cursing are discussed.

Sorcery (*Seher o Mutt*)

Sorcery is the term used in general discussion to cover all forms of supernatural influences by human manipulations bringing illness, misfortune or death to its victims. In Balochi, the term *Seher* (sorcery) is defined as whatever is caused by hidden or subtle forces. The perpetrator is called a *Saher/Jatu* (sorcerer). The Baloch believe that the sorcerer or *Saher* intentionally or consciously cast black magic spells to afflict miseries and ailments or kill an individual. In Balochi, such an action is called *Mutt or Seher o Mutt*. In most of the reported cases, the responsibility for the possession illness is placed not just upon evil spirits but also upon other human beings who act in the

immediate environment of the patient. The cases of sorcery were exclusively reported in middle and lower economic and social classes and men and women were equally afflicted. A case of sorcery is treated either by a religious healer or by another sorcerer in a specific ritualistic way. Procedures for neutralizing a spell of sorcery typically include spells that address or command the incarnated spirits to name and undo the job of the perpetrator sorcerer. Clinical manifestations mentioned by informants include the development of unexplained pain, vomiting, diarrhoea, intense tremors and at times agitated destructive behaviour. The other effects of the spell are that the person may suffer a sudden bad crop, rejection by the spouse/lover, impotence, infertility, or unexpected political downfall and at times, the spell may be fatal.

A case of sorcery

OS is a goldsmith, about 45 years old; he practices the smith's traditional work in a small shop in his native village. He is married with four children. OS's illness lasted for nearly four years. Since his illness began, OS spent eight months at a stretch in bed. His specific symptoms included a pounding heart, pains in the bones, itching, chills, and fevers. He saw several healers initially—herbalists and bonesetters, and specialist in lifting of the heart. OS travelled to the District Headquarter Hospital. However, tests there revealed nothing, and the hospital staff gave him some antacids, analgesic and tranquillisers. Following this, he saw a renowned elderly herbalist. Her findings were inconclusive, but she opined that either sorcery or spirits were the culprit for his illness. Lastly it was established that it was a case of sorcery by *mullah* AK on Koranic divination, using *Kabbalist*[32] numbers from verses in the Koran and

[32] *Kabbalah* refers to a body of mystical teachings of Jewish origin, based on the esoteric interpretation of Hebrew Scriptures. Many religious leaders among the Muslims while diagnosing an ailment used to open the pages of Koran randomly and assess the illness by either the number of some specific

corresponding letters from the patient's name, as well as data on his birth. For 14 days, he treated OS with *Taweez*, and some food items, which were prayed upon and prayed-upon water to drink. Following this treatment, OS felt somewhat better. However, he was not cured so he was advised by his friends to go to UD the known sorcerer/diviner. UD agreed to arrange a ritual for the repulsion of the effects of sorcery. This ritual involved music, trance and dance. The narration is from OS and two of his friends, who accompanied him as the attendants in the ceremony.

The ritual began after midnight. The musicians adjusted the strings of their instruments (*soroz*) and started playing. UD sat in front of them and put his head on his knees. One man put a *Sochoki* (*Malcolmia Iungae*) pot in front of him and the smoke rose above his head. After a while, UD started moving his head slowly over his knees. He was going into a trance. Then he stood up, undid his turban and, with his long hair spread over his face, started shaking his head over the *Sochoki* smoke. He moved his head furiously back and forth for a little while and then started clapping his hands and shouting *'Ya Allah* (Oh, God!) '. This continued for a while then he slowed down and started walking back and forth in slow motion as if drunk.

The sorcerer picked up his long healing stick from the ground and walked towards OS who was sitting with his friends on the other side of the courtyard. He touched him with his stick, said something to him in a language resembling Arabic, and went back to his circle, slowly moving his head. Suddenly he shouted, 'Cut the lamb and give me a cup of blood. The music stopped. Two men stood up, slaughtered the lamb, collected its blood in a bowl, and brought it to him. He drank it and then ordered someone to bring him tea. After drinking tea directly

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words on these pages or number of times the name of Allah or Muhammad is mentioned.

from the boiling teapot he again started shaking his head over the *Sochoki* smoke. The music was at a high pitch now. Soon he was again in trance. This time he asked for a large flat plate. Someone handed him the plate, which he moved over his head as if he was trying to catch something in it. The audience heard something fall into it. He lowered the plate and poked at it. 'Someone has done black magic (*Seher*) on him; there are bones and needles buried at his home,' he said. Then he walked over to OS and made him lie on the ground while he examined his abdomen and back. After a few seconds of contemplation, the sorcerer announced that he saw needles punched into his body and he would take the needles out of his body while his jinn would bring back the buried material from OS's home.

About five minutes later the sorcerer asked someone to bring him the plate again. He again moved the plate over his head as if trying to catch something in it and, as before, it sounded as if something had fallen into it. He asked for a torch light. 'Look, these are needles.' He showed them to the people around him. He again inspected the abdomen and back of OS, and announced, 'There are more needles in his body.' He repeated the same steps with the plate and again something fell into it. This time it was a bunch of hair, pieces of bones, and a drawing of the patient's body on a white piece of paper with needles pinned to it. His jinn supposedly brought these things from the secret burial places in OS's home.

It took about an hour and a half to remove all the *Seher* from OS's body. For every 15 minutes, he went into a trance, sometimes he rhythmically danced in a violent way to high-pitched music. Finally, the sorcerer announced that now OS was all right as all the materials, which were implanted in to his body and home by black magic had been removed. The sorcerer asked the friends of OS to contact him again after 40 days, and then he would say who had done the *seher* (sorcery). Sorcerers often do not reveal the true source of a patient's ills or

misfortunes in public; rather, they keep this confidential, going ahead and treating the patient. The reason given was "in order to avoid conflict in the community". The reason for the ailment stated by the sorcerer UD as told to him by his incarnated spirit was that OS was not only accepting stolen golden materials from thieves, but also cheating his clients by mixing other cheap substances like silver in the ornaments of his clients. One of the persons affected by OS's cheating acts had gone to another sorcerer and caused this misfortune to him. He however, declined to disclose the name of the perpetrator. When I interviewed OS he appeared to be normal and without any symptom of disease or illness. He told me that every goldsmith cheats his or her clients in one way or the other. He, however, lost his business as a goldsmith.

Perception and Practice of the Evil Eye (*Nazar*)

There is a widespread belief in *Nazar* or the evil eye. The basic assumption in the belief in the evil eye is that some people, usually without intention or not maleficent in any way - can bestow a curse or can harm the person, their children, their livestock, or their fruit trees, by looking at them with envy or excessive affection and praising them. Many informants believed that certain people with a jinx could be the cause of some unexplainable events when encountered at early mornings and evenings. The misfortunate effects of the evil eye vary from bad luck of various sorts to baleful powers causing disease, wasting away, and even death. Excessive praising/admiring, an overlong admiring gaze at the victim and involuntary/voluntary expression of amazement are believed to transfer the affliction of the evil eye. Any person who has material possession or who is healthy, doing well in his occupation, has a good crop or a person who is talented may become a victim of the evil eye. Sufferers may include infants, young children, cattle and other domestic animals, buildings or any thing of vital importance to the owners. Informants mentioned the belief that any person

who is jealous of a person's property, health, talent, personality, food etc can cast an evil eye. Men with blue eyes, goatee beard and barren women were also mentioned as causing the evil eye. Cases of the evil eye were widespread among the Baloch and it is a routine affair to watch some healers performing the taking off ceremony for the evil eye daily in Baloch settlements.

Diagnosis of the evil eye

The evil eye is generally diagnosed from the circumstances. Catching any ailment after an encounter with a stranger or any person of the above mentioned categories will be considered as manifestation of the evil eye. The symptoms may include any organic disease. The harm caused by overlooking consists of sudden vomiting or diarrhoea in children, drying up of milk in nursing mothers or livestock, withering of fruit or orchard trees: breakdown in relationships, business, and loss of potency in men. In many villages, people usually avoid meeting the persons popularly known to have the potential of casting the evil eye especially early in the morning and at dusk.

Treatment of the evil eye

The persons who are expert in taking off the evil eye are usually either a religious/ spiritual healer (*mulla/aalim*) or a person specifically bestowed with the art of taking off the evil eye (*Nazar Burrok*). The *Nazar Burrok* is expert in taking off the evil eye by either religious methods or magico-religious ritual procedures. The most effective and prevalent healing ritual for an affliction of evil eye is called *Nazar Burrag* and the performer is known as a *Nazar Burrok*. The ritual of *Nazar Burrag* includes the following steps:

1. Chanting of mantras by the *Nazar Burrok* and blowing towards the face of the victim three times.

2. Cutting some date palm leaves into pieces, holding them in the right hand and chanting Koranic verses, moving the hand over the victim's body in a clockwise manner three times and then putting some leaves into the burning fire of the hearth; some of them will be put into a bowl of water to be dropped over a cross road.
3. Putting four green chillies into a fire chanting, "May the eyes of those who perpetrated this evil thing burn" seven times. The articles used to ward off the evil effect have specific significance. Chillies are symbolic of heat/hotness and the action of throwing chillies or other articles into the fire in the hearth symbolizes the purification of the patient and the total destruction of the evil effect.
4. The height of the patient is measured with a rope and the rope is knotted seven times. The rope is then burned on a cross road along with palm leaves. This is called *Chilik dak diyag* (knotting the rope). The person who has burned the rope should not turn his/her back while returning.

Other remedies in a case of the evil eye include:

- *Nazarbund* is a thread or cord specially prayed upon by a spiritual or religious healer tied about the neck of the person or any object vulnerable to evil eye.
- Drawing a swastika or haphazard lines from soot on the victim's forehead and cheeks.
- The victim drinks three sips of prayed upon water for three days.
- The perpetrator of the evil eye (if known) spits towards the victim's face three times during sunset or sunrise for three consecutive days.

- *Karch Sare Gwazenag* (passing the knife over): In this ritual, a knife is passed three times over the head of the patient and then put into a bowl of water

Preventing the evil eye

Implicit in the belief in the evil eye is that it can be thwarted if proper precautionary measures are taken and a cure is possible. In dealing with the evil eye, the Baloch people combine an apotropaic (pre-emptive) approach with a cure. The protective talismans or charms and spells that have developed around it are also quite specific in nature. Informants regarding the evil eye mentioned the following preventive measures.

- Any baby taken to public places is daubed with a spot of soot or charcoal cross across the forehead or cheek.
- The carrying of the knucklebone of a sheep (*Majole*) around the neck of a child, as a preventive measure against the evil eye
- Wearing of out-dated coins, especially with holes in them, as protective amulets
- Fumigation with *Sochoki* seeds (*Malcolmia bungae*) burned on charcoal and recitation of formulaic verses.
- A *Nazar bund* is tied about the neck of the person or any object vulnerable to the evil eye. These are also buried in fields or barns to protect crops or animals from the evil eye.
- Coloured wool/threads, *Kuchk* (cockleshells) and colourful beads are tied around the neck or wrists of humans or domestic and precious animals. Horseshoes or any metal or bony object are nailed to doors or tent fronts to prevent the evil eye from entering.
- Bones of dead animals are displayed near precious objects, buildings, crops or installations for thwarting the baleful effects of the evil eye.

- Bells are tied about the neck of sheep and cattle to ward off the evil eye.

Beliefs in the effects of the Breach of Social Taboos, Guilt and Sin

The Baloch follow social, cultural and mythological taboos and they genuinely believe that breach of taboos, which includes symbolic actions, objects, substances, words, and gestures cause severe illnesses, bring about misfortune and invite the wrath of God. Included in Baloch taboos are some dietary restrictions, restrictions on sexual activities, gender roles and relationships, extra-marital sex, homosexuality, incest, animal-human sex, restrictions of bodily functions, burping, flatulence, defecation, urination, masturbation. There are restrictions on the state of genitalia such as circumcision. Circumcision is must for a male child before the age of seven. Guilt, sin and cursing by parents and others in the community are also believed to be among the major factors in the causation of various illnesses and miseries.

Breach of specific taboos is believed by the informants to be responsible for certain diseases. To have sex with a menstruating woman is believed to cause some liver diseases. Fire is supposed to be very sacred among the Baloch; any act of desecration of this sacredness causes diseases such as blindness, urinary incontinence and burning sensation in the body of the person. Actions such as abrupt extinguishing of fire without any reason by pouring water on it, spitting in the fire, putting green branches of wood or leaves into fire, spreading of legs towards the fire and swearing upon fire are believed to be disrespectful actions affecting the sanctity of fire. Disrespectful behaviour to graves or graveyards is also believed to cause spirit possession with consequent insanity. The beliefs in these happenings or incidences were equally distributed among all groups of the Baloch community. Against a background of widespread belief

in guilt and sin to be punished by God, the ritual sacrifice of animals and alms giving and food distribution among the poor are observed everywhere in Baloch settlements. Beggars and desperate people seeking refuge are thought to be the 'people of God' and were treated with respect and sympathy. Sinful acts such as the molestation of the poor, weak and helpless person are thought to be the cause of certain skin allergies. Informants reported many occurrences of spirit possession or some other misfortune immediately after insulting a beggar or refusal to offer a helping hand to the needy.

Many animals and objects are believed to cause pollution. Consuming pork meat, alcoholic drinks, blood and meat of many other animals are considered to be religious taboos. Menstrual blood is believed to be an evil polfutant and may cause many diseases if there is any intercourse with a menstruating woman.

Many objects, places or concepts are believed by the Baloch to be intimately connected with the supernatural, or divinity, and are thus greatly revered. Plants like *Kabbad* (*Salvadora olloides*) and *Shirish* (*Melia azedrachta*) are considered holy and are thought to be the abode of spirits. Cutting or burning of these trees is believed to cause diseases and misfortunes. Cobra snakes are not harmed because of the belief that if one is killed the other partner will definitely harm the person or his or her family.

Sin is commonly invoked as a supplementary cause in most sickness. Adultery, murder of an innocent, backbiting, hypocrisy, arrogance, filial disrespect, lying, stealing and robbing are considered sins of various degrees. In the words of CH, a bone setter and spiritual/herbal healer:

> **" If some one deviates from the traditions and values of our society, disobeyed cultural ethics and traditional codes of conduct and ignores one's**

responsibility towards the weak and others vulnerable in the society, he has to pay the price and God will definitely punish him".

Indulgence in extra-marital sexual acts is not only a sinful act but also considered a breach of social taboo causing miseries and illnesses of various categories.

Enviousness is also considered involved in self-destructive behaviour since envy makes the person itself sick. According to a popular Balochi proverb:

'If an individual becomes envious or jealous he will burn himself out but if the ruler of an area become envious or jealous the area will burn down'

There is also a firm belief in the moving around of dead ancestors' spirits among the Baloch. There are sanctions prohibiting certain behaviours in and around cemeteries. Misfortunes and illnesses follow actions that can be seen as disrespectful. Whistling, singing or any other frivolous activity near graveyards leaves one open for punishment by the spirits residing in that cemetery. Many among the Baloch practice saying greeting words while passing by a cemetery. Twice a year special foods are prepared supposedly for the dead, on the occasion of *Murdagani Sham* (which literally means dinner of the dead) and distributed among the poor. In a sense, the Baloch share a close relationship with the ancestral spirits. They also fear the wrath of the spirits of the dead. The belief is widespread among the Baloch that the spirits of the dead voice their concern in dreams and after such an event sacrifice or alms giving of some sort is necessary to placate the angry soul of the dead. Failures in offering on these occasions may cause illnesses or other misfortunes.

During solar or lunar eclipses, the pregnant woman should not go outside the house. During pregnancy, she should not eat too

hot or too cold food, observe or imagine a deformed, an ugly human being, or an animal. The belief is that the child will be born with deformity or will be an ugly one. A barren woman is prohibited from attending or entering a house where a delivery is taking place. Her very presence is believed to harm the mother or child.

Informants believed that a perfect combination of food is necessary for health and beliefs exist that certain food should not be combined with another. Leucoderma and some skin allergies are supposed to be due to consumption of milk products with fish.

Belief in the Effect of Cursing and the Breach of an Oath

There are strong beliefs in the disastrous consequences of breaching an oath and cursing (by another person) among the Baloch.

For oaths, proper ceremonies are held in which the person is properly bathed and dressed for the occasion. The person accused of some wrongdoing is then asked to clarify his position or prove his innocence by taking an oath on the sanctity of fire, water or the Koran. If a false oath is sworn then it is believed that it will cause miseries and ill health of some kind to the person or his immediate family.

If a Baloch makes a vow (*Koul*), he or she should stand by it. Betrayal of a vow is considered a shameful act socially but it also brings miseries and ill health to the person or his family. Often if a person becomes seriously ill, the family members take a vow in the name of a saint for the health of the person. This vow usually involves sacrifice of an animal or some other material alms giving. If the person or family fails to comply with the vow, then they should expect some kind of ill health or other miseries befalling the person or family.

Largely, illness is believed to be a form of divine sanction. Disobedience or reneging on exchange obligations to parents, community members or God are expected to be retaliated by withholding blessing or instituting a curse which may affect not only the person but his family also. It is believed that people sometimes invoke illnesses and miseries on others by cursing them. Parents, *pirs*, *sayyeds*, *mia*, widows and any other needy persons can invoke a curse. It was observed that there is a universal fear of the devastating effects of curse among the Baloch. It is believed that if a curse is from a widow, *mia*, or from one's parents, then it is more powerful. The effects of a curse may be manifested in a variety of misfortunes and failure including ill health.

Remedial Actions

Various remedial actions for treating or preventing the evil eye have been discussed earlier in the chapter. Animal sacrifice, almsgiving and visits to the shrines of saints are remedial actions in the case of any misery afflicted as a result of the breach of social taboo and cursing. Symbolism is an important part of healing rituals among the Baloch in cases of sorcery or breach of any social taboo. *Dam o Chouf* and *Taweez o Band* are employed in the efforts to reverse the ill effects of these phenomena. As well as being spoken, words (mantras or Koranic verses) are also written and burnt or dissolved and ingested by the patient or rubbed on their skin.

Conclusion

Sorcery is the main element in a theory that links illness and death to personal and social conflicts or any breach of social obligations. In this perspective, sorcery acts as a mechanism of social control as it constitutes a real threat to those tempted to break the social laws or neglect their personal and social

obligations. In a Baloch world of uncertainty and vulnerability, the belief in sorcery may explain many unexplained afflictions. In many hopeless situations, blame for the miseries can easily be put on the sorcerers who are considered to be in possession of supernatural powers and incarnated spirits and through them, cause disease and miseries on other human beings. An act of sorcery is usually identified when an unexplainable misfortune occurs to someone. Sorcery is always a conscious choice; anyone can acquire the power and techniques of sorcery by abiding with its strict procedures and rules. Sorcerers make use of spells, words, actions and physical materials in the exercise of their harmful power towards other fellow human beings. Only a sorcerer can unwind sorcery and in the process of unwinding the sorcery and rehabilitation of the afflicted, the role of incarnated spirits of the sorcerer is pivotal.

The phenomenon of the evil eye is complex. Some persons are believed to have special power in their eyes and are capable of inflicting diseases by giving the "evil eye". The evil eye is an element of symbolic, cultural and religious systems. In Baloch society, where socio-economic conditions are uncertain this belief helps to explain or rationalize sudden sickness, misfortune, or loss of possession such as animals or crops. Covetousness and jealousy as the motive for some evil eye spells may partly explain the theory that the whole phenomenon of the evil eye is the conflict between 'haves' and 'have-nots'.

A taboo is the index of certain peculiar dangers incurred by entering into contact with certain peculiar things or persons. The dangers are usually physical (characteristic disease or misfortunes) but may also be of a more conventional nature. They are due to powers intrinsic to the thing or person that is taboo. These powers react automatically, although their effects may take time to become apparent. Development of beliefs that the breach of social taboos and committing sins cause illnesses and other negative afflictions may have their explanations in the

socio-cultural settings of a given society. Taboos are collective prohibitions, which are to be obeyed categorically by the members of the Baloch society without question. A person in the breach of any social taboo is always wrong as he or she has crossed some lines, which should not have been crossed.

Cursing appears to be a complex phenomenon among the Baloch. It is not only parents but anybody concerned with the person in anyway can curse. However, cursing cannot be effective if it is applied arbitrarily without any plausible reason. The plausible reasons may include hurting someone physically or emotionally without any justification or failing to come up with the expectations someone superior or inferior. The fear of being cursed among the Baloch may serve to remind one to his or her obligations and duties towards others (dependants, superiors and inferiors) in the community.

The importance given to the oath may be explained in terms of Baloch social behaviour in which to deny a wrongdoing is considered to be below the standard of a Baloch. A person who lies on oath automatically acquires a degraded status in the community. In case someone is suspected to be hiding a fact, the phenomenon of oath is invoked. Taking a wrong oath may result in perceived miseries and illnesses as a psychological repercussion. In this context oath taking is an important part of the tribal justice system in which there is no concept of any kind of duress or torture for forcibly extracting the truth from a suspect.

12. BALOCH HEALTH SEEKING BEHAVIOUR

Introduction

The response of an individual or community to a situation of ill health depends on many factors. In a Baloch context, the aetiology of illness, perception of illness and beliefs and attitudes towards health care and the social network or social world of the Baloch are major factors in influencing their health seeking behaviour. However, other factors such as the accessibility of medical institutions or financial status of the family and educational background also play a major part in their endeavour for seeking health. This chapter is a discussion of Baloch health seeking behaviour.

Health Seeking Behaviour in Perspective

Health seeking behaviour according to Chrisman (1977) and Young (1981) involves defining or recognising symptoms, seeking out a healer, evaluating treatment. Analysis of health seeking behaviour must explore the underlying logic, which guides people's choices. Illness and responses to it can be related to the perception of illness, the structure of a social system, the mode of interaction among the members of a society and the environment in which the society exists. Redelet (1981) Gore (1989) and Pescosolido (1992), claimed that people perceive illness differently based on their social construction of illness, which is partly shaped by their race and ethnicity. Pescosolido (1992), discussing social networks, observed that people often have a wide range of alternatives for health care services, advice and other resources. They also have social networks that serve the decision-making process about help seeking. This group modulates access to care, satisfaction with

care and the success of treatment. Chavunduka (1994) found among the Shona people of Zimbabwe that the definition attached to an illness by the sick person and his or her social group at any given time is the key determinant of the choice between traditional medical practitioners or biomedical practitioners. Kapferer (1991) described the diagnosis and social definition of demonic illness in Sri Lanka as a discourse, which engages the expert knowledge of exorcists and the lay understandings of exorcists' clients and others.

The Concept of Health and Health Seeking Behaviour

The majority of the diseases are believed to be brought about because man forgets his duty towards divine beings or is overwhelmed by natural forces and/or deviates from cultural norms. Jealousy, hatred, social conflicts and grudges that exist at a social level are due to the 'evil intentions' of fellow human beings and cause social disruption manifested by diseases. These disruptions are solved at a spiritual level through ritual healing. The traditional Baloch health belief system incorporates two elements:

- The natural causation of disease is mainly centred on the notion of hot and cold imbalance taken from the Galenic or Ayurvedic medical systems as discussed in chapter 2. It is being carried on by a variety of traditional healers like herbalists, hakims, masseurs, bonesetters, cupping specialists, traditional midwives, extractors and others.
- The supernatural causation of disease, based largely on Islamic religious cosmology intertwined with socio-cultural beliefs, embraces the concept of evil spirits, their afflictions, and the power of God and his messenger Mohammed's sayings or Koranic verses to heal. Religious and specialized spiritual healers like religious functionaries, *pirs, Gwathi e Moth*, and diviners are the main ingredients of this element. To a lesser extent, included in this category are the un-Islamic

beliefs about the illnesses of supernatural occurrences (for example, sorcery or *seher o mutt*) and the respective healing methodology as discussed in chapter 12.

Privacy and Discretion

The manner in which the Baloch think they are sick is defined, expressed and presented in accordance with cultural understandings. Many linguistic usages and self-expression reflect on illness and cultural identity. Many aspects of being Baloch were identified through sickness and the handling of sickness. As emotions of shame and pride regulate behaviour according to Baloch cultural standards, one aspect of Baloch health seeking behaviour is how to co-exist with these norms while dealing with certain kinds of illnesses. One must do all possible to conceal shameful conditions. Hernias, haemorrhoids, sexually transmitted diseases and diseases affecting sexual organs are shameful illnesses and the discussion about these is avoided in public. If a malady attacks the hidden parts, it will not be easy for a Baloch to declare it to anyone in order to avoid one's dignity being violated. These illnesses are broadly considered as caused by sexual transgression, showing lack of control and thus causing the decrease in the weight of a person on a socio-cultural scale. Even diseases like diarrhoea cause severe embarrassment as it denotes lack of control. An episode of flatulence in front of others sometimes results even in suicide. Privacy and discretion are very important for Baloch women. Handling of certain illnesses is a very delicate matter. This is particularly reflected in their behaviour during pregnancy and the delivery process by keeping up particular codes of decency and patience. Infertility is considered to be among the most shameful disorders in a woman.

The Health Seeking Process

The health seeking process among the Baloch begins with diagnosis of the disease at the family level. The fixing of a diagnosis initially is a family matter, and settled during the same kind of family meeting that addresses all other family affairs. Family friends and neighbours usually play an important role in decision making regarding health seeking. Because of their social and administrative positions, village heads (*Kahoda*), or community leaders (*Mir*) are likely to advise the family head or a sick person whether to go to a modern health facility for treatment as a first choice. Besides the biomedical health infrastructure (hospitals, clinics, medical centres, pharmacies) in present day Balochistan, the therapeutic context is composed of family healers, herbalists, hakims, traditional midwives, bone setters, religious spiritual healers, and specialist spiritual healers. Once the processes, which involve classifying the origin and cause of illness, identifying the forces associated with it, are complete then a decision is made about accessing a type of therapy. If recovery does not follow with home remedies, then close relatives, village elders and sometimes the Mullah of local mosque will advise about the next step to be taken. People believe that in most cases there is no need to consult a spiritual healer if a doctor properly diagnoses the case and treatment seems to be effective. The final decision always rests with the family head whether the patient is sent to a traditional practitioner or to a doctor. For the perceived illnesses of supernatural causes or sorcery or evil eye, however, the traditional practitioner would be the first choice. Consultation with diviners is common. These consultations also include a myriad of problems like cases of theft, lost animals, prediction for rains and death, fertility and discovering the sex of the child in a pregnant woman. Some informants told me that they believe many diviners are fraud, so they prefer to seek other forms of treatment for similar medical and other problems; however, they recognized that some diviners are valuable for

divining an unidentified illness and its source. Many Baloch tend to see diviners when they are not cured of a long-standing illness.

For any ailment among the Baloch, if other methods, such as a medical doctor or a folk healer, fails then it is perceived that a supernatural aetiology is involved; in this case a spiritual healer for the treatment of spirit possession is sought. For a sickness diagnosed as a disease caused by supernatural causes seeking medical help is strongly contraindicated, and the services of a healer with a socially recognised specialty in treating such a disease must be sought. In a supernatural occurrence a traditional medical specialist (Priest, Sorcerer, *Gwathi e Moth*, diviner) does the job of tracing the pathogenic agents. However, some of the informants opined that in the case of a spirit possession consulting a doctor might be helpful, as would trying to keep a violent patient calm by taking sedatives.

It can correctly be assumed that the Baloch do not view the sessions with spiritual healers as magical affairs. For them it is the use of supernatural powers to achieve explicit endeavours by an expert who manipulates chains of cause and effect for the betterment. Among the Baloch these therapeutic sessions seem to psychologically enabling actions that help them overcome the trauma of their lives.

Although for some conditions, only one treatment modality will be necessary, this is not always the case. Traditionally only one healer could be consulted at a time, however, in many cases doctors and traditional healers' treatments are being simultaneously sought. If the sickness does not respond quickly to a doctor's medicine, it is thought that an ordinary aetiology has been disproved. Failure of a spiritual healer's treatment, however, does not challenge the diagnosis on which it is based. It is simply thought that the specific healer's knowledge or capacities are not "on a level" with the spirit or sorcery causing

the sickness and in this case a more powerful spiritual healer is sought. If the treatment did not appear to be working, then the healer would tell the family that his or her powers were inadequate to surmount the disease, and the family would be recommended the services of another healer whose powers were supposed to be greater, at least for the disease in question. This traditional rule continues to mean that traditional treatments are sought sequentially, and one must prove inadequate before another is sought. The following illness story can explain the mode of sequences of treatment seeking:

> **"When I was caught with the spirit of *Gwath* initially nobody bothered with my ailment as the symptoms were only mild and there were gases in my stomach and pain below the sternum. A *Baluk* (midwife) saw me. she was unable to see any serious illness. She just gave me herbal remedies for gases and pain. Then the conditions worsen and I began to dream bad dreams during the night, my body began to shiver and sometimes I was quarrelling with my mother-in-law without any reason. A doctor in the government hospital in Turbat saw me but there was no improvement. Now the symptoms included me being unconscious sometimes. A private doctor in Turbat examined and prescribed drugs but without any positive result. The *Taweez and Bunds* of several *Mullahs* were useless. My family decided to seek the assistance of a Gwathi e Moth who was also our far relative. He diagnosed me with the possession of a *Gwath* spirit named 'Sabz,' a female spirit from Kurdistan. After asking me a lot of questions and being *Pur* (getting into a trance) he told my mother-in-law that the spirit can be placated easily and she will leave me if a golden ornament of a particular design is provided to the Gwath spirit. The design of the ornament which**

was a golden necklace was just like one which the village head's (*Kahoda*) daughter had. My mother-in-law produced the necklace and within a week, Gwath spirit left me and I am fine since then".

(From the narration of her Gwath possession by ML, a 26 year old housewife with two children of a relatively well off peasant family).

Pilgrimages, Sacrifices and Almsgivings

Pilgrimage to the graves of saints is a popular health seeking behaviour. Baloch with serious or chronic illnesses make pilgrimage to local saints (*pir*) very often. The sick or the family of the sick person may sacrifice some animal at the shrine or grave. They also give some offerings or alms to the keeper of the grave in exchange for his or her prayers for the sick. Although informants did not agree on a single concept regarding sacrifice of an animal, generally it is believed that by sacrificing an animal the ailment or misery is changed or transferred from the human being to the animal (*sahbadal*). Usually, before the sacrifice the person will touch the back of the animal with his hand. The Baloch also sacrifice animals to mitigate perceived impending miseries, sufferings and dangers. It may be a form of communication between the human as sufferer and supernatural powers as the responsible agents for suffering. The practice of alms giving and animal sacrifice is central to the health of a Baloch in illness and maintenance of health at various points in his or her life course. Many healers believed that without some sort of almsgiving and animal sacrifice their therapeutic endeavours would not bear fruits.

Many anthropological researchers have described various theoretical notions regarding the ritual of alms giving and animal sacrifice. For example, according to Parkin (1991) it is to protect sacred and ritually protected spaces of a moral community from outside negative and harmful influences.

Rasmussen (2001) described sacrifice and alms giving as a form of dispersion of property in order to establish personal identity, a notion put forward by Malinowski (1984[1926]). According to Katz (1993:45), it is bringing together 'economic relationships with social relationships'. For De Heusch (1985) these are preventive measures primarily "to try to outwit death" (1985: 69). He analysed offerings and sacrifices as connected to medical practices as a kind of amulet or protection against disaster. Humphrey and Urgunge Onan (1996) in their discussion on shamanic rituals among Daur Mongols referred 'sacrifice' to the mythical giving up of the life of the animal in return for a transcendental energy. Animal sacrifice is to infuse the social group with *Keshi* (blessing, good fortune, luck); while they referred to 'propiation' as the exchange of an animal's flesh for a variety of definite returns, such as the possessing spirit agreeing to stay away or remove a disease. In a Baloch perspective, animal sacrifice can be seen from another angle. The Baloch believe that to err is human and a transgression can occur at any time accidentally without intention from any human being. Once the origin of a sinful act or a breach of taboo is known, a sacrifice and appeasement are resorted to, to bring about a quick recovery. Animal sacrifice in this context is a kind of debt repayment or a compensatory mechanism. The Balochi term mainly used for animal sacrifice is '*sahbadal*' (exchange for soul) which means a trade off with life.

Seeking Medical Assistance

Many informants considered that for sicknesses classified as serious and of natural causes, the treatment in a hospital or clinic is a good thing, and that it can save lives. The majority of informants also recognized that certain diseases, such as tuberculosis, asthma and malaria, are efficiently treated and cured by doctors. If the illness is serious but still understood to have a natural cause, then the help of a healer known to have had successes in treating similar disorders will be sought, or, if

the family can afford it, recourse to a doctor or clinic is thought to be the best option by many informants.

A variety of behavioural patterns of seeking medical assistance (compartmental, concurrent and sequential) that Baloch people use during illness was observed. These can be termed compartmental as they use traditional medical expertise for the conditions perceived as best treated by folk medicine or ritual therapy. The pattern may be concurrent as they utilize the services of both folk healers and doctors at the same time or it may be sequential as they shift from one to other healing system in a sequential way. People move freely from one medical system to another and seek therapy in both traditional folk medicine and modern medicine even on the same episode of illness. The data has revealed that during the course of treatment patients tend to shift from one therapy to another depending on the suggestions and suspicions contributed by the elderly members of the family and family friends. Thus, what may be initially attributed to natural causes tends to be interpreted to have been caused by supernatural or magical intervention in a later stage. Often magico-religious elements may also be an essential part of the prescription, or the treatment is incomplete without the attention of mystical factors involved in the aetiology of illness.

Many factors influence the shifting from one to another therapy during the course of an illness among the Baloch, such as:

- The prolonged duration of the disease
- Cultural events, situations, actions, circumstances and place in which the disease might have occurred.
- The degree of severe pain caused due to the disease or treatment procedures.
- Suggestions and advice contributed by the elderly members of the family and village regarding the suspected origin of the illness.

As already stated above, the inability to know the underlying cause of a disease makes people go to a health facility and at the same time turn to traditional healers. Actually, it was rare to find that no one in a family had ever sought treatment from a modern health practitioner for any reason. It was also rare to find a homestead in which no one had ever consulted a traditional practitioner or diviner. The use of both types of practitioners by most homesteads or compounds was explained in part by the number of generations (sometimes three or four) living within the homestead. I was told the name of many persons (men and women) in their 80s who never had direct contact with modern health practitioners or practices. For example, one elderly man said that he had never been sick enough to require treatment beyond his home remedies, while many members of his homestead had sought treatment from both traditional practitioners and modern health practitioners.

Various other factors can explain the health seeking behaviour of the Baloch people. These may include educational background, the financial position and religious background of the family. It has been observed that relatively educated and affluent families tend to access bio-medical support in the beginning. They can manage to visit expensive private hospitals in major cities in Pakistan. In recent decades, a growing educated middle class, which is becoming increasingly religious in their attitude, sees many traditional ways of treatment such as *Gwathi e Laeb and Seher* (sorcery) as un-Islamic and avoids accessing such healing practices. The accessibility or non-accessibility of medical facilities is also important in Baloch health seeking efforts. The majority of the health facilities are situated in the townships while the vast majority of Baloch people live in villages and far away settlements in the mountainous and semi-desert terrain coupled with the lack of a systematic transportation where medical facilities are either non-existing or in poor shape. The traditional healers are easily

available in the remotest areas and treatment is less expensive than medical treatment.

Conclusion

The present day health situation in Balochistan is a fascinating mixture of diverse elements. A network of public/private provided health care providers based on the biomedical model and a variety of traditional specialists such as the herbalist, hakims, the traditional midwife, and spiritual healers, bonesetters, and masseurs continue to practice side by side among the Baloch. The process of responding to illness or seeking care involves multiple steps. Treatment choices can follow a hierarchical sequence, but patterns of resort often involve many treatment modalities at once. The decision to engage with a particular medical channel is influenced by a variety of factors. For example, classifying illnesses into natural or supernatural categories mainly determines different treatment choices. Accessibility to medical institutions, financial status of the family and educational and religious background also play a major part in Baloch endeavours for seeking health. Often, illness symptoms are diffuse and ambiguous, and the illness course or treatment outcomes are unexpected. Facing uncertainty, people follow a trial and error search for relief and meaning. As illness among the Baloch is not considered only a personal matter, the social network consisting of family, family friends, neighbours, village notables and local religious leaders is the main influencing factor in deciding the form of therapy.

13. DISCUSSION

This ethnography of the Baloch perception regarding health and illness and their health seeking behaviour was based on the theoretical postulate that cultural context plays a pivotal role in the health seeking behaviour of a particular society. The research highlighted that although the Baloch concept of health may have a variety of meanings, health, illness and related misfortunes are culturally perceived, labelled, classified, experienced and communicated, forming a distinct medical system functioning side by side with modern biomedicine. Their traditional medical beliefs and practices represent an integrated or at least integratable cognitive system for logically understanding illness and making decisions about treatment. Primarily, their medical system views the underlying causes of illness as some kind of imbalance or lack of harmony between different fundamental elements (humours), which are believed to be responsible for the proper functioning of the body. Secondly, there is a common reference to personal responsibility providing a moral element helping to underline the interconnectedness of personal health with the family, community or the divine or supernatural forces ranging from sin to improper balance in personal relationships. In this perspective, Baloch folk medical practices are usually complex, involving a multi-causal or "holistic" view of disease aetiology, which highlights a powerful psychosocial element besides the physiological one in therapeutic approaches. The symbolic links between interpretation of illness and plausible treatments constitute a range of meaningful responses to illness. Varieties of traditional healers like herbalists, hakims, masseurs, bonesetters, cupping specialists, traditional midwives, extractors, and different categories of spiritual healers carry out different elements of Baloch folk medicine. These practices are

going on among the Baloch alongside conventional health care practices.

Causality and Disease Perception

Central to the Baloch perception of disease and the strategies to deal with it is the causation of the disease. Different types of causal explanation may be invoked at different points during the process of diagnosis and may characteristically demand differing treatments. In most cases, causality is sought in the relationship between the victims of illnesses and their surroundings. This relationship is culturally interpreted and since aetiology is so inextricable from its socio-cultural context, explanations of the occurrence of illness are at the same time representations of the world as it is experienced and comprehended by the member of Baloch society. The Baloch believe that disease or illness is a condition which may be produced either by the disruption of man's harmonious relationship with spiritual, supernatural forces or beings, and/or by the influence of many natural and environmental factors. In this perspective, two basic elements of natural and supernatural causation form the basis of the traditional Baloch health belief system. The natural causation of disease mainly centres on the notion of hot and cold imbalance (of humoral theory) taken from the Galenic, Ayurvedic and Islamic medical systems. Baloch humoral traditions may share numerous features with prevailing Ayurvedic, Galenic and Islamic complementary medical concepts but they may also have their own local contexts and interpretations. For example, the Baloch concept of the natural causes of diseases although largely confined to a hot/cold dichotomy, unlike Ayurvedic or Galenic systems has no clear ideas about the wet and dry part of the concept.

Several images of illnesses among the Baloch are taken from mythological/religious traditions. There is a widespread belief that a sickness suffered by someone is a consequence of the sins

committed. The saying "there is no sickness if there is no sin" is very popular and mentioned by many informants. The contemporary Baloch culture had evolved from the influences of Zoroastrian, Muslim, Hindu, Central Asian and African mythologies. These influences, which have shaped the contemporary Baloch culture, are manifested in the Baloch perception regarding supernatural diseases and spirit possession. All the above-mentioned mythological or religious traditions have the concept of supernatural entities as one of the basic tenets of their philosophies. However, there are certain features in many supernatural illnesses (for example, Gwath and slip of the heart) among the Baloch, which may have peculiar characteristics that could differentiate them from other traditions of supernatural illnesses. These supernatural illnesses occur among the Baloch in a particular Baloch context.

Illness among the Baloch is a multi-factorial affair, in which spiritual, social, psychological and physical factors may all play an aetiological role. It can be assessed from the expressed opinions of informants and observations about the concepts of health and illness among the Baloch that the individual is involved in a never-ending interaction with natural, and supernatural forces, which are always beyond his control and full comprehension of the specific nature of forces is beyond their capabilities. In this sense, they are always in a vulnerable situation. As discussed earlier in the chapter on Baloch folk healers, this belief is exploited in case of failure of treatment for a particular disease by a folk healer. The incapability of a healer to overwhelm a malevolent spirit is fully accepted by the patient and the community as was mentioned in chapter 8. The healer does not accomplish cure but is believed to be only the vehicle of cure as he enables the divine or his own incarnated spirits to encounter the spirit affecting the hapless victim.

Socio-cultural History and Baloch Health Perceptions

The prevailing Baloch ideas, practices, and institutions regarding health and healing are best understood in terms of the broad, integrative patterns of Baloch socio-cultural history. This socio-cultural history begins with the migration of Baloch tribes from Central Asia to present day Balochistan, associated with their conversion from multi-god Aryan religions to monotheist Zoroastrianism and Islam and from a nomadic to a settled way of life. In this process, they have confronted and often absorbed medical influences, among other external socio-cultural influences. It is not improbable that some of the features of healing and adaptation in ancient hunting and gathering or nomadic societies are still common among the Baloch.

Over centuries, both the ecological settings and the cultural traditions have evolved slowly and distinctive therapeutic ideas, practices, and institutions that have been well adapted to the local circumstances. As mentioned in the previous section of this chapter, influential humoral theories regarding health and illness are present in the regions surrounding Balochistan. These are in the form of the Galenic-Islamic, Ayurvedic and Chinese medical systems and these have doubtless interacted with the humoral model of belief system among the Baloch. Similarly, the belief systems of surrounding societies influenced Baloch beliefs regarding pregnancy and childbirth.

The religious views and beliefs about supernatural entities are the determining factors in the causation of supernatural diseases. The paganism of the ancient Aryan tribes of Central Asia, Zoroastrianism and Islam and to some extent Hindu and African mythological beliefs have played important roles in shaping the present conceptual structure of health and illnesses in Balochistan. The presence of supernatural entities and the

possession of human beings by these entities have been an important part of the religious doctrines in the Middle East and Central Asia for many thousands of years. Islamic medical philosophy has been strongly represented across the Baloch land, often embedded in the local orders of Sufism in the shape of performing certain rituals, the making and wearing of Koranic charms, as well as the exorcism of jinn/evil spirits or in the diagnosis of misfortune and disease. Various mantras and chanting during ritual healing practices of *Mias*, diviners, sorcerers and *Gwathi e Moth* have their origin in ancient Zoroastrian, Hindu and African healing rituals. The phenomenon of incarnation of spirits by *Gwathi e Moth* resembles largely the shamanic incarnation of spirits in Central and East Asian healing traditions. Belief in the evil eye is very common among the masses in Muslim countries, indeed, in the entire East, and even socially well-placed and educated people think it affects adversely the person targeted by it. The religious aspect of Baloch healing has mostly rebuilt its prior integration with ancient mythologies, within Islamic cosmology, with its focus on faith, the pathology of sin, and the good and bad effects of the spirits.

The Notion of Balance and Disease Perception

Social context plays a pivotal role in the perception of diseases. In a Baloch context, adherence to a theory of balance in body functions and illness is the key element. It is importantly supported by its being thought and talked about in some ways that are the same as those used for beliefs and values concerning social relationships. When relations are between individuals who are not equal, as between a parent and a child or a senior and a junior, the senior must provide advice, guidance and material assistance. In return, the junior must give respect, deference, and obedience. When each of the participants in a relationship does the different but complementary things he or she is called upon to do, the relationship is understood by the

Baloch as being a "Balochi one" that is likely to continue and to benefit its participants and those involved with them. On the other hand, if the junior fails to respond with deference and respect to the advice of the senior, or shows too little respect, the relationship and its junior participant will be negatively evaluated. Exaggeration and overstepping of any kind is considered an act of transgression and therefore, a non-Balochi social practice. The perceptions regarding hot and cold imbalance can be explained in the balancing context of social behaviour among the Baloch. As discussed in chapter 5 natural diseases or illnesses of God appear to upset the balance of vital body humours and the maintenance of that precious balance is the focus of therapeutic strategies. The illnesses caused by supernatural forces or entities affecting or overcoming the mental balance of the person are addressed with the purpose of expelling the intruding force out of body, thus restoring the balance. The childhood lesson that balance pays in social relationships is constantly being proved true throughout life among the Baloch.

"Hot and cold" is a way of systematizing certain curative properties of nature in relation to parts of the human body. It may be regarded as a kind of medical science since it explains the causes of many natural diseases and suggests ways of treating and preventing them. "Hot and cold" is a system of thought and practice which finds expression mainly in beliefs, habits and behaviors related to the diagnosis and treatment of diseases. The use of "hot and cold" beliefs does not cost anything in time or money; it is a universal set of beliefs among the Baloch accessible to anyone who wants to learn of its logic and its method of operation.

The basic feature of hot and cold system is the classification of certain elements, mainly food and plants, as hot or cold, and the ascription of a differential therapeutic performance of these elements in the human body. In other words, this is a logic

which brings order to thought and action as regards both nature and the human body. It lacks a well defined basis, and a set of principles and methods, but it has an intrinsic efficacy insofar as it places elements within a coherent structure.

The notion of equilibrium, then, is as central to the hot and cold theory. In this context, whatever the disease may be, the body is taken as an indivisible whole consisting of interactive parts. Treatment of any natural disease aims to bring these different parts into harmony.among themselves, a process which, to a certain extent, implies a new interaction with the physical environment.

In principle, the "hot and cold" logic is constructed through basic bodily feelings of heat or cold. Of course, cultural aspects condition the nature of these feelings and the simple fact that causes them to be regarded as significant is a cultural matter. Thus the effect of hot and cold elements in the body can be regarded as a predominantly physiological matter which is culturally regarded as significant. This is the core of the "hot and cold" logic, but for practical purposes the problem is not so simple.

The Tradition of Supernatural Possession

Supernatural intervention plays a very important role in Baloch health beliefs. It may provide the ultimate reason why a person became ill with some unexplainable diseases. As discussed before, the perception of supernatural diseases is intertwined with the social, cultural, and religious milieu of the Baloch and in this context, possession occurs among the Baloch in the context of a tradition of possession. An image of possession draws together a network of symbols, situations, motives, feelings, and stresses, which are rooted in the structural setting in which the Baloch people live. The effectiveness of ritual

treatment of slip of the heart and *Gwathi e Laeb* is perhaps mainly in the firm beliefs of patient, healer and the broader community that the illness will be treated in this way.

In the lives of many of the Baloch, respecting a taboo might be viewed as more than just a respectful act. Respect and submission to the hierarchical institutions of Baloch society are the primary responsibility of each member of society. In a Baloch context, spiritual illness and the exorcism ritual, or breach of any social taboo, have greater significance than just being seen as simple issues or topics of medical anthropology or as parts of a system of health care. The way it is conceptualized, diagnosed and the situation of its relevance defined, creates spirit possession and exorcism as an every day affair. The evil eye phenomenon is an element of symbolic, cultural and religious systems. The evil eye belief helps to explain or rationalize sudden sickness, misfortune, or loss of possession such as animals or crops in Baloch society where socio-economic conditions are uncertain.

Supernatural intervention is part of the perceived reality of the Baloch life. Knowledge about spirit possession and other supernatural occurrences seems to be fairly evenly distributed and shared across Baloch society. It may not be an exaggeration to say that almost every member of Baloch society has erected structures in their minds, to house the images of various kinds of supernatural forces. The supernatural forces, if disturbed through any gesture or forgetfulness, can cause many severe conditions affecting the health and fortune of a person. Both at the individual as well as at the community level, people realise the responsibility of not offending these beings. Islamic belief systems regarding health and illnesses have also greatly influenced the Baloch over the last several hundred years. In the Koran, the most frequently mentioned reason for illness, as indeed for other misfortunes, is the failure of a person to live up to the level of a true person of faith in certain respects. In such

an event, God afflicts him or her with some severe illness or with loss of wealth or bereavement. To calm down the anger and the wrath of an aggressive supernatural power, among the Baloch, there is a traditional infrastructure at various levels to take care of such situations, which includes religious prayers, incantations, and alms giving and offering animal sacrifices. However, one should not think of all the ideas and actions of Baloch people are guided by supernatural forces when it comes to the interpretation of health and disease. Nor are their actions always purely traditional as opposed to rational.

A much stronger external force is necessary to counter the possessing spirit. In this context, the help of spiritual healers is sought. The healer in a way facilitates this encounter of possessing spirit and the opposite forces. Thus, during a healing ritual of *Gwathi e Laeb*, the healer and the victim are very much alike—an alien spirit at that moment possesses both of them. There is, however, one crucial difference. The victim was not prepared to be entered by the possessing spirit while the healer prepared himself to be entered by the spirit. The healer by virtue of his preparation, his rituals, and active practice of trance is in a deeper consciousness and heightened state of awareness, and thus a participant in the spirit world. By actively entering this world the healer is able to exercise a limited control over the spirit. The healer by the virtue of his ability to interact with both the world of spirits and the world of the human is able to direct the attention of the spirit towards the suffering and ills caused by possession.

Group Context and the Placebo Effect of Spiritual Healing

It appears that illness occurrences among the Baloch are not only individual matters. The process of diagnosis and treatment is one which not only relates the patient to a wider context, and makes the illness "sensible" in that wider context, but also links

the patient's experience with that of others. Others' problems can become symbolized in the patient's condition; others may contribute to the illness being viewed as serious and demanding of a major healing ceremony in which the presence and participation of others is an important ingredient.

Healing rituals begin with tracing the origin and cause of illness and identifying what has gone wrong, where, how and why. The healing rituals accomplish the positive function of integrating the distressed individual back in to the community; restoring balance and harmony and translating the disruptive moments in the life of the individual into a cultural language that connects the individual into a larger system.

As was mentioned earlier, social and cultural contexts are dominating factors in the Baloch concept of spirit possession and its therapy. In this context, the healing performance of a *Gwathi e Moth* takes place in a group setting, which gives the drama of diagnosing and healing a public recognition. The patient is surrounded by familiar people in a ceremonial or ritualistic situation to which s/he has already become accustomed through witnessing curing rites for others. The social construction in the ceremony provides them with a support system. The atmosphere at the *Laeb* is relaxed and informal, which helps participants to express their feelings and emotions and can cross the boundaries that limit normal behaviour.

Techniques such as the exorcism of spirits, the removal of "sickness substances" in the form of stones, hair or nails, and invoking the power of God to heal may all be seen as powerful techniques for mobilising the very real healing powers of the placebo effect. Well performed spells and prayers that convincingly describe the overcoming of a patient's disease in terms of the patient's socially legitimated belief systems cause the patient's mind and body to respond as if they were true.

Spirits are given life through being treated as real people, addressed by name and given offerings. The ritual practices included in Baloch healing traditions concerning spirit possession may use emotionally charged cultural symbols and could provide a cure for psychosomatic and other psychological illnesses; secondly, they create an opportunity for people to enjoy social gatherings, feasts, and musical entertainment. During the highly emotionally healing charged ceremonies in the schema of supernatural illnesses are, the spiritual healers address emotional distress and provide assurance, counteracting anxiety and its physiological effects. The principles employed by the spiritual healers in diagnosis and treatment articulate the mental, emotional and physical symptoms of illness, situated as they are in the patient's body, within the wider cosmological, cultural and social realities in which the patient lives. A spell, mantra or prayer is one of the crucial elements in a ritual healing system, which helps to raise the patient's expectancy of regaining health and his or her integration into the community and spiritual world. Having summoned spirits with the mantras or Koranic verses, healers could command spirits in the language of the spirit, which spirits could not but obey.

The healing rites of *Gwathi e Moth/ Sheink* are an example of culturally prescribed clinical rituals. The healer is often involved in bringing not just comfort, but treatment, in all its aspects, to the ill. Spirit possession is at its extreme a disruption of the complete physical, mental and social being of the patient; however, possession illness is not necessarily a purely individual problem. The diagnosis and definition of possession illness can realize the full possibility of spirit malevolence and its understanding can incorporate, not only the individual person of the patient, but also the more extended context of the family and an immediate circle of kin and neighbours.

Ritual healing plays a pivotal role in the practice of Baloch folk healers and overall, the rituals in the healing ceremony will

neutralise the patient's stressful condition and enhance the sense of self-worth. The healers address emotional distress and provide assurance, counteracting anxiety and its physiological effects. The practices employed by the spiritual healers in diagnosis and treatment articulate the mental, emotional and physical symptoms of illness, situated as they are in the patient's body, with the wider cosmological, cultural and social realities in which the patient lives. The religious exorcism of spirits largely reflects ideological forces in a society in which religion is currently playing a major social, economic and political role. There is a universal agreement among religious leaders and the general population that God is not only omnipotent and omniscient but also the ultimate healer, just as the Koran, also divinely revealed, contains all past, present and future medical and other knowledge. A spell, mantra or prayer is one of the crucial elements in a ritual healing system, which helps to raise the patient's expectancy of regaining health and his or her integration into the community and spiritual world. The capacity of music, song, and dance in a *Gwathi e Laeb* ceremony to affect a cure is explicitly recognized and exploited by *Gwathi e Moth*.

Social Issues and Supernatural Occurrences

The socio-cultural definition of the individual's place in society, and of the human body and its parts, are inseparable from health, illness and healing practices. Supernatural occurrences among the Baloch are part of a system of meanings, a socio-culturally constituted fact. The majority of possessed patients among the Baloch have a vast number of problems in the social and personal context. These contextual factors may include, barrenness (as in the case of *Gwath* affliction discussed in chapter 11), failure to produce a male child, marital disputes (as was the case of KM's possession, discussed in chapter 10), and alteration in the social status (as was in the case of KD's possession illness, discussed in chapter 10). Pregnancy and

delivery disorders, disputes between family members and with other people, land disputes, work disputes, and recent bereavement (as was the case of slip of the heart discussed in chapter 8) were among the factors involved in the causation of possessive illnesses.

In a Baloch context, functioning and malfunctioning of the heart provide the cultural framework for labelling some conditions as disease symptoms, and for establishing causal links between heart distresses and specific personal and social conditions. Slip of the heart or fall of the heart among the Baloch means symbolically and literally that the person is broken, disintegrated and incomplete. Thus, slip of the heart may be a disease, a symptom, or a cause at the same time. In the real world, it may not be a disease entity, which the term points to; nevertheless, it appears to be linked to the social complexes rooted in Baloch society. Social support, attention and reassurance are the dimensions that interact with each other in the battle between the perceived illness in the shape of slip of the heart and the struggle for health in the shape of rehabilitating the heart in its normal place and functions.

Kapferer (1991) and Boddy (1994) in their studies observed that supernatural diseases sometimes generate shifting, contested, and contradictory meanings and this may be true in the case of the Baloch cosmology of supernatural diseases. Possession or the *Gwath* phenomenon cannot be termed simply as role-play. Although culturally formed, it is not the type of cultural act that most Baloch can do intentionally, nor the type of performance that some people can do at all. Only certain kinds of people allow it to happen to them. In all these respects possession is a different kind of social and psychological game than acting. However, one cannot neglect mentioning many cases where it is suggestive of a manifestation of social tensions. In many cases, a patient to manipulate other family members and make demands upon them may use a possession illness purposively

but it is not the generalized rule in possession cases. Similarly, the haves and have-nots formula in explanation of possession illnesses cannot be applied fully in a Baloch perspective, as the data did not support this. The majority of the narrated cases belonged to both the middle and lower middle class. A gender based theory of supernatural possession could not be validated from the data although a greater percentage of women than men are possessed by supernatural entities. Unmet needs and desires do appear to be a factor in some cases of *Gwath* or other spiritual manifestation. The basic ingredient in a treatment session of *Gwathi e Laeb* is to meet those needs by submitting to the material demands of the *Gwath* spirit. Escape from social restriction and inhibitions can be a factor in the Baloch phenomenon of supernatural possession. Dancing by men and women in the open is unthinkable among the Baloch but a possessed person can dance during the healing ceremony, as well as the others present.

The Baloch live in a world where uncertainty is a permanent feature in every sphere of life for the majority of people. The poverty, illiteracy and ignorance, and helplessness of the Baloch people against the forces of nature and geo-political circumstances made them resort to the perception of the intervention of supernatural forces. The majority of the Baloch feel themselves to be helpless in the face of seen or unseen threatening forces, which assault them fiercely, frequently and unpredictably in health, safety and general misfortune. It is, therefore, only natural to seek the aid of protective powerful forces. Living in a hostile and uncertain environment the Baloch people look for signs, which might be helpful to them in their day-to-day life. They interpret all happenings, minor or major, so as not to come in the path of danger. They avoid that which once was associated with their misfortune or ill health. Spirits can attack anyone and strike without warning. Therefore, too, conflicts, misfortunes and a host of other difficulties can spring

unplanned into the life of a Baloch suddenly and unexpectedly, disturbing the equilibrium of individuals and their social world.

Supernatural phenomena can explain the unexplainable. In a sense, they can bring consolation for those affected in a Baloch world of social political and economic uncertainty. Possession can be termed as a routine phenomenon, which is common among the Baloch for many reasons---isolation, illiteracy, lack of an adequate medical infrastructure, a desperate need for hope and escape from a sea of poverty, a relief from uncertainty and failed desire. The cultural and social values, which underlie Baloch identity, place women at a central point of conjunction in the matrix of cultural and social relations. These values also put women in a position of structural weakness. Women are the major symbols of the vulnerability of Baloch social order, and they are made enduringly conscious of this in their daily cultural social practices. The vulnerability of women to supernatural affliction is a commonsense Baloch cultural understanding and in itself accounts for the frequency with which women are afflicted or treated by ritual healing.

The nature of supernatural illnesses as perceived by the Baloch is not very different from the perception of other communities in third world countries; nevertheless, it has its many peculiarities, which make it distinct as was discussed in chapters on possession illnesses and the phenomenon of *Gwath*. The explanation of supernatural illness extends beyond any single explanation. Supernatural occurrence among the Baloch is a multi-factorial affair, in which spiritual, social, psychological and physical factors may all play an aetiological role. The relationship between these concepts is therefore complex. Differential diagnostic skills may have a part to play in offering help to those whose problems could be of spiritual or medical/psychiatric origin. However, it is imperative to recognize that in some cases the origin of these disorders might be purely biological. They may also include the various

categories of what have been termed by biomedicine as "mental illness" like neurosis, schizophrenia and other dissociative disorders. The *Gwath* phenomenon and other spirit possession illness may provide a framework for reinterpreting what psychiatry considers acute psychosis and emotional disturbance and addressing them as natural manifestations of human consciousness and developmental opportunities.

Spirit possession illness is an illness that cannot be reduced easily to terms independent of the cultural ideas, constructs and reifications in accordance with which it is comprehended. It cannot be broken down into a set of labels applicable to another system of understanding and practice. Thus, the terms of biomedical science or psychology or psychiatry at best only provide partial frameworks for comprehending any individual occurrence of spirit possession.

Slip of the Heart and Gwath as Culture-bound Syndromes

Cultural theories of mental disorder are, in a fundamental sense, about personal and social events. They draw upon cultural assumptions concerning the nature of ordinary personal experience and social interaction in order to interpret behavioural disturbances regarded as extraordinary, abnormal, or disruptive. In many respects, it is not surprising that culture-bound syndromes should differ so dramatically with respect to global psychosocial behaviour-symptoms. This is so because the manifestations of illness involve the meanings and implications of beliefs about the self, other, nature, social action, individual purpose, and agencies of control, all of which are known to differ widely cross-culturally. In other words, the content of the beliefs and the reasons for the behaviours seen in these disturbances, deal with themes that are important in the group. Thus, that culture-bound syndromes should involve

strange beliefs and actions is not surprising given the syndromes' reference to cultural themes.

As was suggested by Guarnaccia and Rogler (1999) within psychiatry, there is a need for research on such culture-bound syndromes that describes the phenomena within a cultural context rather than simply attempting to translate or classify them as psychiatric diagnoses. Regardless of the extent to which any given psychiatric disorder may be influenced in its aetiology, symptomatic expression, course, and therapeutic potentials by the cultural environment in which it occurs, there is a much more problematic interpretation and use of the term culture-bound. In summary, a dominant opinion about culture-bound syndromes seems to be that they are in some way "reactive" to socio-cultural circumstances and that they are atypical variations of "psychogenic" disturbances, which are felt to have a very wide distribution in human populations anyway.

Many so-called culture-bound syndromes actually occur in many unrelated cultures, or appear to be merely locally flavoured varieties of illnesses found elsewhere. Slip of the heart and possession by a Gwath spirit may be specific to the Baloch in many respects, but many similarities in their manifestations of symptoms with other syndromes found in Latin America or Middle East can be found. The depressive illnesses *Susto* and *Zar* can be quoted in this respect. *Latah* in Malaysia and Indonesia is manifested by hypersensitivity to sudden fright, often with echopraxia, echolalia, obedience to command, and dissociative or trancelike behaviours. Some of its symptoms may be similar to slip of the heart but the Malaysian syndrome is more frequent in middle-aged women.

The Baloch believe that heart is where the soul is. The term "soul loss" is the closest English approximation of what they conceptualize as slip of heart. This may not be confused with the concept of soul as maintained by the three main Middle

Eastern religions of Judaism, Christianity and Islam. In Baloch cultural beliefs like many other Central Asian cultures, soul is considered to be the essence of the body, a bundle of spiritual energies which connect the body with conscious and physical forms. That connection can be lost. Essence can be lost. Generally it could lose through anything traumatic. Repeated oppressions, abuses, and so forth will often result in slip of heart or soul loss. Soul loss often occurs through abuse to a child, for instance, or by abuse from loved ones later in life. Sometimes essence can be frightened out for a time by a jolt, a loud sound, or an accident. Slip of heart which is the loss of much of the essence can manifest itself to disease and disability and death anyways, or to feeling like you're not whole, like there's a part of you that is missing. In Baloch culture, slip of the heart or soul loss is occurring to various people all the time. It is a very common phenomenon that is rarely addressed by conventional medicine.

The Baloch folk healers generally recognize the symptoms, or know the events in the lives of their patients. They know when there is a portion of essence that must be returned to the body lest illness should result. *Theeriench* is a powerful process used by folk healers, focusing on the spiritual aspect of the disease, while seeking to create wholeness and completion to a part of the self that has been lost along the way.

Slip of the heart may be a disease, a symptom, or a cause. Descriptions of slip of the heart among the Baloch are very similar to the diagnostic criteria for post-traumatic stress syndrome, acute stress disorder, or adjustment disorder. The causes of each case of slipped heart mentioned were deaths, debts and poverty, quarrels, fights, family illness, delivery, and miscarriage and fright. These causes clearly indicate a wide set of feelings and social situations associated with slip of the heart. In addition, many of these conditions associated with slip of the heart are more common and more severe in lower class families.

Slip of the heart can be understood as an image, which incorporates a network of words, situations, symptoms, and feelings, which are associated with the illness and give it meaning for the sufferer. The meaning of the term slip of the heart may be generated socially as it is used by individuals to articulate their experiences of stress, thus becoming linked to typical syndromes of stress in the society.

On a functionalist viewpoint, continuous ongoing stress changes brain chemistry-production of serotonin and dopamine can both be affected. And once that change occurs, mood and overall sense of well- being may remain altered, even when the initial stressors are no longer present.

The phenomenon of *Gwath* in essence is a possession illness like other spirit possession illnesses but the way it is diagnosed, treated and perceived as a common occurrence among the Baloch signify it as a syndrome specific to the Baloch. One of the major differences in *Gwath* and other spirit possession illnesses is the possession of healer by the spirit during the healing ritual.

Aspects of Ritual Healings

Afflictions with supernatural illnesses usually involve trance states or the afflicted usually experience an altered state of consciousness. The characteristics of healers involved in supernatural diseases include abilities of divination, diagnosis, and prophecy. These healers also have the characteristic of incarnation of spirit as foundational to their professional capacities. Their healing rituals usually employ among other methods the use of chanting, music, drumming, and dancing.

Baloch healing rituals involve many biological and socio-psychological aspects. *Gwathi e Moth* engages in healing and divination activities in all-night ceremonies involving the

members of a local community. They spend hours in a Laeb ceremony (as discussed in chapter 11) dancing, playing music, and chanting, often accompanied by assistants and the community. Their activities produce an experience of "ecstasy," an altered state of consciousness (ASC). These ASC activities provide the spiritual experiences and interaction with the spirit world for both the healer and the patient. ASC in a *Gwathi e Laeb* ceremony are produced through music, chanting, and dancing until collapse. Physiological dynamics involve activation of the autonomic nervous system until exhaustion in the sympathetic division leads to collapse and a parasympathetic dominant phase; this may also be entered directly through withdrawal, relaxation, and an internal focus of attention. Activation until collapse produces a physiological response like sleep, inducing the body's relaxation response and natural recuperation processes that re-constitute a basic mode of consciousness.

The community orientation of healing rituals by a spiritual healer, especially the healing practices of *Gwathi e Moth*, has important social, psychological, and psycho-physiological effects. Involvement of community members in healing rituals provides mechanisms for social coordination, eliciting the opioid and immune systems, modifying self and other identity dynamics, and providing social identification. The *Gwathi e Laeb* ritual involves dramatic enactments of the healer's battles with malevolent spirits to rescue the patient. Community participation in the healing ritual reflects the importance of social relations in healing, the power derived from others witnessing the defeat of evil power.

The integrative dynamics in the ritual processes in possession illness therapy enhance attention, self-awareness, learning and memory, and elicit mechanisms that mediate self, attachment, motives, and feelings of conviction. The *Gwathi e Moth*'s ritual activities and experiences involve fundamental structures of

cognition and consciousness and representations of psyche, self, and other. Healing rituals in *Gwathi e Laeb* involve social adaptations that use biological potentials provided by integrative altered states of consciousness (ASC) to facilitate community integration, personal development, and healing. In the same manner ritual practices in the *Gwathi e Laeb* perhaps provide therapeutic effects through mechanisms derived from psychobiological dynamics of ASC, the relaxation response, effects upon serotonergic action and endogenous opioid release by activation of the relevant parts the brain.

Baloch Health Seeking Behaviours

Although Baloch health-seeking behaviours do not always follow a strict pattern, the conceptual model of ill health among the Baloch presents a model of their relationships or bonds with nature, and supernatural forces. Perceptions regarding illness and illness episodes reported in the thesis support the above statement. The theoretical framework of Baloch health-seeking behaviour is influenced by Galenic/Islamic medical philosophies and in this perspective, the health seeking behaviour of the Baloch regarding supernatural diseases is quite understandable keeping in view their conceptual framework regarding the knowledge of disease. Many factors have been instrumental in shaping the present context of health and health seeking behaviour among the Baloch. Disease aetiology is the major factor; however, the other factors apart from aetiology of disease, which are found to be influential in shaping the health seeking behaviour of the Baloch for a particular ailment, are accessibility of treatment facilities, the resources available with the family for treatment of the ailment, educational background and religious affiliation of the family members. Difficult geographical terrain and the far-flung sparsely distributed human habitations add to the problem of access to the health services. Patients have to walk long distances to avail these services. The health centers are poorly provided for. Absence of

doctors and non-availability of medicines typify the PHC in Balochistan. Consequently, many people have to rely upon traditional therapies and healers. It can be observed that in areas where both the facilities (biomedical and traditional) are accessible, people did not hesitate to make use of both – biomedicine and traditional rituals.

It appeared that Baloch health seeking behaviour mainly constituted a pattern in which the Baloch first tries one thing and then another until the illness is remedied to their satisfaction. Often illness symptoms are diffuse and ambiguous, and the illness course or treatment outcomes are unexpected. Facing uncertainty, a Baloch person follows a trial and error search for relief and patterns of resort often involve many treatment modalities at once. The social network consisting of family friends, neighbours, village notables and local religious leaders is involved in one way or the other in diagnoses and decisions regarding the choice of therapy. Health seeking behaviour among the Baloch is an important component of a person's, a family or a community's identity which is the result of an evolving mix of geographical, social, economic, cultural factors. Baloch health seeking behaviours have many resemblances with the health seeking behaviours of surrounding or dominating nations of the region. Economic conditions of the Baloch are among the important factors which are influential in the making of a decision for seeking help in during a health problem. In this perspective, the explanations of Baloch health seeking behaviour could be sought in a socio-economic, historical analysis of the world in which the Baloch are living, the world that has shaped the perceptions and behaviour of the Baloch regarding health and health seeking.

14. MEDICAL PLURALISM

Introduction

Medical pluralism refers to the existence of different healing practitioners and the social and cultural organization of their practices in a community. It also refers to the coexisting and competing discourses of affliction and healing with which they legitimate their therapeutic power. There may be many divisions between the approaches of conventional medicine and traditional or folk medicine. Nevertheless, during many decades, a growing perception is emerging that traditional folk medicine and biomedicine can converge in many ways. This chapter deals with the practical implication of medical pluralism and includes a brief review of literature on different aspects of medical pluralism discussed by different researchers.

Theoretical Divisions in Research

As observed by Ortner (1984), research on medical pluralism during the 1970s and 1980s became caught between the same theoretical antinomies of symbolic vs. materialist studies, and of structure vs. history, which plagued anthropology as a whole. Many researchers have analysed the superimposed and contradictory elements within plural medical systems, either to solve problems in applied health policy (Foster, 1982) or to advance larger debates in social theory about language, subjectivity, and power (Good, 1977; Lock, 1987). Ecological research into the adaptive value of plural medical systems largely omitted social relations and cultural meanings (Singer, 1989). The subordination of indigenous healing by capitalist medicine was basic to the political economy approach, but it minimised other forms of power, resistance, and defiance in plural societies (Csordas, 1988). Symbolic and structuralist

studies de-emphasised the clinical interactions between patients and healers as well as the dynamic fragmentary nature of cultural meaning (Comaroff, 1983).

Orthodox versus Traditional Medicine

Despite similarities between orthodox and traditional medicines, there are clear differences between them. Clavarino and Yates (1995) identified three areas where there are divisions between traditional and orthodox medicine. The first division relates to the basic theories and philosophies of health and illness in both medical traditions. They observed that the medical model of illness adheres to a mechanistic view of the world according to which all phenomena are explainable by a reductionist analysis based on a Cartesian mind-body dualism. They observed that this model is based on a central notion that specific diseases exist, that biologically aberrant functioning produces them and that they can be alleviated by specific treatments. Alternative or traditional therapies, on the other hand, often maintain explanations of health and illness that are based on causal factors that differ from those of orthodox medicine (e.g. that ill health is caused by an imbalance between opposing energy forces) and usually claim a holistic orientation as part of their paradigm of health knowledge. The second division between orthodox and alternative medicine as considered by Clavarino and Yates (1995) relates to the scope of practice, i.e. the range of conditions the different therapies and the treatment modalities they employ:

> **"Some alternative therapies maintain a clearly defined specialist orientation (e.g. chiropractic manipulation) while others offer a wide variety of treatment modalities and maintain a wide scope of practice ..." (1995: 254-5).**

The third division between alternative and orthodox therapies mentioned by them was the issue of efficacy. Evidence in

support of the therapeutic benefit of common herbal remedies remains inconclusive; nevertheless, there is widespread belief among many that folk health practices have shown major health-related benefits. Taken as a whole, the use of herbal and other folk medicine has not proven effective from a biomedical standpoint. At best, they may have only a placebo effect that may give the semblance of effectiveness. In some cases, folk medicine itself may not be dangerous, but it may impede the use of proven conventional therapies.

Many arguments have been cited for and against the validity of folk medicine depending on the perspective. Vaskilampi, (1982), Young, (1986) and Nigenda et al (1999) discussed the various merits and demerits of folk healing system from scientific and pluralistic perspectives. From a scientific perspective, there were strong and valid reasons to discard folk or traditional healing system such as:

1. The knowledge of bodily diseases by the folk healers is dependent on perceptible signs of dysfunction that are difficult to verify.
2. The folk healers have limited repertoire of diagnostic techniques.
3. Standards of hygiene and sanitation in a traditional healing setting are low.
4. Conceptualization of illness actiologies in terms of witchcraft and sorcery is widespread among folk healers.
5. Despite a possible value in social control, these "fear systems" are potent sources of mental stress and physiological insult.
6. Few mechanisms exist for systematically evaluating the outcome of therapy.

On a pluralistic perspective, the arguments in support of folk and alternative medicine were:

1. Folk healers provide relief of stress and anxiety created by the uncertainties of illness.
2. Folk healers have acceptability through cultural continuity.
3. Rehabilitation of the patient is brought about through primary group involvement in the diagnosis and treatment.
4. Folk healers collectively possess a large body of indigenous technical knowledge, ranging from individual and group psychology to the properties, actions, and applications of plant medicines.
5. Folk healers treat a broad spectrum of physiological and mental ill health, including conditions, which are not diagnosed, misdiagnosed, and incompletely diagnosed by biomedical practitioners or not manageable according to biomedical standards.
6. Folk healers are conveniently available in all rural and urban communities and their treatment cost is relatively low.

Many researchers have stressed the importance of seeing folk healing systems in a balanced way to avoid both over-idealisation and over-criticism. Much of the criticism of alternative approaches to health care according to Edlin & Golanty (1992) is due to evaluation of them using analytical, reductionist criteria. McKee (1988) termed problematic the approach to assessing the validity of one according to the assumption and criteria of the other. The two approaches that are reductionism and pluralism neither start at the same line nor aim for the same goal posts. On the one hand, it cannot be justified to see folk healers and the communities they work

among as natural and holistic, living in peaceful harmony with nature and with one another. On the other hand, it may not be proper to see them and their communities as altogether primitive, degenerative, incompetent and underdeveloped.

Problems of Integration

Leslie (1980) stressed that even if fully staffed and equipped biomedical facilities were placed within easy reach of the people, they would still make use of traditional healers and others available to them who are skilled at treating illness if not a particular disease. Good et al. (1979) argued that separately or together, all medical systems fall short and in their quest for health, people attempt to compensate for these deficiencies by utilizing both traditional and biomedical services. Such joint use is made concurrently or sequentially for the same or different aspects of the same illness. In this sense the pluralistic medical systems are informally but rather haphazardly integrated.

Gilbert (1996) has observed that the complexities involved in policy development around traditional medicine are multifaceted. Addressing these complexities will require not only the political will of governments but also a profound sense of commitment from scientists and traditionalists. The barriers to integration between doctors, healers and health administrators are a lack of understanding of each other's role and prejudice about standards and beliefs. An important impediment to the integration of traditional with biomedicine is the bias that is inherent in each discipline. Critical to the relationship between biomedicine and folk or traditional medicine is the medical community's delineation between "evidence-based medicine" and health remedies that have not been subjected to the rigours of the investigative process.

Minocha (1980) proposed that medical pluralism could be understood to mean two things. It may mean the co-existence of

multiple systems of medicine, including what are called folk systems, popular systems, or traditional professionalized systems, which present multiple choices to individuals. It may also mean pluralism within a particular system and pluralism among medical practitioners themselves. There is considerable evidence that the general practitioner draws from varied systems in his/her medical practice (Welsch, 1991).

Advocates of cooperation or convergence between the two opposing paradigms argue that it will produce positive results in the primary health care of at-least third world countries. The work of Kleinman (1980), Leslie (1980), and others suggested that purposes of biomedicine, insofar as these are directed toward individual or the community health can be advanced by integrating the principles of an "ethno-medical" model into biomedical practice. The assumptions of alternative medicine can be an especially powerful vehicle for what Kleinman (1973: 208) called the "pathways of words, feelings, values, expectations [and] beliefs" that reorder and organize the disease experience involved in all healing methods. Other researchers like Patel (1987); Ernst (1998); Bensoussan (1999) and Willis (1989) argued that the efficacy of alternative medicine should not be evaluated purely in terms of scientific legitimacy and that other criteria such as clinical efficacy (efficacy judged by evidence-based medicine criteria) or clinical legitimacy (acceptance and use by the public) should be included in their evaluation. Bombardieri and Easthope (2000) believed that acknowledgement by orthodox medicine as a complement to orthodox therapies inadvertently legitimates the role of alternative medicine in primary health care. Such recognition can only assist alternative practitioners towards the institutionalization of both alternative medicine and alternative practitioners in mainstream health care.

In recent years, there has been an increased interest in the general population towards folk or alternative medicine and this

growth in popularity of traditional or alternative therapy is a global phenomenon. The works of Fulder and Munro (1985), Sermeus (1987), Marshall et al (1990), Eisenberg et al (1993), Borkan et al (1994), Verhoef and Sutherland (1995), MacLennan et al (1996, Vincent and Furnham (1998) and Astin (1998),) suggested steady increase in the use of alternative therapy among the western industrialized societies. In many developing societies, biomedicine has co-existed with longstanding indigenous medical practices. Some countries made official attempts to support the collaboration between biomedicine and traditional medicine. These attempts were based on exploration of ancient indigenous concepts and practices about health and illnesses, the scientific study of active chemical components of plants used by folk healers, and the epidemiological study of traditional diseases (Rubel et al., 1984; Nigenda and Solorzano, 1997; Nigenda et al. 1999, 2001). It has been suggested that traditional and biomedical skills be integrated in the management of various fractures of limbs, the spinal column and most intra-articular fractures, fresh or cold, closed, open or infected (Western, 1983).

Mutual respect forms the basis for the successful integration of the physiological aspects of disease with an individual's culturally constructed meaning of illness within the clinical setting. In this regard, Barnet (2003) stressed that an appreciation of the relationship between the individual, community, and environment and with supernatural entities is central in the ideas which emphasise a holistic perspective to the attainment of health. He argued:

> **"There are not technological solutions for all problems. We cannot eliminate all pain, cure all disorders or avoid death.....We need to demystify health and to encourage people to seek out the simpler, the vernacular" (Barnet, 2003:280).**

In other words, we have to encourage pluralism in the medical field, which can be understood to mean two things. It may mean the co-existence of multiple systems of medicine, including folk systems, popular systems, or traditional professionalized systems, which present multiple choices to individuals. It may also means pluralism within a particular system.

Integration must be a truly pluralistic effort. WHO (2002a) stressed that folk medical systems available today should not be viewed as a barrier to modern methods or as inferior systems to be replaced, but rather as unique arenas, which seek to advance the cause of holistic medicine. Biomedicine is often blind to its own cultural biases, and thereby may inadvertently devalue cultural considerations as a critical component of health care. It is not necessary to supersede a people's cultural belief to improve their health and well-being.

The medical community's challenge is to keep up with its patients - to integrate, validate, and expand the healthcare options available and remove barriers that tend to reinforce existing health inequalities. This can be a delicate task. The most realistic objective for all healthcare systems is the need to strike a balance between uncritical enthusiasm and uninformed scepticism. Providers of all backgrounds would do well to remember that it is the patient who is caught in the middle of two often-antagonistic systems of healthcare. Patient-centred care respects patients' choices and values their unique health beliefs and practices. This approach may ultimately provide an answer as to how the integration of traditional and biomedicine can be improved. The fundamental fact must not be ignored that the basic logic of medicinal knowledge is to make human beings live more comfortably within their own cultural requirements. Health professionals must be attentive to cultural influences in medicine. Integration of cultural considerations into the health delivery system improves care and health outcomes. The possibilities for collaboration are many.

Any collaboration must be on rational grounds, however, the first step in linking the indigenous medical system and the biomedical system should be building a relationship of legality, public approval and respect. The legitimacy that spiritual healers and other folk healers enjoy is neither achieved in schooling and examinations nor expressed in bureaucratic organizations that maintain rules and standards. It is acquired in a complex social and cultural environment. Enhancing the skills of a range of traditional practitioners (midwife, bonesetter, herbalist, etc.) may be a better strategy than outright rejection of their expertise. With traditional healers linked with a modern health care system there is the potential for a more relevant health care system in a developing society.

In Balochistan, no official attempt has yet been made to investigate the merits of folk medical practices. A side effect of this neglect is that control of the activities of traditional healers is not possible. As a result, both qualified and unqualified healers have a chance to practise healing, with all the consequences that then follow. It is imperative that actions should be taken to incorporate many useful aspects of folk medical traditions, which can be instrumental in bringing major benefits in primary health care delivery systems in Balochistan. Below is the summary of some important points, which can be helpful in framing a viable and effective health policy in a traditional society like Balochistan.

- Differences in perceptions regarding the cause of ill health or disability will affect management, compliance and the way the person reacts to illness or disability. Health professionals should make an effort to understand and link into the belief system of their patients to ensure they have maximum effect. Clinical and non-clinical health outcomes may improve in situations where the clinicians consider the patient's

cultural beliefs about health and illness. It is imperative for health practitioners to acknowledge objective, scientific explanations of physiology but it is also imperative to acknowledge that people have inner experiences that are subjective, mystical and for some religious which may affect the health of a person. This is what is now universally known as the holistic approach towards health. In order to improve health care, the holistic approach emphasizes the need of integration of folk beliefs with conventional biomedicine where it seems appropriate. It also emphasizes that the clinician needs to become aware of commonly held folk medical beliefs in the community. It also stresses on health carers to assess the consequences where the use of folk medicine conflicts with conventional biomedicine. In addition, any biomedical explanation of the illness or death by the clinician should respect traditional explanations of these phenomena. Discussion about treatment should respect the family's wishes regarding the patient's care, including the use of traditional folk medicine.

Some of the folk remedies are not harmful and do not interfere with biomedical treatment. Under these circumstances, the clinician should not insist that the patient abandon his or her folk beliefs. Instead, the clinician should try to educate the patient as to the importance of the biomedical therapy. On the other hand, if a folk remedy has the potential for serious negative outcomes it needs to be discouraged. Reasons for making such a recommendation need to be clearly explained to the patient in a sensitive way. If possible, biomedical treatments should replace the dangerous folk practices that fit within the individual's belief system.

- Psychology and psychiatry have followed the tradition of individualism, self-reliance, uniqueness, autonomy, and the freedom of individuals. This conventional view does not affirm the collective view of interdependence and maintaining the harmony of the group. Baloch culture is a collective one where the Baloch place the group above the individual and tend to be other directed. The Baloch are extremely sensitive to and concerned about relationships. This collectivism and other directedness generate pressures on individuals to conform to cultural norms and group demands. In addition to being a collective culture, there are several values held in common which include: filial piety, shame as a method of reinforcing expectations and proper behaviour, self-control, emphasis on consensus, fatalism, and inconspicuousness. Baloch views of health, illness and treatment reflect these views. Clinicians and health providers should take these in to consideration. It is important not to 'pathologise' certain cultural processes or trivialize the communicative value of trance states. Particularly in a Baloch cultural milieu where possession trances are relatively common, it is very important that they are not wrongly diagnosed and treated inappropriately, for example, merely as a psychotic disorder. An understanding of the precipitating psychosocial stressors that overwhelmed the patient's coping abilities would have implications for treatment by enabling the clinician to devise strategies for intervention and prevention.

- Culture-bound syndromes are another area that presents a challenge for patients and health care providers. Because these conditions are usually described in colloquial terms and have not been formally researched, they are often not recognized or validated by conventional medicine. Treatments for these conditions

are also sometimes archaic and colloquial, further contributing to their perception by biomedicine as illegitimate. Yet many of these conditions have some biological basis in fact and should not be dismissed as psychosomatic. Until these conditions receive validation by the biomedical community, patients with culture-bound syndromes may not receive the respect or acknowledgement of their biomedical health-care providers. Unfortunately, many culture-bound syndromes may pose significant medical problems requiring urgent intervention. By being forced to seek treatment in traditional methods, patients may receive inadequate treatments or delay seeking appropriate care.

- Somatisation is not only common in general practice among the Baloch but also it can be found among patients of different societies. It is beneficial to assess the underlying psychosocial problems and to screen for depression rather than treating symptomatically with drugs. In this context certain practices of folk healers can be employed by giving the folk healers adequate basic training about psychological management of such cases. The training undertaken by spiritual healers gives them a good grounding in healing practice. Folk healers explain ill health in wider, more familiar cultural terms involving the social, psychological and spiritual aspects of their patients' lives. Patients find this explanation satisfying because it matches their own expectations and subjective emotional experience of ill health.

- The institution of bonesetters should be explored so that on the one hand, optimal use can be made of their expertise and on the other hand, failures and malpractices of bonesetters can be prevented.

- The folk belief about dietary factors in the causation of diseases can be exploited in a positive way. Practices of avoiding certain foods may be harmless provided they do not interfere with the patient's nutritional status.

Culture influences how people define illness or wellbeing, how they understand the causes of illness or wellness and whom they access to improve their health. There are certain patterns of abnormal behaviour and experiences of illnesses, which are difficult to diagnose conventionally or bio-medically, and which are specific to certain cultural entities. The cultural aspect of illness and therapy provides a symbolic basis for communication and interaction between patient and healer, and self and other generally, which probably has a substantial influence on the course and outcome of illness events. Given the central role of cultural beliefs in the individual construction of ideas about health and illness, it makes sense that an understanding of these beliefs in a clinical setting would enhance health care. Without endangering the health of the patient, a culturally sensitive health care system can attempt to respect the beliefs, attitudes, and cultural lifestyles of its patients and work to improve the quality of interaction between the patient and clinician. Cultural considerations if integrated into the health delivery system can improve care and health outcomes and in this context, the possibilities for collaboration between the Baloch folk medicine and biomedicine are many.

Conclusion

The notion of pluralism may be found in people's conceptions of disease and illness, in their resort to medical practices belonging to different systems, and in their responses to other medical dimensions. Medical pluralism has to be understood in the context of the social, political and cultural characteristics of a particular society. Discussions of medical pluralism are in fact about medical duality - the dynamic tension between

biomedicine and "traditional", "folk" or "alternative" medicine. The question is not which system is preferable but how to validate, integrate, and optimally deliver the full range of medical options available, while also recognizing limitations inherent in each system.

Patients' beliefs are the windows through which they perceive the various factors relating to health seeking behaviour. Health planners should not ignore folk belief regarding health, illness and therapies. Public health and medicine can be mutually supporting disciplines in the effort to balance and integrate biomedicine and folk and traditional medicine. Working together, public health and biomedicine can optimize the benefits of both traditional and biomedicine - to the benefit of their client populations. Medical physicians could certainly benefit from the public health approach of understanding the community drivers of health and well-being.

Most health care professionals would consider all other practitioners—the herbalists, hakims, family healers and spiritual healers—to lie totally outside the real system of health care. There remain problems in communicating the theory and practice of folk healing to fit with an acceptable scientific framework. The knowledge base of folk healing is esoteric, and the meaning hidden, or understood only by an initiate. Yet there is an underlying feeling by those who have had personal experience that this phenomenon is worth exploring and that these practitioners have something to offer.

Health is an aspect of culture and as such, the health attitudes, prejudices and practices of the people integrate with aspects of culture. It is crucial to recognise that biomedicine and psychiatry are also traditions that convey not only technical knowledge but also whole systems of cultural values and practices. It is also imperative to recognise that a health care system is the socially organised response to disease. It is both

the result of and the condition for the way people react to sickness in local social and cultural settings, for how they perceive, label, explain, and treat sickness. This recognition can provide a basis from which serious encounters and engagements of other medical traditions can be promoted in the achievement of an effective pluralism and hybridization of models and methods in health care in Baloch society.

AFTERWORD

My research appeared to be different from classical anthropological work in that I was conducting research on folk beliefs and practices being a medical doctor and undertaking anthropology in the same community to which I belong. The advantages and disadvantages of the researcher belonging to the same ethnic community under investigation are complex as was observed by Ahmad (1993) and Kelleher (1996). Being a native and knowing the basic social tenets of the people being studied and being aware of the basic rules of social conduct may have advantageous and disadvantageous points. I might have been readily inserted into the local hierarchical system as an educated or elite member of Baloch society. One of the advantages that I observed was that there were no major problems in accessing the people, men or women alike. In addition, the other advantageous point was the ability to interpret correctly the meanings of words and symbols.

Krause (2003) discussed what he calls the methodological crisis in ethnography of how to carry out an enquiry in a disciplined manner without either claiming to be a detached observer on the one hand or explaining away the subjective experiences of informants with too much interpretation on the other. I was aware that personal characteristics of the interviewer and the atmosphere in the interview settings besides other factors of class, ethnicity and gender are influencing factors in a field research. During my fieldwork, I tried to take into account all these factors. I was aware of the fact that my conceptual reality was different from that of my target population so to enter the field with pre-formulated questions would have been to enter the field with preconceived notions about the nature of their reality. This would have been methodologically wrong. Thus,

the only way of collecting information was to follow the meanings right through by conducting free-ranging unstructured, open-ended interviews. Although, being a native Baloch, I was familiar with many of the behaviours, perceptions and practices of Baloch people regarding health and illnesses, it was a powerful experience to observe them with a purpose as a researcher, trying not to incorporate my biases as a medical doctor or a fellow Baloch.

Observing the people as a member of the community, for a specific purpose, was something unique. It appeared to me that the many phenomena of which I have been a part for so many years looked strange and new as I was looking now from a different angle. I believe that the fieldwork for my research work among my own people was a new experiment and sometimes I have to re-construct my opinion about certain phenomena, which I had been observing since my childhood or have been a part of. For example, the occurrence and treatment of the evil eye have been routine affairs and I had never given them a second thought. Possession by spirits or the phenomenon of Gwath were thought to be a part of an illiterate society and I never considered previously whether there are other causes beside illiteracy as it became obvious during the research that it is not only the illiterate section of the Baloch society which is vulnerable to possession. I was aware that many illnesses are thought to be hot or cold. I have been witnessing the practical aspects of hot and cold perception of diseases. I have been aware of the denial to sick, pregnant and delivering mothers some kind of food items by the elderly women of Baloch families, including our own, but I was not aware of the deep influence of this theory on the whole health and illness phenomenon among the Baloch.

Devereux (1967) suggested that the investigator's interaction with the subject of his/her research may often be a locus of confrontation and anxiety and Crapanzano (1977:70) described

fieldwork as 'a movement of self-dissolution and reconstruction'. Situations of confrontation and anxiety may develop during fieldwork when a researcher is investigating 'others' as in classical anthropological work. This did not happen with me. Neither there was a need of self-dissolution in my case as the researcher was one of the subjects. The atmosphere during the interviews and participant observation was welcoming and quite cordial. In some instances, I did indeed feel that my presence was creating a situation of dominance but these were few occasions (these occasions were when I witnessed branding procedures, bone setting, slip of the navel and during the observation of *Gwath e Laeh).*

My fieldwork was not frustrating as is generally believed for such anthropological work. I was among friends or the people whom I knew or to whom I was not a stranger at all. In this sense, access to female informants whether they were sufferers or healers was not problematic except for a few insignificant occasions. The interviews and participant observations usually begun with the traditional Balochi '*Hal o Ahwal*'. *Hal o Ahwal* means news and views. It is the traditional way of detailed and graphic exchange of information when two individuals or two groups of people meet. News and views are exchanged on a whole range of topics (including personal, social and environmental issues) before the formal purpose of the meeting is deliberated. During the fieldwork, I used this traditional method as a natural tool in narrowing the social gap and lowering the anxiety level between interviewee and interviewer.

The rewarding event in my fieldwork for personal or perhaps for psychological reason was my interaction with the great legendary figure in contemporary Baloch history. Being the guest of Nawab Akber Bugti Shaheed in Dera Bugti and discussing with him in detail not only about folk healing practices among the Baloch but the wider social, political and cultural issues of Baloch and Balochistan was undoubtedly an

unforgettable and inspiring event for a student of culture and history like me. Likewise, his brutal murder in 2006, by Pakistani armed forces was a very demoralizing event for me. It was also a shocking event for every Baloch throughout the world.

As a researcher, I came across the crushing poverty and the alarming rate of illiteracy of Baloch people. It was not a good feeling to observe many unhygienic practices of folk healers. Sometime it was a chilling experience to observe some practices like practices of traditional midwives during delivery, extraction of poisons or extraction of substances from the eyes and to some extent the procedures of cupping, which I believed as a doctor very harmful to the patient. I came to the conclusion that the resources of the public health care system were hard pressed. I observed a humble acceptance of illnesses by the community especially of mental illnesses that I had not anticipated before. That acceptance came in part because of the feeling of helplessness in the face of a 'supernatural invasion', consolidated by the overwhelming influences of cultural and religious traditions.

To observe the relationship between a folk healer and the patient was quite interesting. A folk healer in proper rituals accomplishes the making of the diagnosis and treatment. The relationship between folk healer and patient is not a temporary one but it becomes a permanent bond between the healer, the patient and the patient's family. This relationship is everlasting. It can be said that the folk healer, in his own way, is practicing a truly enlightened form of medicine, a medicine that medical doctors at times lose sight of. The folk healer's main aim is not merely to cure disease; it is rather to keep people adjusted to their environment. The task is not fulfilled by a physical restoration but must be continued until the individual has again found his/her old place in society, or if necessary a new one. The Baloch folk healer in his/her own way and through

connections—whether it is to supernatural spirits or universal truths— seemed to understand that one of the crucial factors of an individual's health is the reincorporation of the patient in the society. I genuinely observed that the folk healer is often involved in bringing not just treatment, but comfort in all of its aspects, to the ill.

The sense of community participation in an illness situation was amazing. Although I was familiar with this to some extent, observing the deep sense of this participation in healing was something new to me. Exorcism is not only the treatment for expelling invading spirits but is also a ritual, which, whether designed for the one or for the many, involves the participation of the community. The acceptance by the powerful, the healer, of the most weak — the mentally ill, the frightened, the possessed — facilitates this sense of larger participation and affirms the strong roots of a hierarchical Baloch society.

Ethnography represents aspects of social reality in a society on the basis of close acquaintance with and observation of it by the researcher. This representation of reality often reflects the cultural, political and personal worldview of the researcher. Being non-judgemental is inevitably a key to acceptance in many settings. This may seem to align the researcher with the view point of his subjects, and putting aside bias has been seen as among the major problems in ethnographic research, especially if, as in this case, the researcher comes from the same ethnic background as his informants. While the relativist tendencies of many social sciences may allow the researcher plausibly to profess non-judgementality on particular groups' values and practices, this is sometimes difficult when one is studying certain forms of professional practice. This was in my thoughts when I began planning for my interviews and participant observation.

There was a huge gap of perceptions between the researcher and the subjects. I was torn between different worldviews. I belonged to the medical model which is based on the notion that specific diseases exist, that biologically aberrant functioning produces them and that they can be alleviated by specific treatments, but I was observing beliefs and practices that differ from those of orthodox medicine (e.g. that ill health is caused by an imbalance between opposing humours or forces as part of their paradigm of health knowledge). While I believed that the therapeutic benefit of common folk remedies remains inconclusive, nevertheless, there is widespread belief among my people that folk health practices have shown major health-related benefits. Being a Baloch myself, I was quite familiar with many of the beliefs and practices of my people and there was the chance of my conclusions being influenced by my own cultural background.

Maintaining a posture of indifference in ethnographic research, according to Garfinkel et al. (1981) bids the researcher to refrain from assessing correctness, appropriateness or adequacy in articulating the practices and organization of endogenous order. In this regard, Pollner and Emersion (2001) pointed out:

> **"Thus, ethnomethodological indifference precludes characterizations of members as deficient, pathological or irrational (or superior, normal or rational)".**

Trained and practiced as a medical doctor, it was indeed hard to be a neutral observer of many phenomena or practices which were harmful to patients according to my beliefs and not to do or say anything or give negative comments in order not to jeopardise my position of a neutral observer. It was also hard to digest patiently long discourses on spirits, possessions, evil eye and affliction due to breach of taboos by informants.

According to Powdermaker (1966), an anthropologist is a stranger and a friend at the same time. Rock (2001:32),

cautioned about the risks in this dual approach of anthropological fieldwork:

> **"The first is that one will not leave the academic world fully enough to see how one's subjects view the things they do and succeed in doing the things they do - one will remain alienated, seeming to oneself and others to be a stranger who does not fit and cannot understand. The second risk is that one will 'go native' and cease to think as an academic altogether".**

I tried to participate in settings in order to collect data in a systematic manner and without meanings being imposed on them externally. I strived to avoid theoretical preconceptions and instead to induce theory from the perspectives of the subjects and from observation. I tried to focus on the views, meanings and constructions by the subjects. I tried to ask them in such a way that they could speak in their own words. I also tried to focus on the personal and social context of the subject as it gives meaning and substance to their views and constructions. I tried my utmost to draw conclusions about cultural understandings of the phenomena of interest based not on my personal insights or even of particular community members, but on views cross-validated through repeated, in-depth interviews with a broad cross-section of representative informants.

There are clear dangers in the researcher identifying too closely with subjects, allowing this to unduly bias observations and interpretations, and thereby presenting a distorted picture. There are also advantages in adopting an outsider position. It enables the researcher to see subjects' behaviour in a relatively detached way with the freshness of a stranger. One of the advantages of being from the group under investigation was that they talked openly about their experiences and views, or stated that I was in

a better position to develop a knowledge and understanding of the perspectives of subjects.

I tried my best to keep aside subjectivity and personal bias and political or economic considerations during the research work. I tried to play the role of the impartial anthropologist during my research work. Although I was known among the majority of the people for my research work as a medical doctor, at the same time I was aware that my primary role was a researcher, not as physician or even a fellow-Baloch. As a doctor, I felt that it was not important to prove or disprove the tenets of possession. In a way, it became important to recognize that possession created a bridge not so much between the spirit world and the profane, but between the individual and the community. It helped to create a bridge not just to hope, but because of the special position of the healer, a bridge to the community for those who were suffering.

Being a person from their own community and at the same time a neutral researcher helped me to see things which participants took for granted and I was also able to take a broader, more rounded view of the group which included its various subgroups or settings. By eschewing preconceived frameworks in my approach and deriving meaning from the informants themselves, I tried to put aside the problem of undue subjectivity. My aim was to balance the insider and outsider roles and combine the advantages of both, in other words, to manage a marginal position vis-a-vis subjects. I tried to be one with the group and yet remaining apart, being a 'friend' yet remaining a 'stranger'.

Perhaps I knew many things before I ever started my investigations, but I am grateful to my experiences with patients and healers who reopened my eyes to the hard facts of many aspects of the Baloch society from which I had been partially cut off during my student life and as a medical doctor.

Baloch folk medicine is not subject to the constraints of any single logic or rationality to the same extent as we observe in conventional medicine; nevertheless, the Baloch popular system of medicine has certain rational, narrative constraints. It must make sense to people when they talk about body functioning, about illness and its causes, and when they seek practitioners or carry out therapy. The symbolic links between interpretation of illness and plausible treatments constitute a range of meaningful responses to illness. Baloch traditional theories regarding psychiatric disorders include postulates about appropriate paths for corrective action aimed at re-establishing positive or desirable patterns of experience and behaviour. Viewed with an appreciative eye, the traditional or folk medical systems are fertile grounds for research and offer possibilities for new cures and new arenas for primary health care. Understanding the complexity of culturally perceived illnesses as expression of distress requires comprehensive programs of research. This kind of research can serve to tighten the integration between cultural and clinical knowledge, while providing insight into issues of diagnostic universality and cultural specificity. The in-depth investigations of the socio-cultural barriers that hinder health care including maternal and child health care beliefs, the ways the Baloch people perceive the functioning of their bodily processes, assessment of the objects, gestures, songs, music, utterances, and mantras and their role in ritual healing may be an interesting topic for further research.

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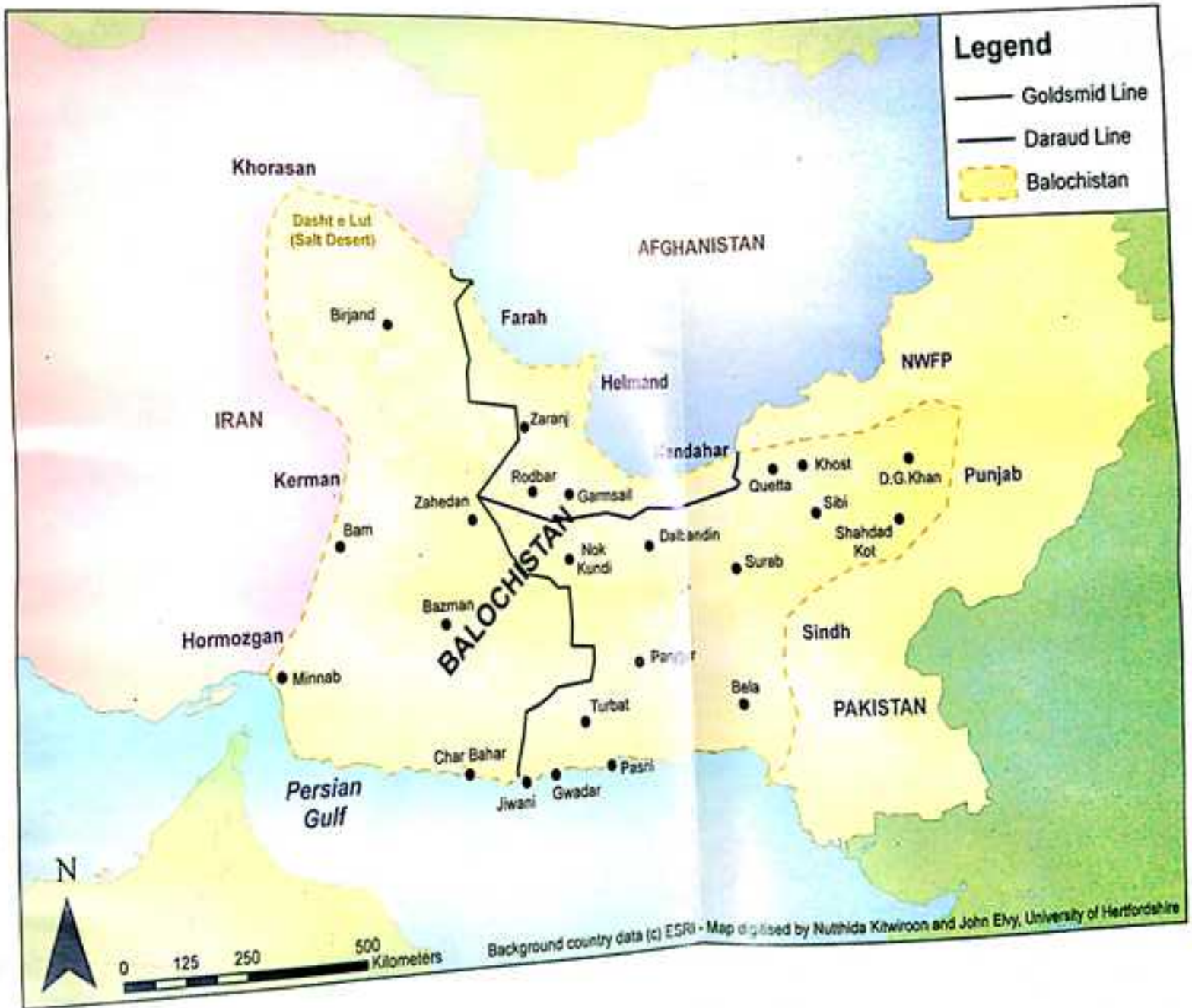
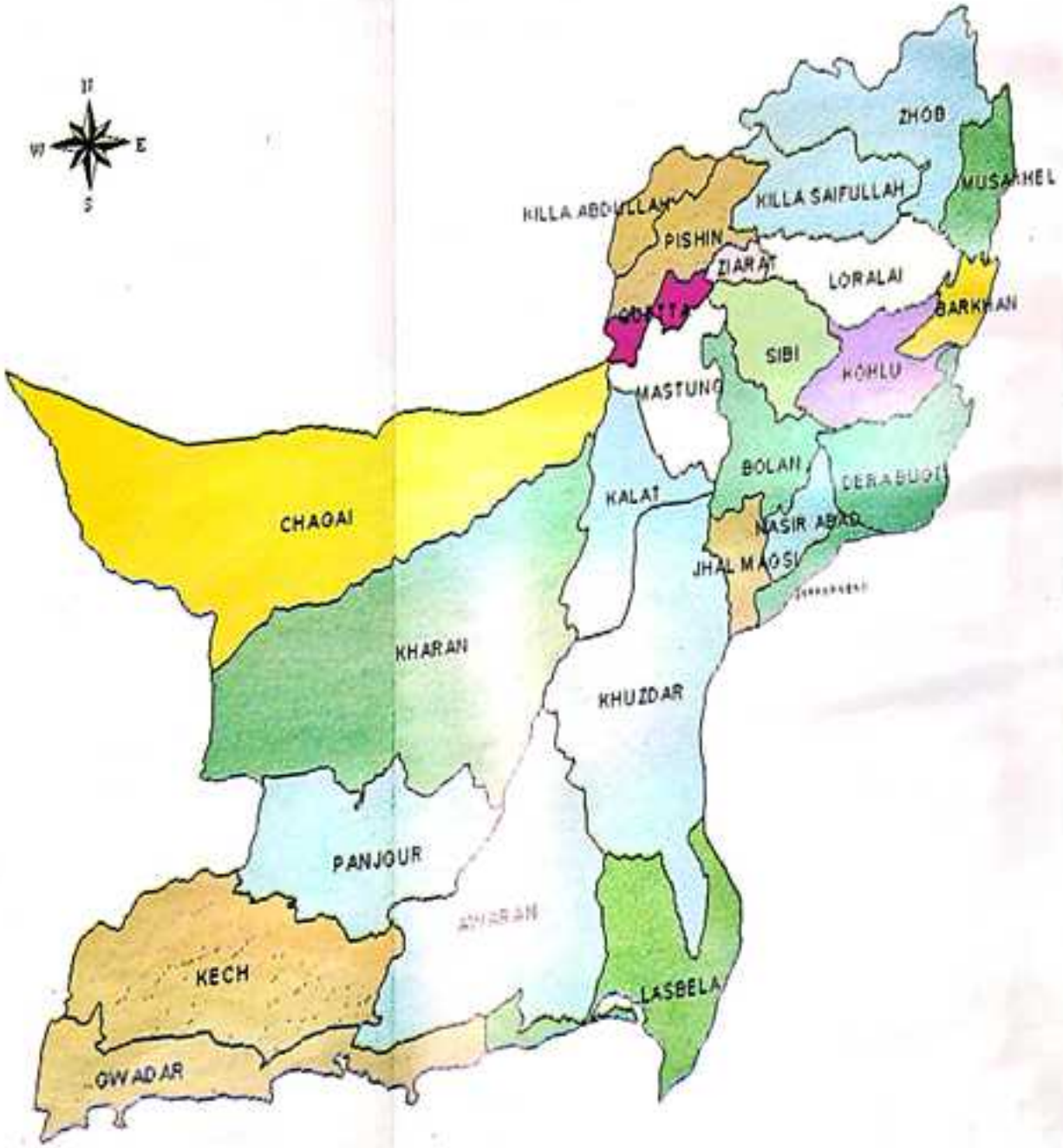
Appendix I: Map showing Baloch areas in Afghanistan, Iran and Pakistan (1992)



Appendix II: Map of Balochistan (Pakistan)



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What is one person's superstition of occults is another's belief. Among the Baloch health, illness and related misfortunes, are culturally perceived, labeled, classified, experienced and communicated. In contemporary Balochistan, despite the availability of the basic health care system in the majority of the settlements, for all practical purposes, Baloch use their traditional medical practices alongside biomedicine. Their folk system of medical care provides a language, passed on from generation to generation, in which people voice their experience of disease. It provides a set of ideas, explanatory models, expectations and norms that guide the responses to disease by a patient and a patient's curer. Their healing methods are, in a way, serving to integrate their community and provide individuals with systems of meaning to make sense of suffering. Embedded in the Baloch healing traditions are a wide range of healing methods, which are religious, spiritual, and subsistence activities in essence. Condensed from a PhD thesis, this book offers an in-depth analysis of the Baloch health seeking behavior in a cultural perspective.

Balochi Academy Quetta
2008